



LEADERSHIP EXCELLENCE ACADEMY

Organizational Blueprint for Evidence Based Leadership

June 9-10, 2022

2022 Annual Primary Care Conference

LEADERSHIP EXCELLENCE ACADEMY

Pamela Tripp
Chief Encouragement Officer
(Executive)

Finance
KPI's

Business
Intelligence

BHS Record

IT
Management

Meaningful
Data

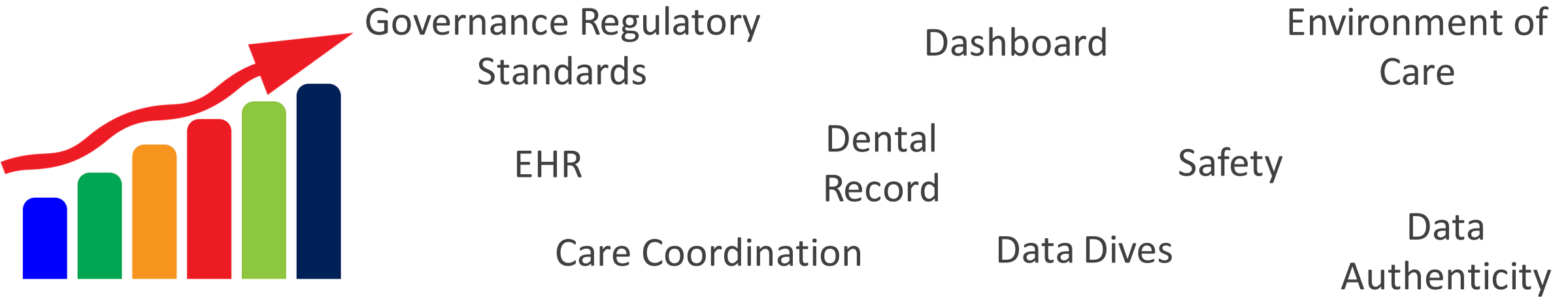
Medication
Management Errors

Practice
Analytics

Information
Technology

Quality
Outcomes

EVIDENCE BASED LEADERSHIP



Organizational Blueprint (the How)

Culture (30%)

- People

Quality (30%)

- Systems

Finance (30%)

- Resources

Governance (10%)

- Accountability



3-3-3-1 Principle

Toolkit and Resources:

<https://www.commwelhealth.org/lea-workshop>

Questions and Answers (Share with Faculty)






Governance

Governance (Accountability)


“How to let it thrive without eating you alive”

3-3-3-1 Principle

Organizational Blueprint

- Culture (People - 30%)
 - Quality (Systems - 30%)
 - Finance (Resources - 30%)
 - **Governance (Accountability - 10%)**
- 

Governance Objectives

1. Define and describe processes for organizational policy and procedure development.
 2. Give examples of evidence-based accountability for regulatory compliance and oversight.
 3. Equip Governing Board with successful accreditation and regulatory surveys.
- 

The background of the slide is a close-up photograph of a wooden surface. The words "CORE VALUES" are spelled out in large, white, three-dimensional block letters that are slightly tilted and arranged diagonally across the frame. The lighting creates soft shadows on the wood grain.

Core Values

- Value of Valuing
- Teamwork
- Collaborative Leadership
- Integrity
- Learning Environment
- Continuous Improvement
- Safety



Ministry House. Retrieved from <https://ministryhouse.org/sermons/integrity-is-based-on-faith-hope-and-love/>

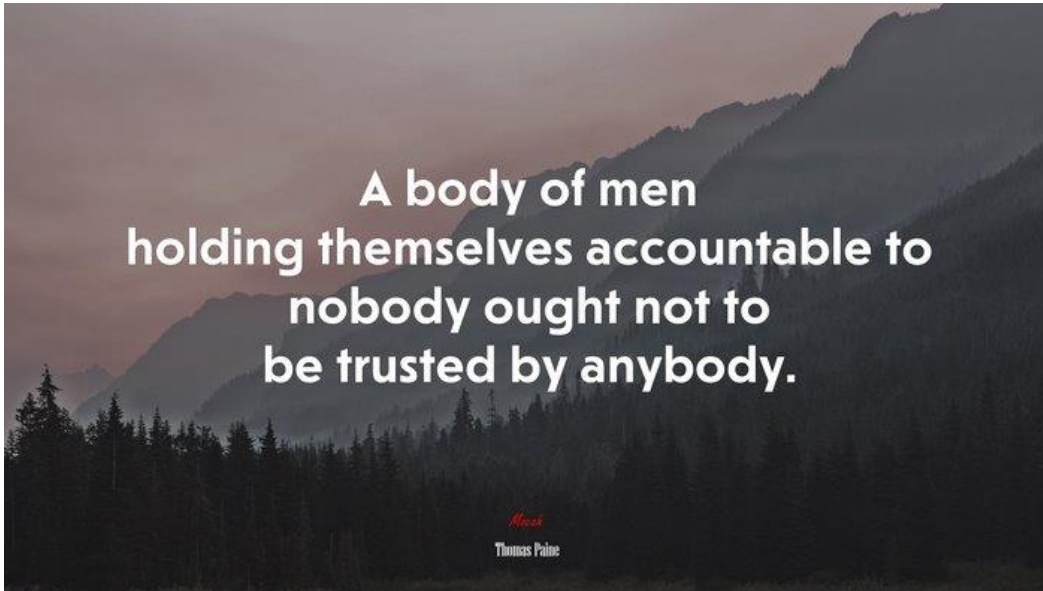
Image is what people think we are. Integrity is what we really are.

- John Maxwell

*Accountability is the measure of
a leader's height.*

- Jeffrey Benjamin

Benefits of Accountability



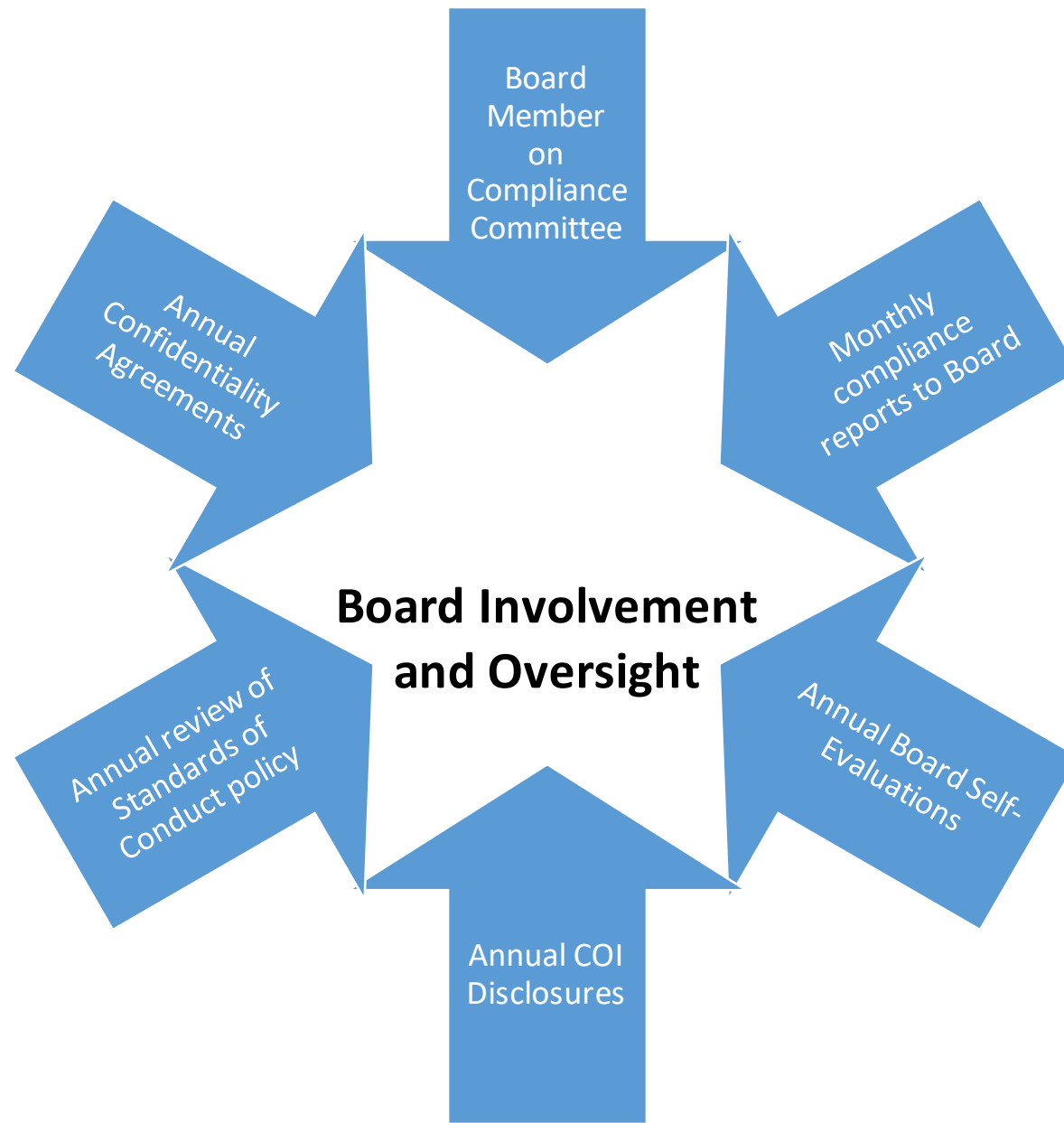
- Inspires confidence in leadership
- Better performance – Hawthorne effect
- Alignment of actions with goals
- Helps us do the right thing
- Keeps little problems from turning into big ones
- Increased skills and confidence of team



Lewis, Sam. (2017) Will Your Traceability Initiatives Reach Regulatory Compliance? Food Online website. Retrieved on May 12, 2022 from <https://www.foodonline.com/doc/will-your-traceability-initiatives-reach-regulatory-compliance-0001>

Compliance Program





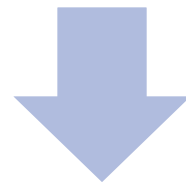
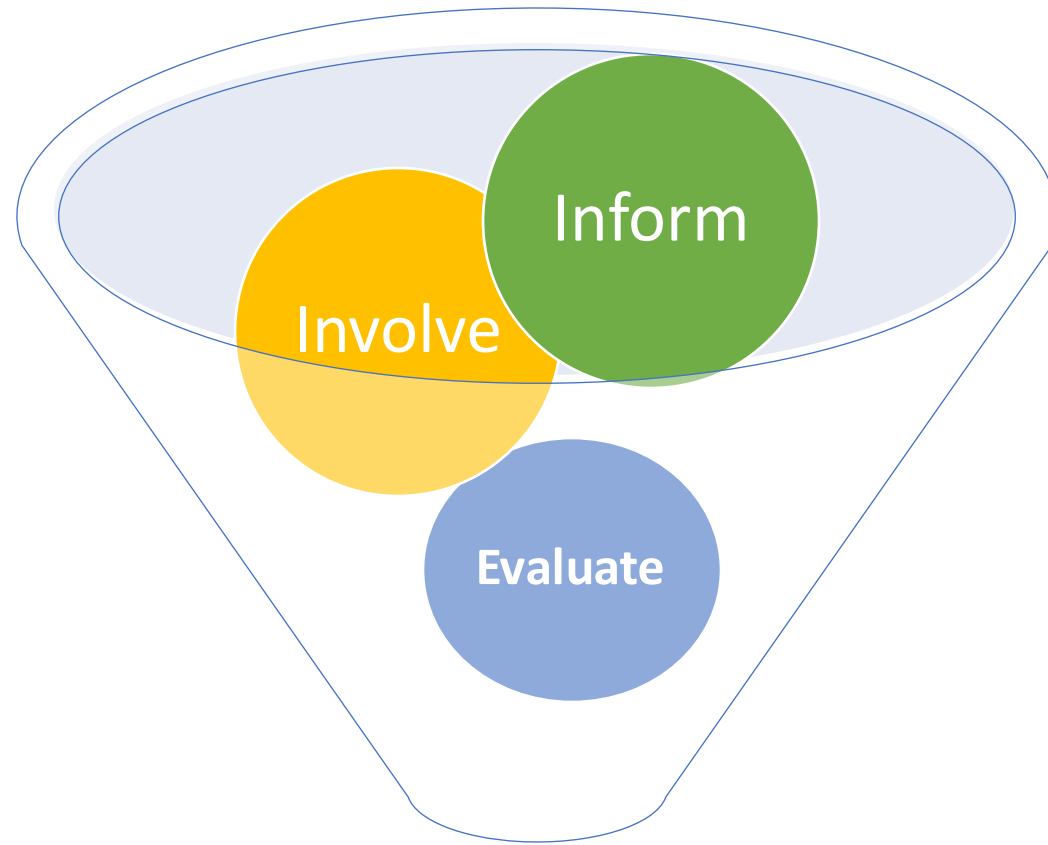


A Culture *of* Compliance

Nearly all institutions provide some level of training to employees, but a culture of compliance goes beyond once-a-year mandated training, it embeds compliance into everyday workflow and sets the foundation and expectations for individual behavior across an organization.

Culture of Compliance


- Proactive risk assessments to guide program
- Non punitive environment
- Encourage reporting
 - Compliance Hotline – easy access (on website, in waiting rooms, on phone directory, etc.)
 - During orientation and meetings
 - Follow up with reporter so they know concern was investigated
- Monitor corrective actions to ensure resolution
- Policy and Procedure Committee
- Learning environment
- Include clinical provider(s) on Compliance Committee



Board Engagement

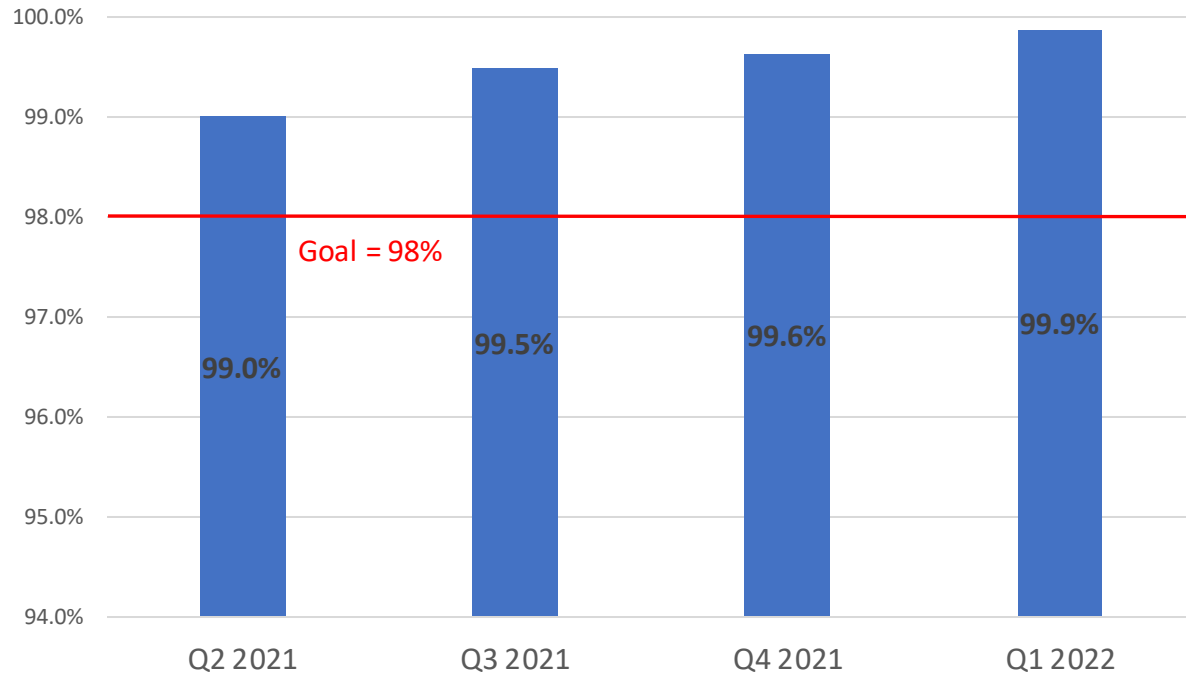


Inform the Board

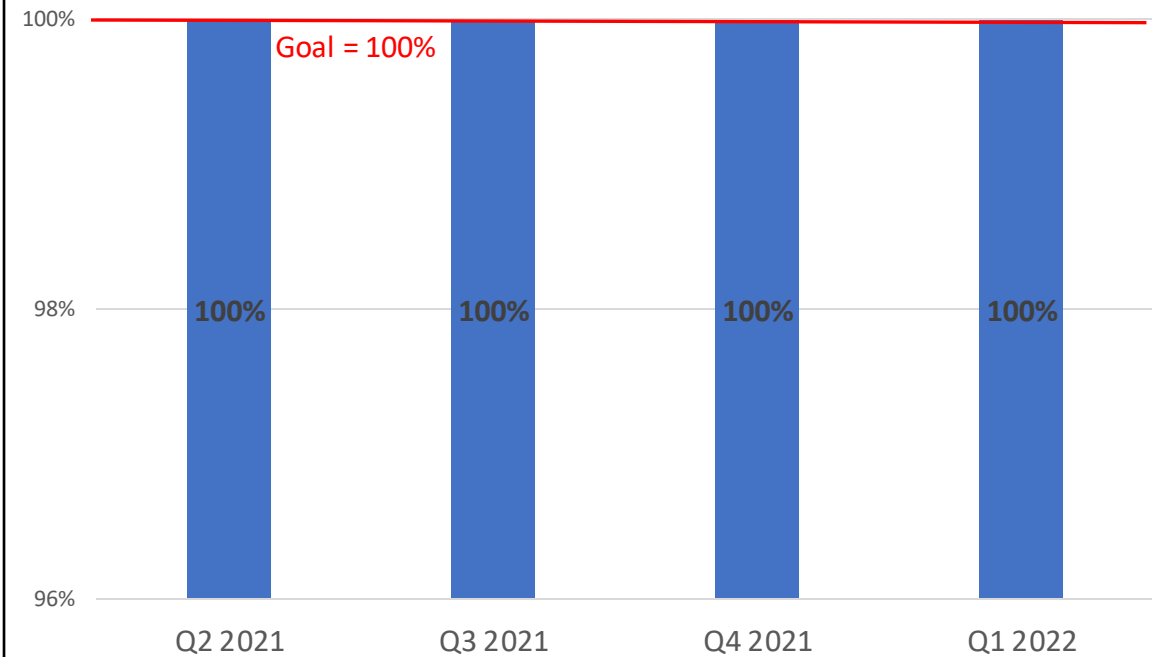
- Board Orientation Manual
 - Ongoing communication between CEO and Board
 - Monthly Senior Leadership reports on finance, operations, quality, workforce, development, and compliance
 - Include KPIs in each area
 - Base KPIs on high-risk areas of program
 - Include actions taken to improve KPIs when they aren't at goal
- 

340B Compliance KPIs

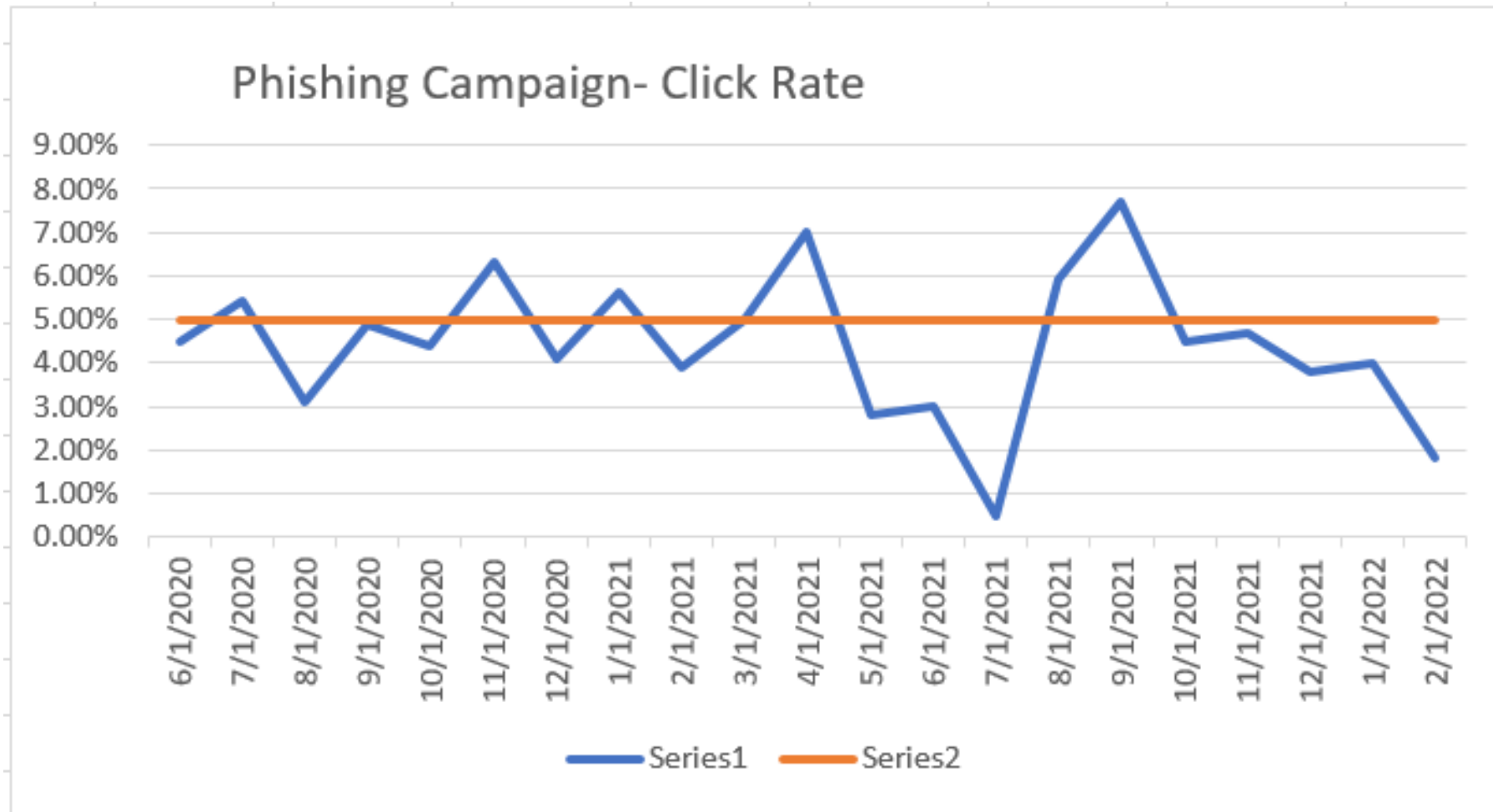
Properly Coded 340B Medicaid Claims
(correct on 1st submission)



Dispensing 340B Prescriptions from External Provider to Eligible Patients



Cybersecurity KPI



Board Education

HRSA
Requirements

Joint Commission
or AAAHC
Standards

340B Program

New
Regulations/High
Risk Items

HRSA OSV Prep: Formula for a Successful Site Visit

Facilitator

Health Center Program Site Visit Protocol

Prep meetings

Document checklist

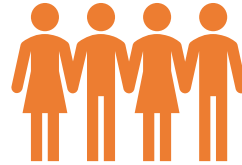
Site rounds



Involve the Board



Board Committees



Community events



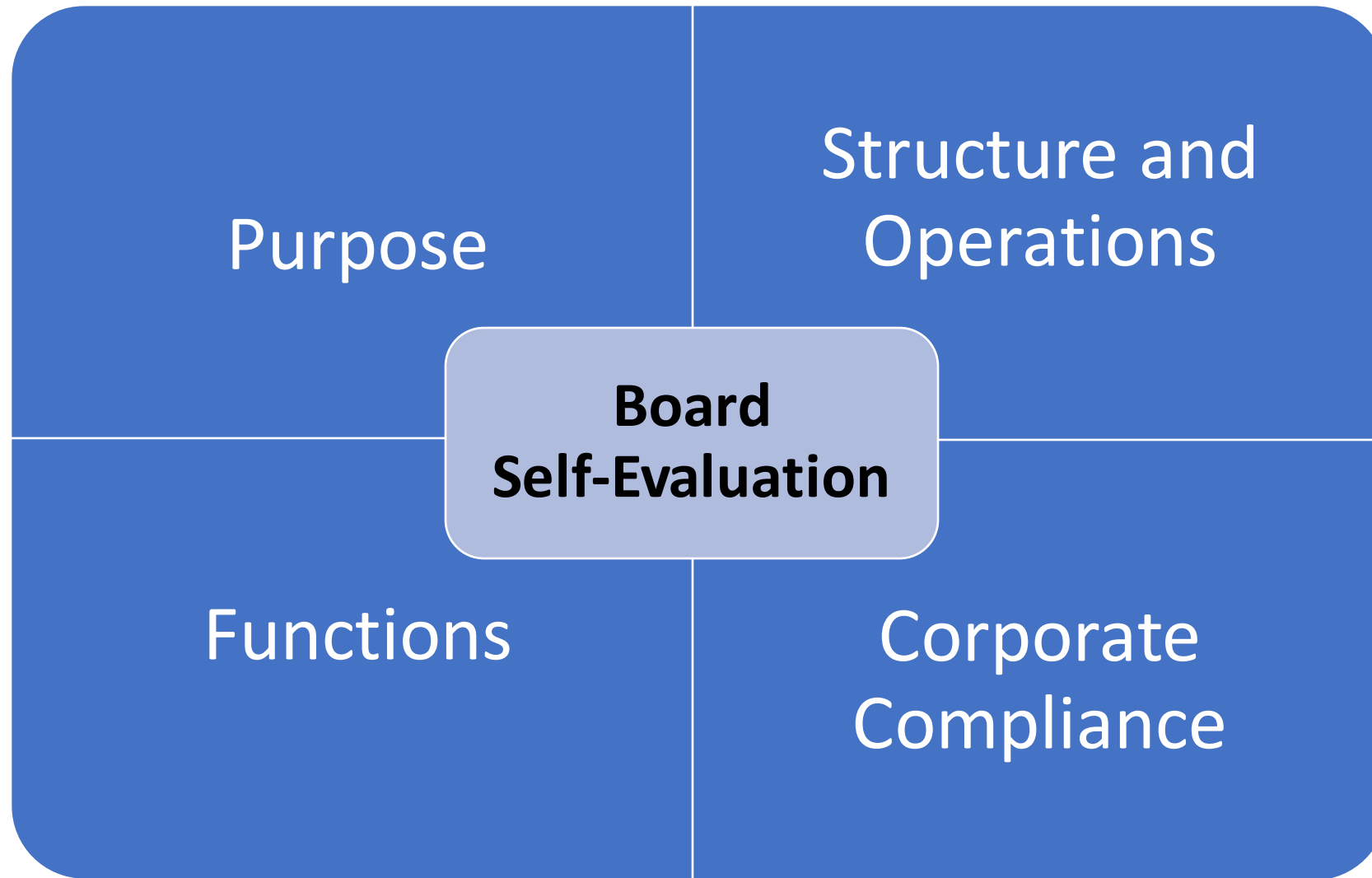
Advocacy



Evaluate the Board



Annual Board Self-evaluations



Purpose

- Mission and Vision
- Objectives

Structure and Operations

- Size
- Composition
- Structure
- Duties and responsibilities
- New member onboarding
- Meetings
- Orderly workflow
- Unity and coordination

Functions

- Policy development
- Delegation
- Goals and objectives
- Actions
- Approvals
- Financial Audit review
- Reports received
- Evaluation of Executive Director/CEO
- Current issues and rules/regulations

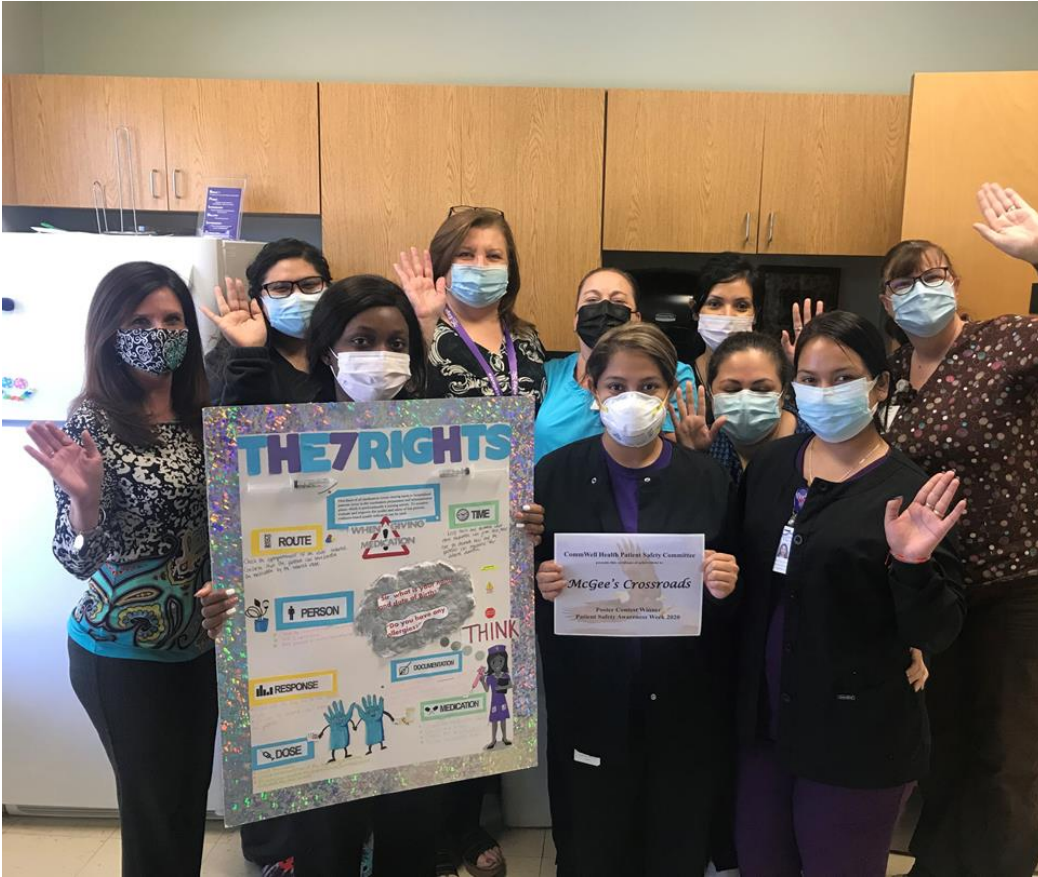
Corporate Compliance

- Conflict of Interest
- Form 990
- Accommodation and compensation



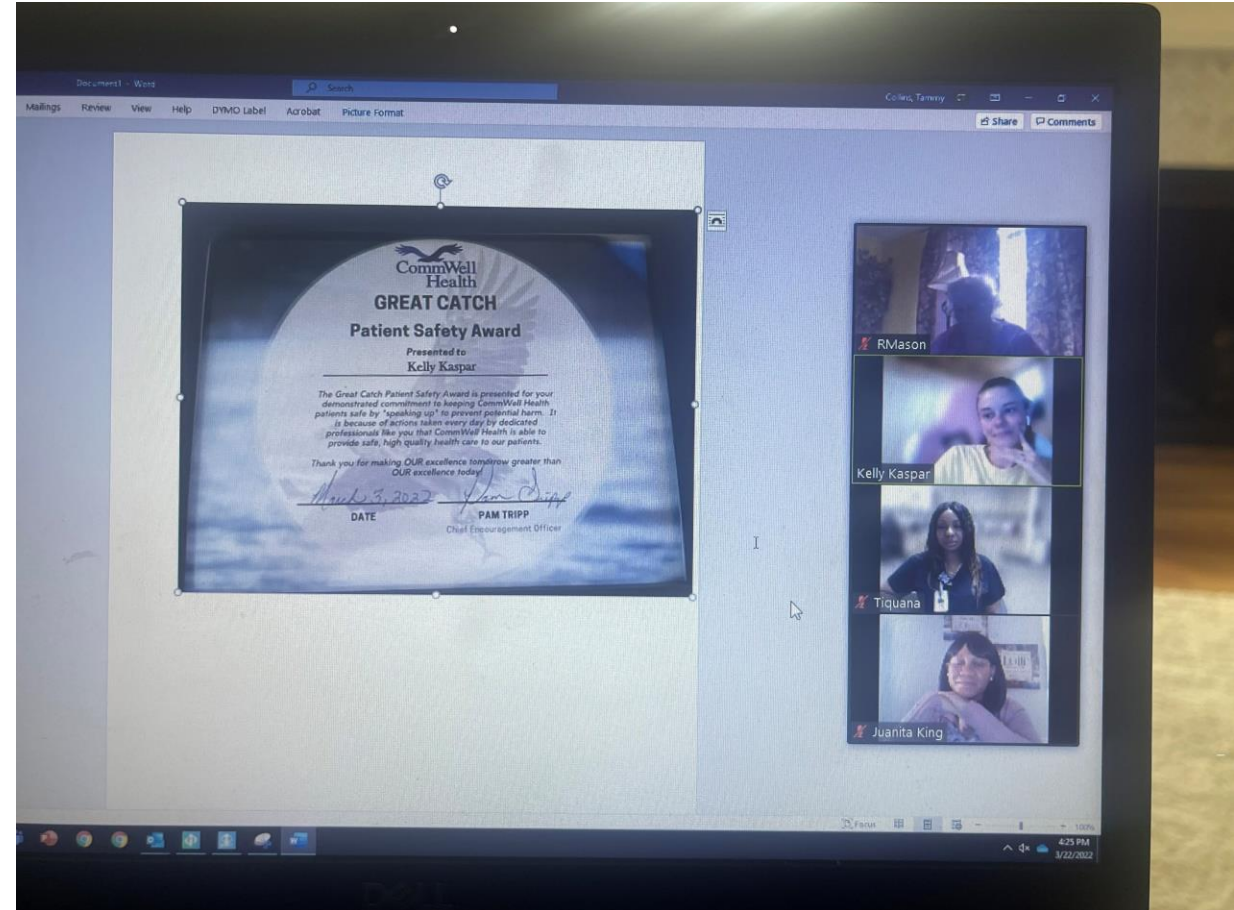
Accountability for Culture of Safety

Foster a Safety Culture



- Patient Safety Program
- Patient Safety Committee
- Celebrate safety
- Encourage reporting of safety events
 - Build trust
 - Blame-free environment
 - Reward reporting

Great Catch Patient Safety Award



Assess Level of Safety Culture

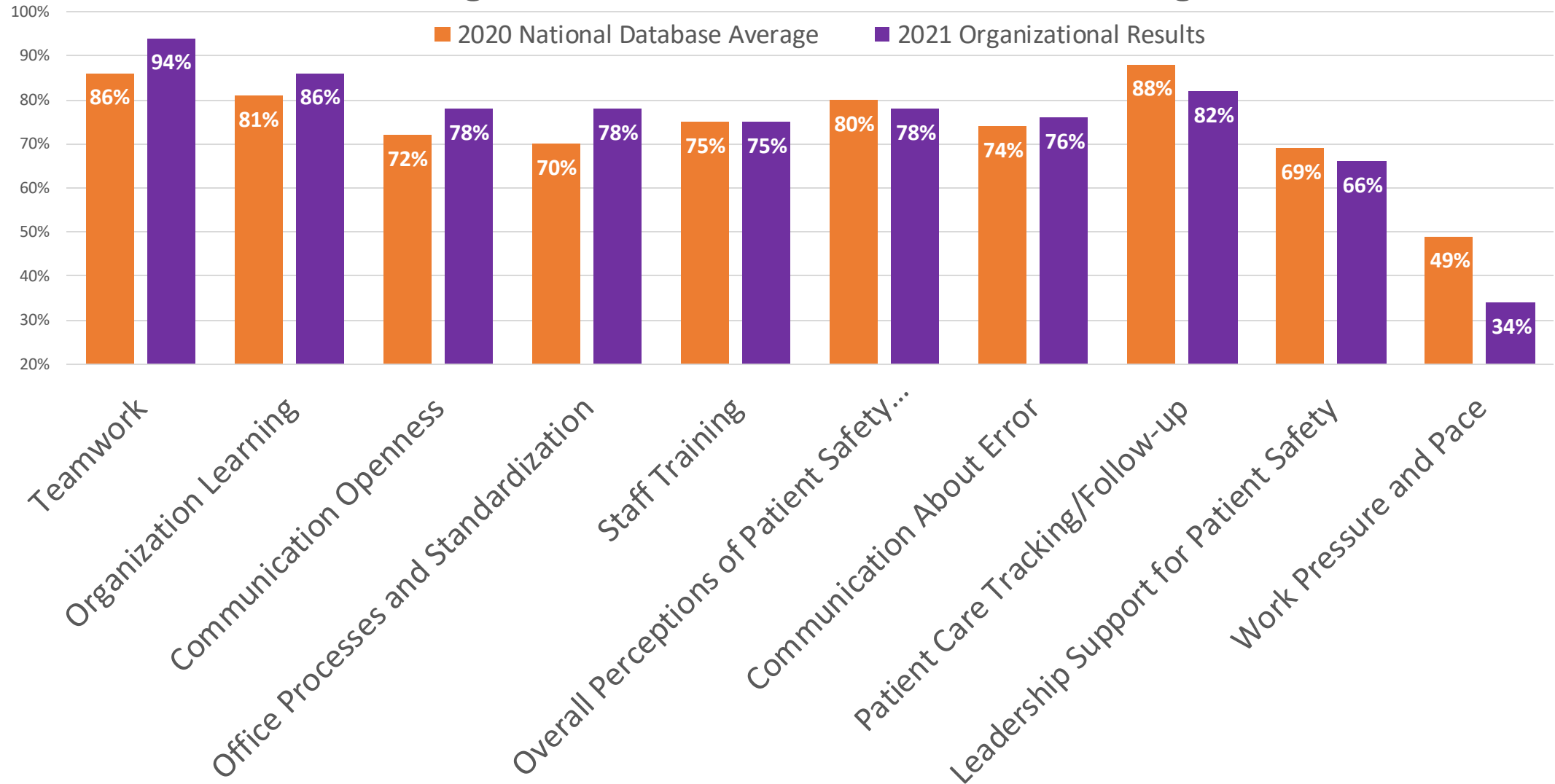
AHRQ's Medical Office Survey on Patient Safety Culture (SOPS)

- Employees' perspective of the patient safety culture and quality
- Composite and item level results
- Identifies where to focus efforts to strengthen safety culture
- *SOPS Tool and instructions available at*
<https://www.ahrq.gov/sops/surveys/medical-office/index.html>

Patient Safety Culture Survey

Composite Measures

Organizational Results vs National Average



Summary



INTEGRITY



CULTURE OF
COMPLIANCE



BOARD
ENGAGEMENT




BOARD
EVALUATION



CULTURE OF
SAFETY

Templates for Your Toolkit

- Board Orientation Manual – Table of Contents
 - Board Self-Evaluation
 - Great Catch Patient Safety Award Program
 - Corrective Action Plan
 - Healthcare Failure Mode and Effects Analysis
 - Policy Development Policy
- 

How does *culture* make
governance successful?

Wait for it.....

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Quality (Systems)

3-3-3-1 Principle

Organizational Blueprint

- Culture (People - 30%)
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- 

Quality Objectives

1. Select, monitor, and benchmark evidence-based **Quality**-driven key performance indicators
 2. Utilize comparative and historical data sets to guide organizational **Quality** initiatives
 3. Create an organic, data-driven model for problem solving and continuous performance improvement
- 

Measure Name	Measure Description (for clinical and CAHPS survey measures)
Objective 3.1: Promote Child Health, Development, and Well-being	
Childhood Immunization Status (Combination 10) NQF #: 0038	The percentage of children 2 years of age who had four diphtheria tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (Hib); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life NQF #: 1516	The percentage of children 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.
Immunizations for Adolescents (Combination 2) NQF #: 1407	The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have complete the human papillomavirus (HPV) vaccine series by their 13 th birthday. The measure calculates a rate for each vaccine and two combination rates.
Percent of Eligibles Who Received Preventive Dental Services NQF #: 1334	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

Line	Early Entry into Prenatal Care	Value
7	First Trimester	
8	Second Trimester	
9	Third Trimester	

Section C - C

Line	Childhood Immunization Status	Value
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	

Section D - Cer

Line	Cervical Cancer Screening	Value
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	

Line	Breast Cancer Screening	Value
11a	MEASURE: Percentage of women 50-74 years of age who had a mammogram to screen for breast	

Measures, measures, & more measures

2020 ACO Quality Measures*

	ACO13: Fall Risk	ACO14: Flu	ACO17: Tobacco Screening	ACO18: Depression Screening	ACO19: Colorectal Cancer	ACO20: Breast Cancer	ACO27: Db HbA1c >9	ACO28: HTN <140/90	ACO29: Depression at 12 months	ACO30: Statin Therapy (>50)
Goal	94.0%	70.0%	90.0%	90.0%	70.5%	81.1%	16.2%	75.0%		
CHCFL	15.9%	4.7%	92.5%	63.2%	41.4%	43.5%	29.8%	58.7%		
CHCP	66.2%	17.5%	88.1%	68.5%	43.7%	50.5%	31.0%	48.8%		

Hosp D/C	
Short Term Hosp D/C	
Long Term Hosp D/C	
Rehab D/C	
Psych D/C	
SNF D/C	
SNF Days	
ED Visits	
ED Visits to Hosp	

REQUIREMENTS FOR MEETING CLINICAL GOALS

Measure Description
Avoidance of Antibiotic Treatment for Acute Bronchitis/
Adult BMI Assessment
Breast Cancer Screening
Colorectal Cancer Screening
Controlling High Blood Pressure
Comprehensive Diabetes Care - Controlled, HbA1c < 8
Comprehensive Diabetes Care - Out of Control, HbA1c >
Comprehensive Diabetes Care - Eye Exam
Depression Screening and Follow-Up for Adolescents and
Falls Risk Management
Influenza Immunizations
Medication Adherence for Cholesterol (Statins)
Medication Adherence for Diabetes Medications

Quality Measures

Blue Premier includes the following

Measures
*Continued from 2021 Measures
Breast Cancer Screening
Comprehensive Diabetes Care: HbA1c Control (<8.0%)
Colorectal Cancer Screening
Controlling High Blood Pressure
Plan All Cause Readmissions Measure
*New for 2022 Measures
Child & Adolescent Well-Care Visits (Ages 3-21)
Childhood Immunization Status - Combo 10
Immunization of Adolescents - Combo 2



Where to Focus?

Corporate Goals

Medical

Dental

Behavioral Health

Patient Experience

Financial



Corporate Goals 2021 - 2022

"Compassionate delivery of quality medical, dental, and behavioral health services for all"

Performance Measurement Period: Fiscal Year 2021-2022

Department: CommWell Health

Review/Approved: Board of Directors

Organizational Wide Goals	Performance Indicators	Trees of Transcendence	Deliverable Quantified Outcomes			
1. Financial Goal a. Cash Collections b. Encounters c. Unique Patients	Budgets 1. Revenue: Cash Collections 2. Encounters a. Medical b. Dental c. BHS	III V	A. Organizational goal of 75% collection from self-pay patients. B. Encounters Goal – <table><tr><td>Goal</td><td>2021 - 2022</td></tr></table>	Goal	2021 - 2022	
Goal	2021 - 2022					

Corporate Goals feed into Provider Incentive Goals

Provider Incentive
Goals



Leadership &
Departmental Goals

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Selecting Key Performance Indicators (KPIs)

We work in a collaborative leadership model not just a CMO/CDO

Lead Providers (medical/dental/BH) select KPIs and set goals

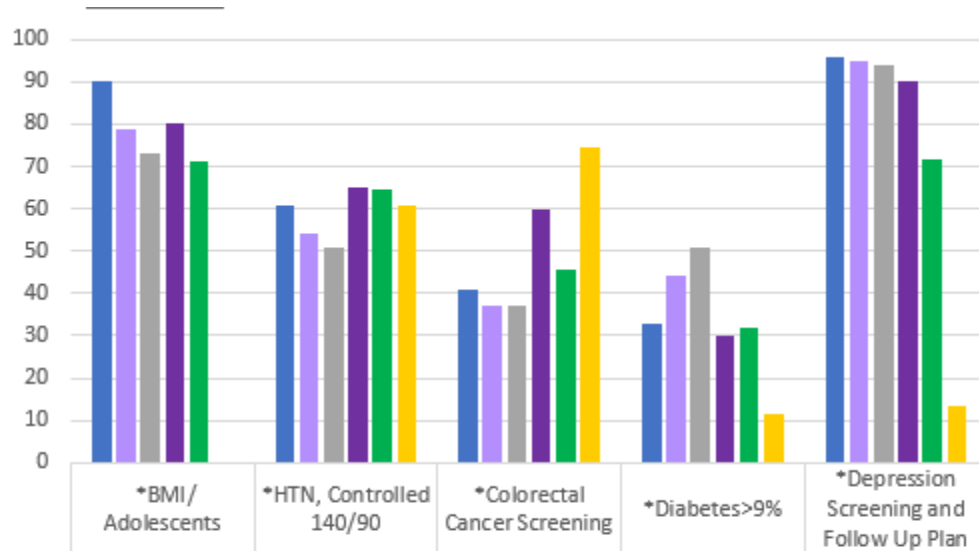
Lead Providers report data at the Primary Care Team meetings, the Quality Performance Improvement committee meeting, & Board of Directors meeting

If they are involved in selection, goal setting and reporting, they will own it



Data, data & more data

- What does it mean?
- What are you doing with it?



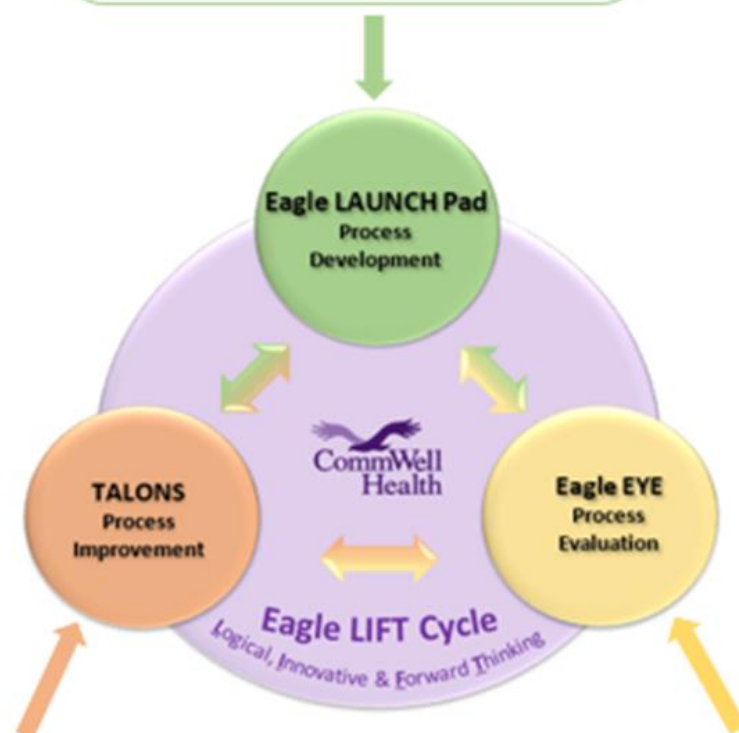
Diabetes Poor Control-A1C >9 or Missing						
Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7
34.4	32.4	32.7	30	41.6	40.6	38
30.5	31.7	42.5	25	46	51.5	39.8
33.5	33	44	17.6	48.6	61.3	42.5
30	30	30	30	30	30	30
IVD						
Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7
89.3	72.4	86.1	76.4	76.5	77.5	76
86.7	71.4	83.9	73.1	76.2	76.2	75
88.9	73.7	82.6	33.3	76.9	81.3	66.7
85	85	85	85	85	85	85
Depression Screening and Follow Up						
Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7
88	89.4	74.7	84	93.2	63.3	45.7
95	98	87.4	90.5	98.1	95.4	94.1
93	98.7	88.2	95.7	98	95.1	92.7
94	94	94	94	94	94	94

Benchmarking

- Select benchmark data to judge how you're doing
- Organizational baseline or historical data for the measure.
- External benchmarks – CHC National Averages; Healthy People 2030, HEDIS



Systematic method for development and implementation of new strategic operational functions (SOF). Each proposed SOF is vetted by senior leadership prior to development and implementation to ensure it aligns with CWH's mission, vision, and values.



Systematic method for performance improvement activities. Whenever an opportunity for improvement of a strategic operational function is noted, a performance improvement cycle is initiated to evaluate and revise the process as needed to ensure it is effective, efficient, and in alignment with CWH's mission, vision, and values.

Systematic method for regular evaluation of strategic operational functions (SOF). Each SOF is evaluated a minimum of every 3 years to ensure it is effective, efficient, and in alignment with CWH's mission, vision, and values.

TALONS... PDSA Improved

P = Plan	→	T = Team
		A = Acknowledge
		L = Learn
D = DO	→	O = Operationalize
S = Study	→	N = Note
A = Act	→	S = Sustain



PDSA

Eagle LAUNCH Pad

Systematic approach to the development and implementation of new strategic operational functions

Proposed strategic functions are vetted by senior leadership to assure they align with the organization's mission, vision and values

The Eagle Launch Pad is an analysis of available options and selection of the best fit for the organization. It guides the development of a plan of action, development of KPIs to measure outcomes, communication of the plan to stakeholders, and implementation and monitoring of KPIs to ensure effectiveness



Process Review—Eagle EYE

Evaluation Yields Excellence



Review of key processes
every 3 years

Essential for hardwiring
of processes → highly
reliable organization

Tracers

Standardized approach to reviewing of environment of care related processes :

- safety & security of all sites
- compliance with Joint Commission standards
- custom questions that allow review of colleague knowledge of procedures and assess hardwiring of processes



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Standardized Reporting Tool

Measure

Why was this measure selected?

KPI team members

Goal for KPI

Interventions/strategies implemented since the last report

Current results/data

Action Plan



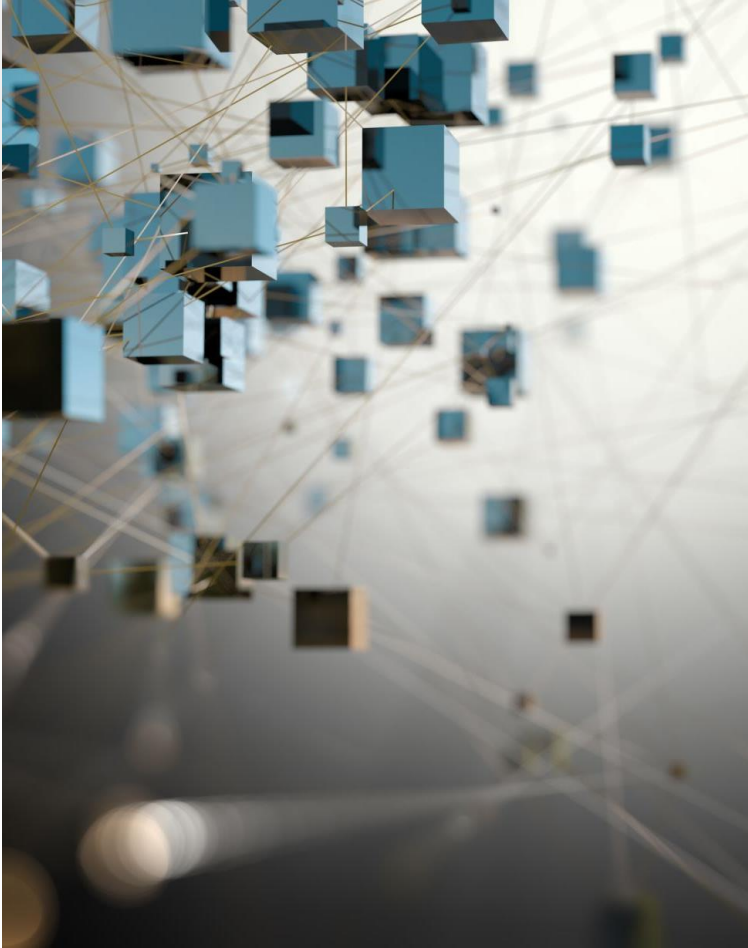
Share, share, share

- Primary Care Team Meetings
- Leadership meetings
- Operation Eagle Meetings/Site quality meetings
- Morning Huddles
- Quality Boards



Tool Kit

- Eagle LIFT cycle
- Performance Improvement Process (TALONS form)
- Process Review (Eagle EYE form)
- New Strategic Initiative (Eagle LAUNCH pad form)
- Tracer sample
- KPI reporting form



Business Intelligence Committee

Purpose:

- Key driver of an organization's approach to data management.
- Will oversee the people, processes and information technology required to create consistent and proper handling of data and understanding of information across the organization.
- Information is treated as an organization asset and is readily available to support evidence-based decision-making and informed action to improve clinical, operational, financial, and patient experience outcomes.
- Responsible for creating a “single version of the truth” and to present clean and reliable data to all who use it within the organization, and, where appropriate, to customers and other consumers of data external to the organization.

Business INTELLIGENCE COMMITTEE MEMBERSHIP

- **The BIC needs to represent strategic position such as:**
 - **Culture (people),**
 - **Quality (systems),**
 - **Finance (resources),**
 - **Governance (accountability)**

CEO
COO/CNO
CFO
VP of Quality
Senior Director of Clinical Intelligence Data
Senior Director of Nursing
Senior Director of Dental
Senior Director of Behavioral Health
Senior Director of Positive Life
Senior Director of Corporate Compliance
Director of Information Technology
Director of Care Management
Data Analysts
Ad Hoc: Lead Providers- Medical, Dental,
BH, Pediatrics, Pharmacy, & Positive Life

Get Focused on Quality!!!



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Select the Measures by Department

Choose the number that you think will work for you

Every department should have individualized goals

If you can tie provider incentives to provider performance



Corporate Goals for Quality FY2022

Medical:

- Depression Screening and Follow Up90%
- BMI and F/U Adolescents80%
- IVD -85%
- HTN, Controlled 140/90 -65%
- Diabetes>9%-30%

Pediatrics:

- Well Child Check 3-6 yr. old-32%
- Well Child Check 12-17 yr. old-60%
- Childhood Immunizations-41%
- BMI and F/U Adolescents-80%
- ASQ 3-670%

Positive Life:

- Hep B Vaccine-44%
- Pneumococcal Vaccine-73%
- MSM Viral Load Suppression-88%
- Women Viral Load Suppression93%
- Syphilis Test Performed80%

Why Diabetes Control

- It is a measure that is looked at it by
 - HRSA
 - Medicaid
 - Medicare
 - ACO
 - All 3rd Party Payers

It is a chronic disease that effects the health and lives of a large percentage of CWH patients



Re-focusing after Covid

- Sometimes life happens and you need a reboot
- 2020-2021 was focused on Covid
- Sweet Eagles met in February and created an all-new Talons



(T)Team & (A) Acknowledge the Problem



TALONS Process Improvement Worksheet

Contact: Allison Hargrove Start Date: 02/17/2022

Completion Date if Applicable: _____



Sweet Eagles- Diabetes A1C>9

(T) TEAM – Who needs to be involved?

Nursing, Provider, Practice Directors, Marketing, Pharmacy and Patient

(A) ACKNOWLEDGE the Problem

1. Define the Opportunity

What are we trying to improve?

Our focus of improvement is to decrease the Percent of patient whose Hemoglobin A1C >9% and to increase the % of controlled Diabetics and to improve the outcomes of patients living with Diabetes.

Who are the key stakeholders?

Nursing, Providers, Pharmacy Staff, Dental, Behavioral Health Staff, and Patients

Why Integrated? People are Integrated!

Integrated Care



Medical



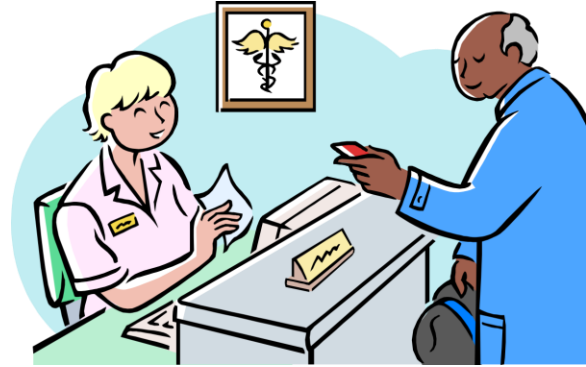
Dental



Behavioral
Health



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(L)Learn

(L) LEARN

2. Understand the current situation.

Map current processes and **provide data** to measure current performance (use additional sheet of paper if needed).

Current Process:

- Patient comes to clinic for Diabetes follow up
- Registered and then triaged by the nurse
- A1C health reminder is noted by the nurse/A1C standing order
- Blood specimen obtained via finger prick for glucose and A1C
- Patient is then placed in room for the provider

3. Study the cause.

Brainstorm the possible reasons why the opportunity needs improvement.

03/2022 The Team met and discussed that since these providers mainly see Telehealth patients, it has been difficult to have any labs drawn on these patients. A plan during the meeting was put into place to hopefully increase A1C labs amongst our telehealth patients. The plan will be managed by the practice director of each provider, our goal is to contact patients of these providers via phone or text to schedule an appointment for in office lab work to be done. Our hopes are that before the meeting, scheduled for April, many patients will receive a current A1C, in result this will drastically lower the percentage for these providers.

Determine the root cause of the problem using the 5 Why's.

WHY?	These providers are mostly telehealth providers, so their patients are not seen in office.
WHY?	Patients have gotten comfortable with appointments over the phone, and not having to come into office to receive care.
WHY?	Labs are being missed due to patients having a telehealth appointment and not an in office appointment.
WHY?	Patients have not scheduled a follow up lab appointment.
WHY?	Patients haven't received a phone call and/or text to schedule a follow up lab appointment in office.

Value of Valuing

WE Value the Strengths and Uniqueness of Everyone

Teamwork

WE Work Together

(O) OPERATIONALIZE

4. Describe the improvement you are going to work on.

1. **Nursing** (Training Scheduled for ALL nursing staff on Thursday February 24th)
 - a. Ensure telehealth patients have a current A1C.
 - b. Ensure telehealth patients who do not have a current A1C schedule a lab appointment.
2. **Materials Management**
 - a. Ensure that staff have supplies for A1C point of care testing
3. **Marketing-**
 - a. To post Diabetic Specific post regularly scheduled on all Social Media Accounts with Links Scheduled for March and then will repeat later in the year
 - b. Posters for remove shoes on order for exam rooms
 - c. Eagle Med Specific Marketing Materials
4. **Data-**
 - a. Each Month the Data Analyst will email out the report of each providers non-compliant list to the provider and the practice manager
 - The focus is on the patients who did not get A1C done at all -or-
 - To determine telehealth patients that need a current A1C.
 - b. Analyze measures by month to ensure note trends by location or provider and create plan for any trends identified-i.e.) new staff, telehealth, etc.
 - c. Send text to telehealth patients to call and schedule a lab appointment who's A1C is not up to date.
 - d. Send texting campaign to patients for recall to keep them engaged
5. **Providers-**
 - a. Ensure providers have the tools and resources they need to be successful
 - b. Ensure all providers know how to document HEDIS codes for Comprehensive DM Care
 - c. Ensure all telehealth providers are monitoring diabetic patients A1C lab work is current.
6. **Pharmacy-**
 - a. Eagle Meds- chart with common prices
 - b. Remind patients that they can return to Nurse to get Glucometer training/Insulin Administration training
7. **Dental-**
 - a. Remember available for referrals
 - b. Dental is checking glucose each visit and working with medical to get clearance

(O) Operationalize

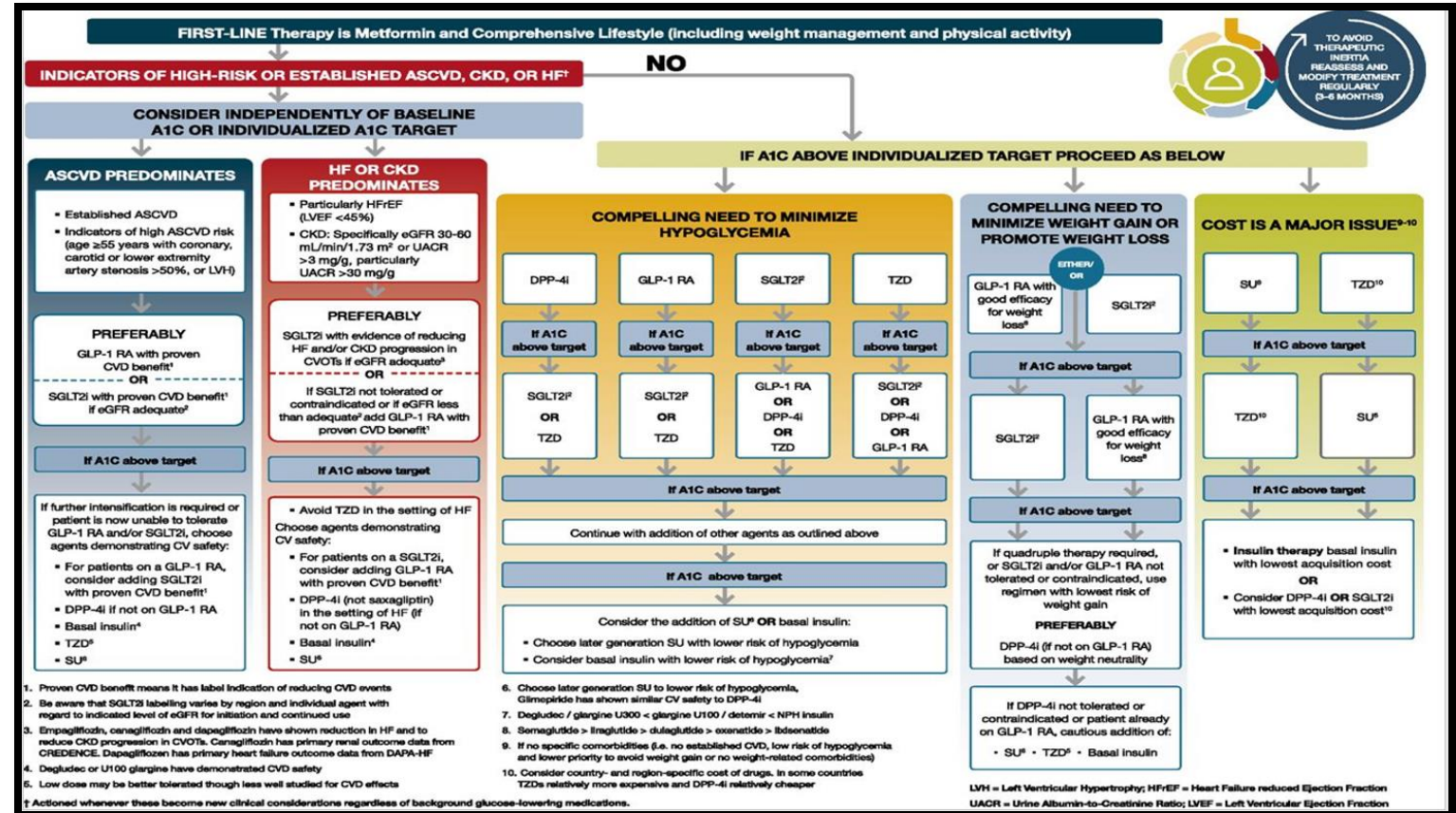
- This is step where we write down next steps and who is responsible.
- In this example, note how we include many different departments and staff.
- Think of Collaborative Leadership- We, Not Me!!

5. Develop an implementation strategy.

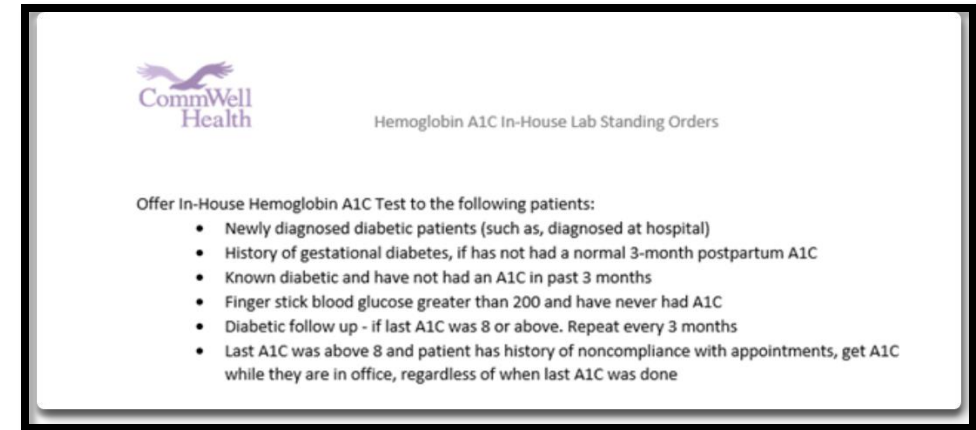
Deliverable	Responsible Party(ies)	Completion Date
Noncompliant A1C list sent to sites	Allison Hargrove	3/17/2022
Missing A1C patient list	Allison Hargrove	3/17/2022
Nursing to call patients on the missing A1C list	Practice Directors	3/17/2022

Provider Intervention

- Daily Huddles with Pre-visit planning
- Evidenced Based Training on ADA recommendations
- Collaboration with CWH Pharmacists
- Specialty Referrals- Endocrinology, Podiatry, Behavioral Health, & Oral Health/Dental



Nursing Interventions



- Standing Orders for POC Hemoglobin A1C Testing
- Clear documentation instructions
- Standardized training for all new staff
- Documenting Patient Self-Management Goals

Pharmacy Intervention

Diabetes Medication Pricing*				
Medication:	CommWell Health Price**:	Walmart Price***:	Walgreens Price***:	CVS Price***:
Victoza				
Byetta				
Novolog				
Levemir				
Humalog				
Lantus				
Januvia/Janumet				
Tradjenta				
Farxiga				
Onglyza				
Invokana/Invokamet				

Pricing updated March 2022

*Pricing changes every quarter.

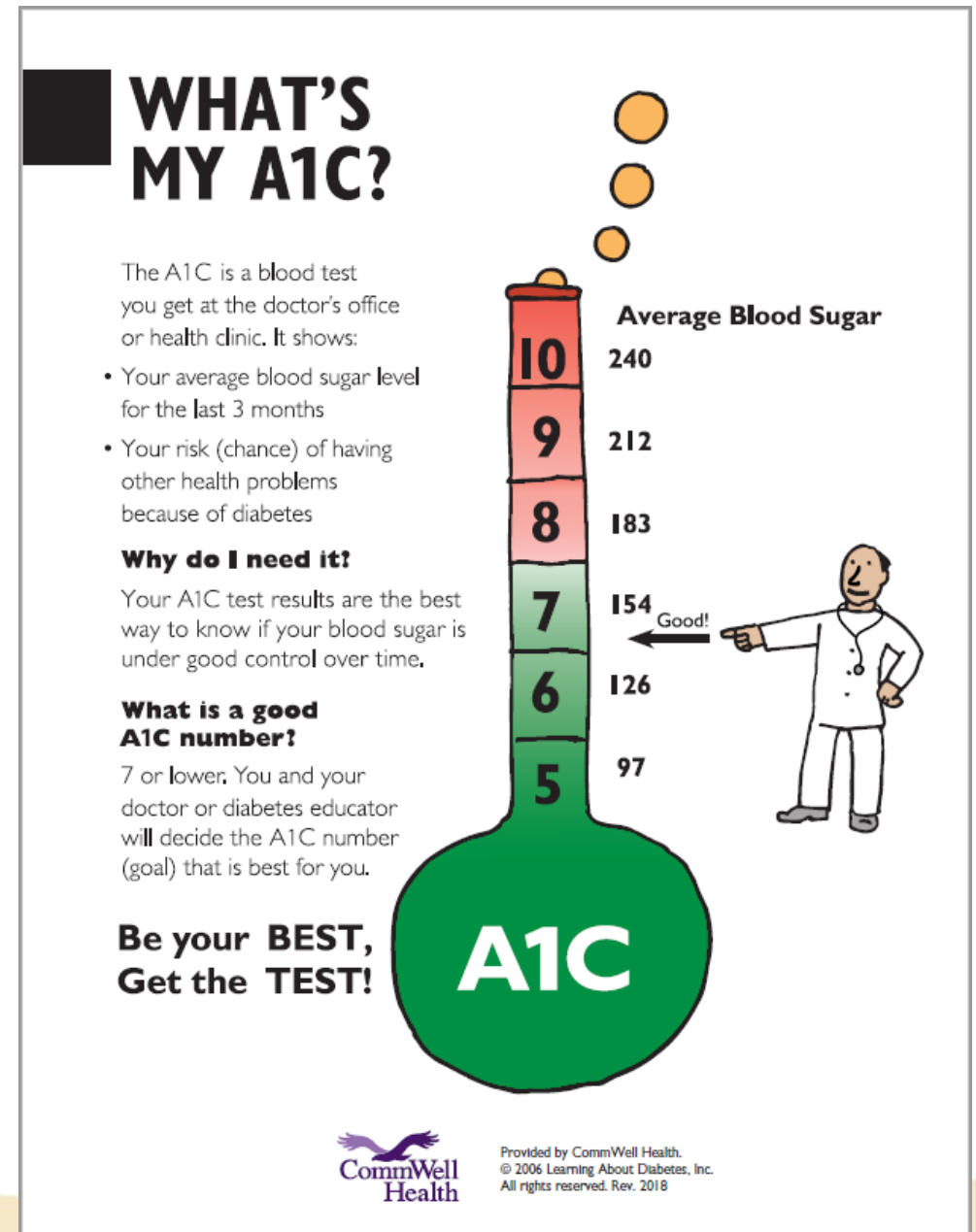
**CWH prices are for a up to a 90-day supply if patient SF info is in the system. Pricing may be different if patient has insurance.

***Other pharmacy pricing is for 1 box or a 30-day supply.


- Mail Order Prescriptions from Express Meds
- BOD approved Free Shipping with use of funds from CWH Foundation
- Providers given this handout to show patients the benefits of using our pharmacy for Diabetic Medications.

Materials Management

- Get materials that are colorful and easy for patients to understand
- Ensure staff know how to access/re-order
- Ensure staff know how to document providing education




Patient Management & Engagement




My Goals for Diabetes Management


Patient Name: _____ Date: _____
Date of Birth: _____




☐ I will _____ for _____ minutes _____ times each week.
☐ I will take the stairs instead of elevator _____ times each week.
☐ I will: _____




☐ I will make health food choices for each meal _____ days each week.
☐ I will reduce portion size for each meal _____ days each week.
☐ I will: _____




☐ I will take my medications as prescribed _____ days each week.
☐ I will request refills 1 week before I run out of medicine.
☐ I will: _____




☐ I will check my feet _____ days each week.
☐ I will wear shoes around the house to protect my feet _____ days each week.
☐ I will: _____




☐ I will check my blood sugar as directed _____ days each week.
☐ I will keep a log of my blood sugar results _____ days each week.
☐ I will: _____



☐ I will stop smoking by _____ (date).
☐ I will brush and floss my teeth each day for _____ weeks.
☐ I will (other personal health habit): _____



☐ I will _____ (stress relief method) _____ days each week.
☐ I will talk with my friend/family member each day when I need emotional support.
☐ I will: _____



Other goals:

Need help choosing a goal? See the back of this form for ideas to improve your health!

You Can Do It!
Are You Ready?

You can make choices that will help your health.
There are 3 main areas in which you can make choices.

Eat Smart

Use canola or olive oil
Don't supersize - watch portions
Use no-salt/low-salt canned vegetables or frozen vegetables
Use "make a meal" sheets or a food plan
Cut down on fried foods - grill or broil instead
Your own idea

Get Moving

Take stairs
Park far from store door
Get an exercise videotape
Walk every day (home, mall)
Walk with your children, grandchildren, or dog
Your own idea

Personal Health Habits

Brush and floss your teeth every day
Reduce or stop smoking
Take your meds as your doctor or nurse instructs
Ask about your lab numbers and know what they mean
Get tested for cancer
Use sunscreen
Check your blood sugar as instructed
Check your feet every day
See an eye doctor, a foot doctor, or a dentist
Your own idea



Eat more vegetables and fruit
Drink sugar-free drinks
Use artificial sugar
Cut down on red meat
Learn to count carbohydrates
Take skin off chicken and fat off red meat



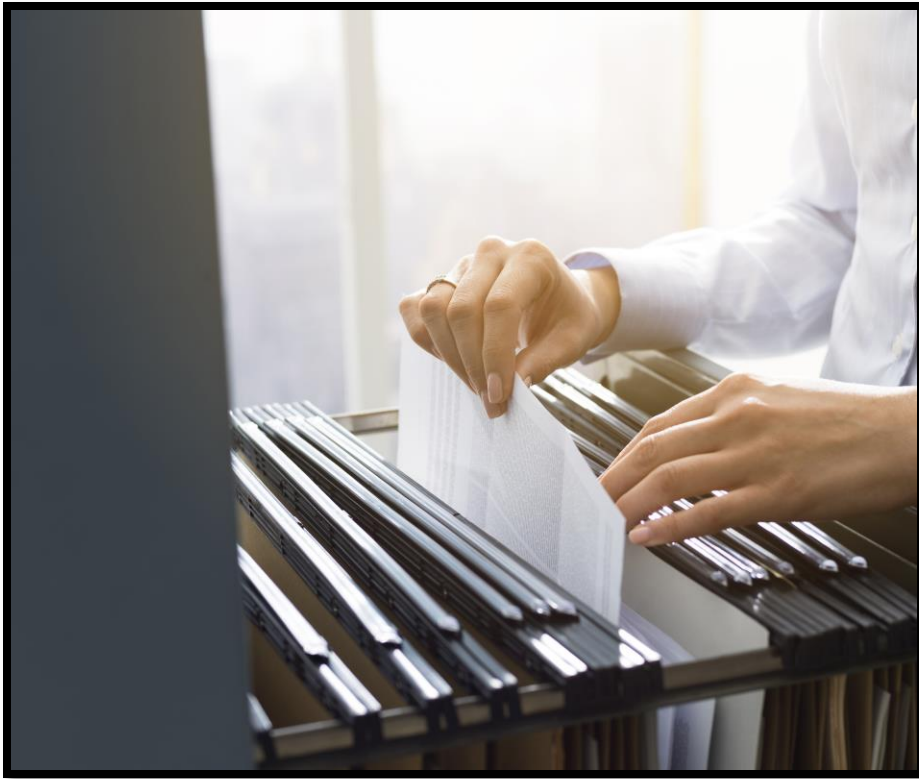
Do chair exercises
Rides a bike
Join an exercise class
Dance



Are You Ready?

- Have patient's set and establish their own goals and ask them about their progress at each visit
- Use Text Messaging or Patient Portal to send patient reminders regarding Care Gaps

Documentation Requirements



- Make sure staff understand how to document appropriately to satisfy the measure.
- Develop screen shot instructions that staff can be referenced.
- Ensure that staff understand what CPT-2 Codes/HEDIS Codes are, when and how to document them to help inform the insurance payers the quality of care you are providing
- Establish standard method for orienting new staff to the organizational quality measures.
- Institute mechanism to reinforce training for measures (i.e., monthly nursing meeting, provider meeting, annual trainings, etc.)

Care Management/Care Coordination



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- Assign care manager if High Risk
- Assess SDOH and provide referrals to community resources



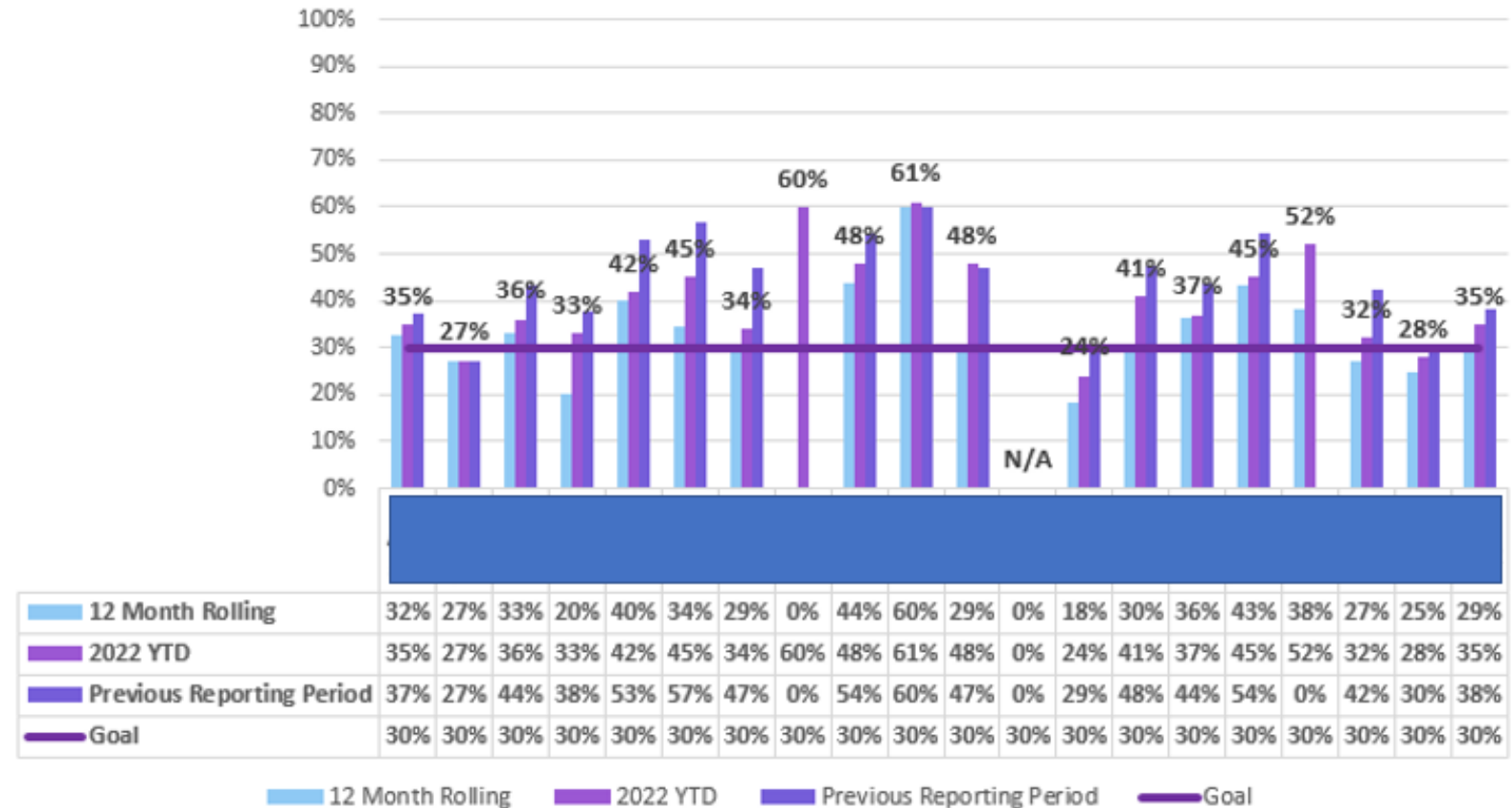
(N) Note

- What worked? What didn't?
- What are next steps?
- If we find things that didn't work, we will plan for what we will need to do for the next month.
- For many TALONS - we may stay on the (N) Noting what works for several cycles as we continue to refine what we are trying to do and methods to improve.

(N) NOTE	
6. How successful was the implementation? Review data to measure performance.	
1. Nursing	a. Has ensured that telehealth patients are scheduling lab appointments.
2. Materials Management	a. Has ensured that staff has supplies for A1C supplies.
3. Marketing	a. Diabetic Specific social media post scheduled for July. b. Display cases for exam rooms have been ordered and currently working with Facilities to place on doors in exam rooms. c. "Eagle Meds" has now been changed to "Express Meds" and all documents are in the process of being updated.
4. Data	a. Data Analyst are emailed to Providers and Practice Managers the week before the Sweet Eagles Meetings. b. Measures have been analyzed and A1C levels are decreasing.
5. Providers	a. Has ensured that Providers have had training with documenting HEDIS codes. b. Has ensured that Providers/Practice Directors are monitoring diabetic patients A1C labs are current.
6. Pharmacy	a. A chart has been sent to all providers with discounted prices for diabetic medication at CommWell Health.
7. Dental	a. Dental offices are checking glucose levels at each visit, referring patients with elevated glucose to Medical for care.

Measure,
Analyze,
Share

Diabetes Poor Control/Missing by Provider - as of 04/30/2022



(S) Sustain

- How are we going to standardize the process?
- When is the next cycle of improvement for this process?
- For Sweet Eagles - Diabetes - we are meeting monthly for 2022 or until we meet our goal

(S) SUSTAIN

7. How are we going to standardize the process?

8. When is the next cycle of improvement for this process?

☐ Close the TALONS due to successful and sustainable implementation.

☐ Implemented strategies were not successful; team will start the cycle back at step (O) operationalize

All Day Staff Training Days



Invest in your people




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- Bi-Annual Trainings pay off
- By ensuring all staff are given time to learn, you will see great gains in all metrics- Clinical Quality, Finance, Culture, and Governance
- Staff feel valued and appreciated

One Model- Train the Trainer



Take A-Ways

- ❖ **Be Focused**
 - ❖ **Be Positive and Make Process Fun**
 - ❖ **Have Continuous Cycles of improvement**
 - ❖ **Keep Data in front of Providers, Leadership, and Staff**
 - ❖ **Recognize High Performers and find out what they are doing**
 - ❖ **Have plan for orienting locums/new staff**
- 

Contact Us

- Karen Smith, M.Ed. VP of Quality
ksmith@comwellhealth.org
- Allison Hargrove, RN, BSN Sr Director of IT, Data Management & Care Coordination
ahargrove@commwellhealth.org

How does *culture* make
governance and quality
successful?

Wait for it.....

LEADERSHIP EXCELLENCE ACADEMY

Day 1 Wrap-Up
Thank you!

Tomorrow, Friday, June 10, 2022
Parts 3 and 4 (Finance, Culture)

LEADERSHIP EXCELLENCE ACADEMY




Finance (Resources)


"Thriving, not just surviving"

3-3-3-1 Principle


Organizational Blueprint

- Culture (People - 30%)
 - Quality (Systems - 30%)
 - **Finance (Resources - 30%)**
 - Governance (Accountability - 10%)
- 

Finance Objectives

1. Select, track, monitor and benchmark evidence-based Finance driven key performance indicators (KPIs)
 2. Utilize comparative and historical financial data sets to guide financial quality initiatives
 3. Identify data driven models for organizational sustainability
- 

Choose Metrics that Matter

- Consider grant requirements (HRSA)
 - Too many metrics can cause data overload – *if everything is important, then nothing is important*
 - Too few metrics gives you an incomplete picture of performance
 - Consider difficulty in obtaining data
 - Consider your organizations goals
 - Analyze metrics from time to time – is it still valuable to the organization?
 - Metrics should make it impossible to hide from failure
- 

Comparative vs. Historical

Comparative

Benchmark to industry standards

- Other FQHCs/Private Practice
- In-State/Nationwide
- UDS, MGMA, HFMA
- Auditor data
- PCA resources

Historical

Benchmark against your own prior performance

- Apples to Apples
- Lookback periods
- Month-Quarter-Annual

Data Reporting Channels

Board of Directors

Finance Committee

Leadership

Internal teams/committees

Departmental

Beyond Financial Statements

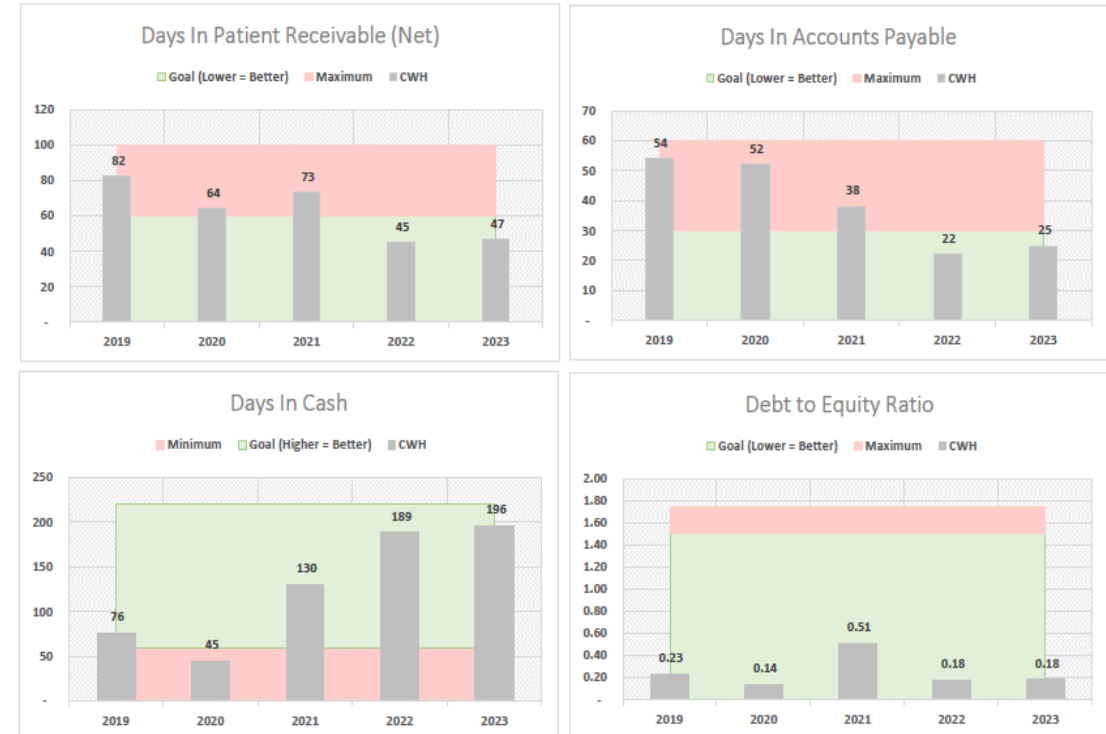
Consider your Audience

Financial Statements

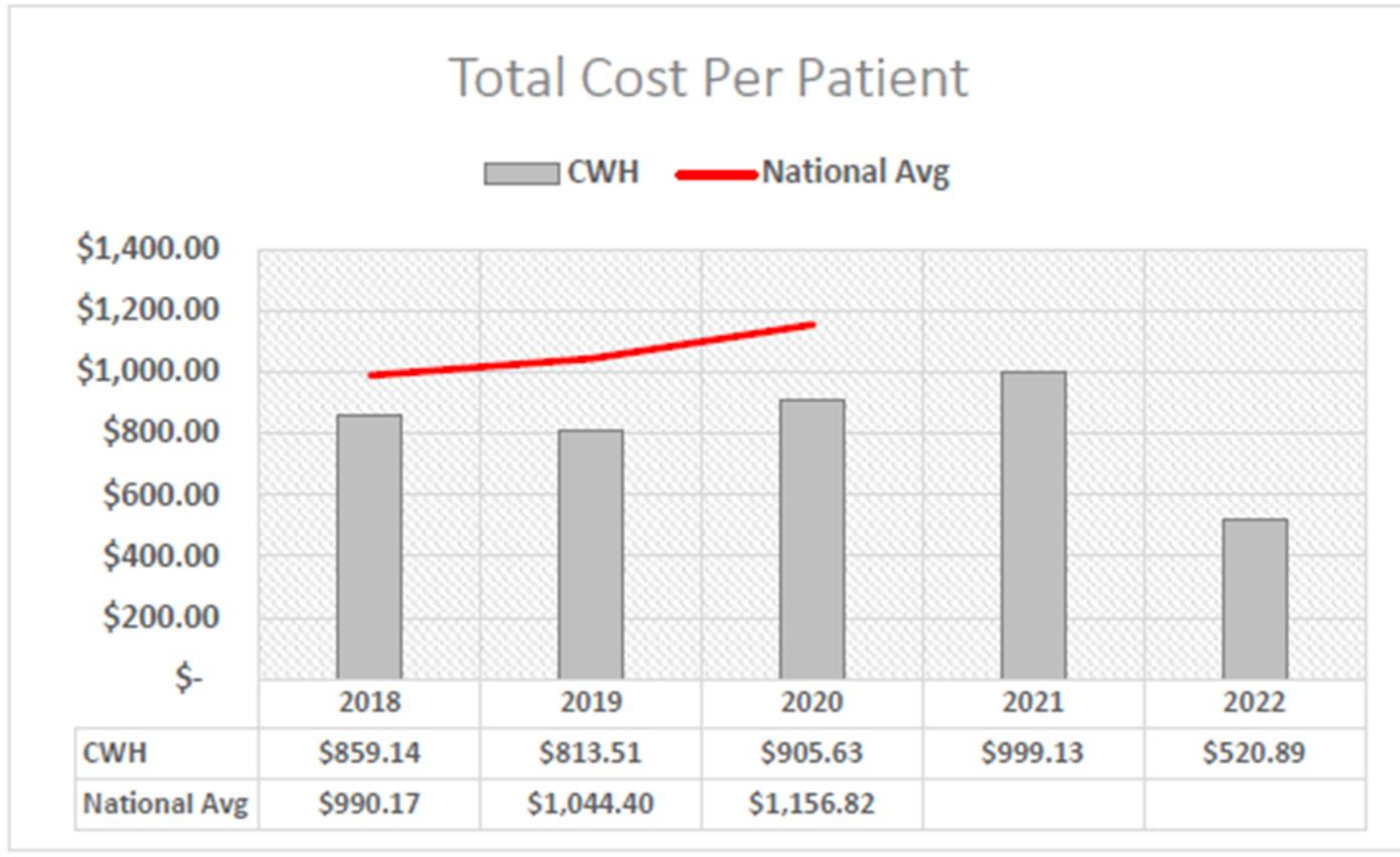
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Graphical Metrics and KPI's

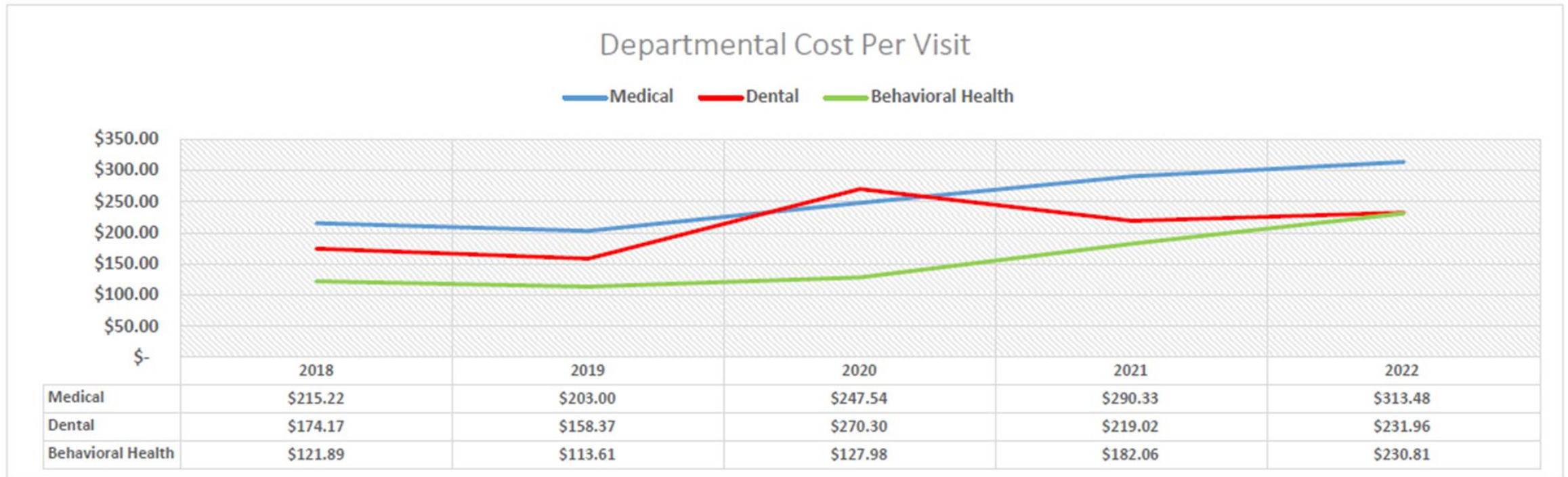
CommWell Health
Financial Performance Measures
Fiscal Year Basis



Financial Metrics – Required by HRSA



Financial Metrics – Required by HRSA



Financial Statement Metrics

Current Ratio

for each \$ of current liability how many \$ of current assets

Debt to Equity

for each \$ of equity how many \$ of debt

Debt Management

for each \$ of liability how many \$ of assets

Days in Patient Receivables

measures ability to collect

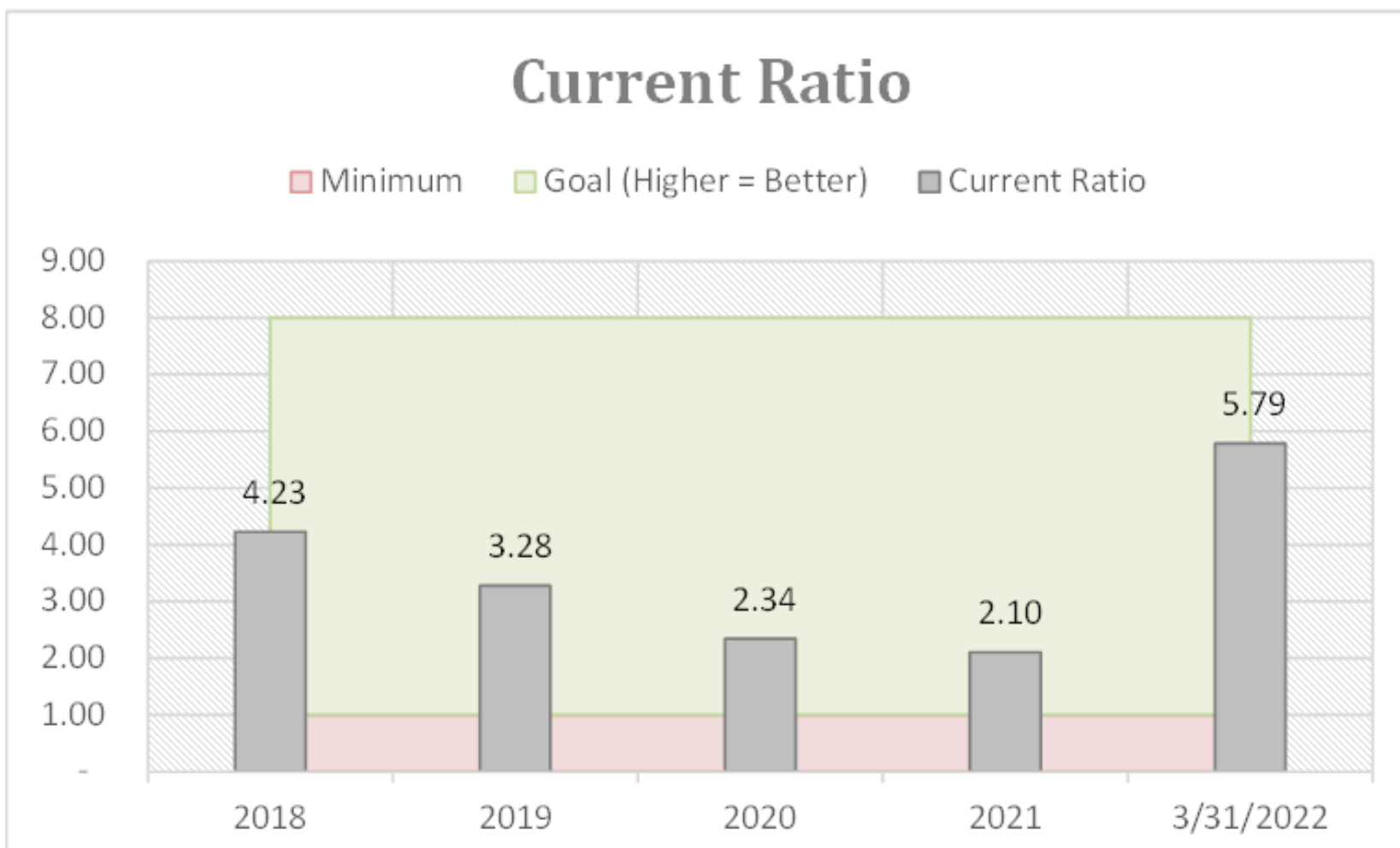
Days in Accounts Payable

how quickly are we paying bills

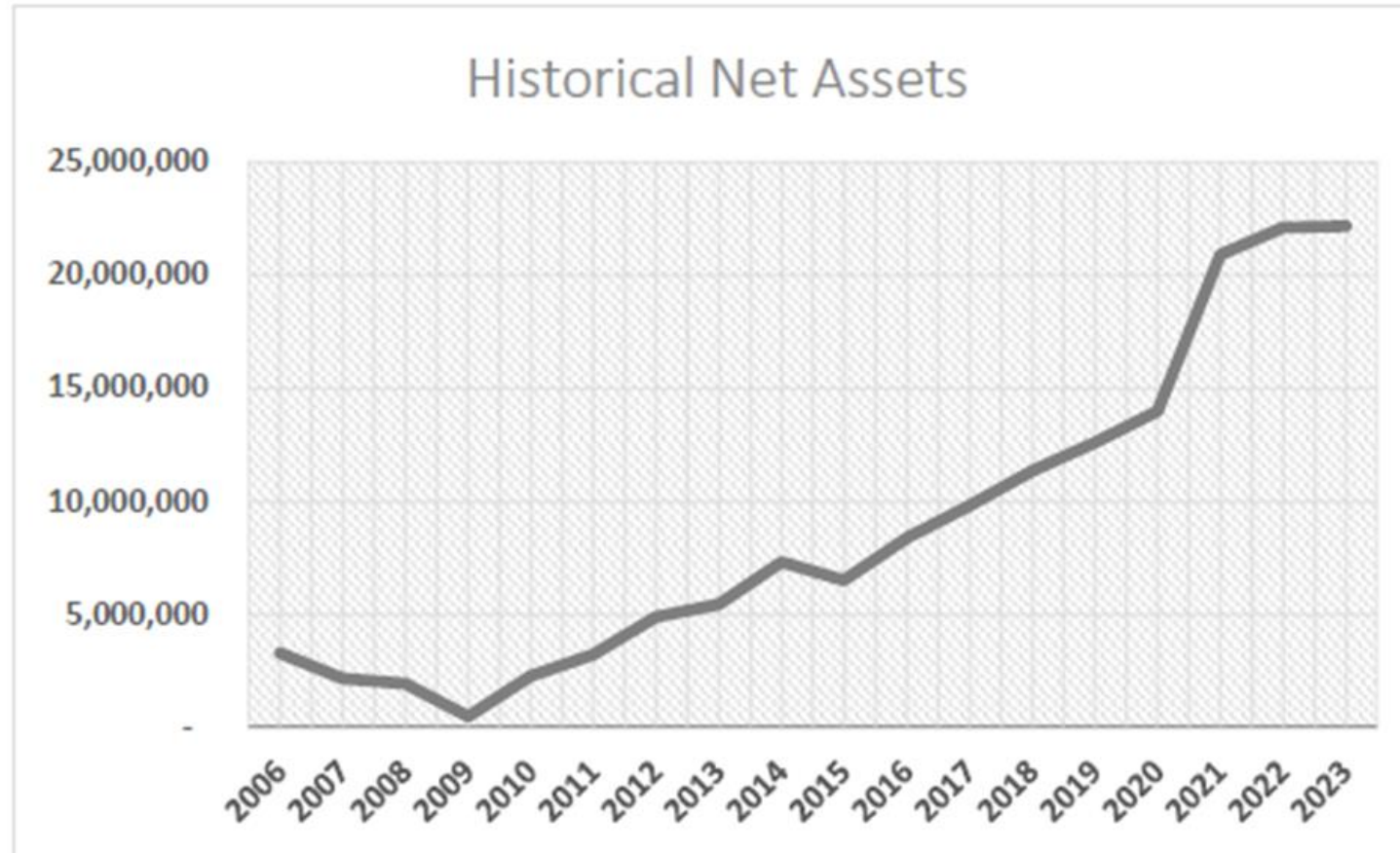
Days in Cash

cash on hand to cover XX days of expenses

Financial Statement Metrics



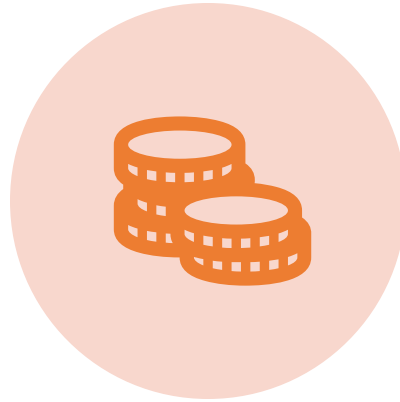
Financial Statement Metrics



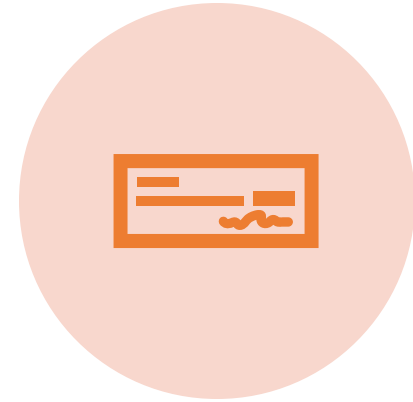
Other Key Internal Metrics...



REVENUE CYCLE
MANAGEMENT



GRANTS
MANAGEMENT




PAYROLL

Revenue Cycle Management

Clean Claim Rate



RCM: Net Collection Rates

 CommWell Health					Financial Waterfall Report										All Payers				
Date of Service					Date of Post														
	Charges	Adjustments	Receipts	Net Coll %	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Total	
Mar 21	\$ 2,122,939	\$ 1,364,845	\$ 698,765	92%	\$ 373,182	\$ 210,436	\$ 28,704	\$ 33,407	\$ 17,600	\$ 11,933	\$ 8,143	\$ 2,460	\$ 2,924	\$ 3,244	\$ 3,133	\$ 1,870	\$ 1,729	\$ 698,765	
Apr 21	\$ 1,958,097	\$ 1,092,765	\$ 618,595	71%		\$ 322,065	\$ 185,999	\$ 41,698	\$ 27,579	\$ 11,980	\$ 8,697	\$ 4,427	\$ 3,499	\$ 4,185	\$ 3,677	\$ 1,847	\$ 2,941	\$ 618,595	
May 21	\$ 1,713,776	\$ 964,497	\$ 560,864	75%			\$ 249,417	\$ 204,196	\$ 50,509	\$ 24,223	\$ 13,795	\$ 5,720	\$ 2,594	\$ 4,267	\$ 2,328	\$ 1,776	\$ 2,039	\$ 560,864	
Jun 21	\$ 2,054,455	\$ 1,163,592	\$ 656,766	74%				\$ 323,830	\$ 234,176	\$ 49,322	\$ 20,047	\$ 5,947	\$ 2,776	\$ 8,321	\$ 6,558	\$ 2,881	\$ 2,907	\$ 656,766	
Jul 21	\$ 1,810,214	\$ 1,017,591	\$ 583,949	74%					\$ 257,368	\$ 182,389	\$ 83,230	\$ 15,522	\$ 12,557	\$ 18,811	\$ 5,297	\$ 2,435	\$ 6,340	\$ 583,949	
Aug 21	\$ 1,948,415	\$ 1,076,986	\$ 632,012	73%						\$ 285,411	\$ 223,120	\$ 44,249	\$ 16,149	\$ 30,709	\$ 18,288	\$ 3,666	\$ 10,421	\$ 632,012	
Sep 21	\$ 1,915,271	\$ 1,048,964	\$ 618,690	71%							\$ 280,358	\$ 203,771	\$ 28,354	\$ 75,524	\$ 15,261	\$ 6,728	\$ 8,695	\$ 618,690	
Oct 21	\$ 1,755,250	\$ 950,116	\$ 556,761	69%								\$ 256,817	\$ 164,808	\$ 80,229	\$ 29,836	\$ 11,792	\$ 13,278	\$ 556,761	
Nov 21	\$ 1,857,279	\$ 1,009,793	\$ 573,868	68%									\$ 278,301	\$ 215,264	\$ 45,716	\$ 16,541	\$ 18,047	\$ 573,868	
Dec 21	\$ 1,646,488	\$ 873,640	\$ 495,062	64%										\$ 252,813	\$ 162,568	\$ 41,876	\$ 37,805	\$ 495,062	
Jan 22	\$ 1,655,374	\$ 876,227	\$ 462,729	59%											\$ 216,889	\$ 193,665	\$ 52,176	\$ 462,729	
Feb 22	\$ 1,683,674	\$ 926,596	\$ 410,040	54%												\$ 218,486	\$ 191,554	\$ 410,040	
Mar 22	\$ 1,850,830	\$ 934,797	\$ 315,798	34%													\$ 315,798	\$ 315,798	
Total	\$23,972,061	\$ 13,300,409	\$7,183,899	67%	\$ 373,182	\$ 532,501	\$ 464,120	\$ 603,132	\$ 587,232	\$ 565,258	\$ 637,390	\$ 538,912	\$ 511,963	\$ 693,368	\$ 509,550	\$ 503,562	\$ 663,729	\$7,183,899	

Grants Management

Monitor:

- Last billed through date
- Budgeted expenses to actual expenses
- Fiscal reporting requirements
- Programmatic reporting requirements

CommWell Health
Grants Dashboards
Positive Life Department Grants

Legend:

Under-Spending = 5% below Budget
Target Spending = +/- 5% of Budget
Over-Spending = 5% above Budget

Ryan White C - Grant #121

Beginning Date: 4/1/2021
Ending Date: 3/31/2022
Billed thru: 3/31/2022

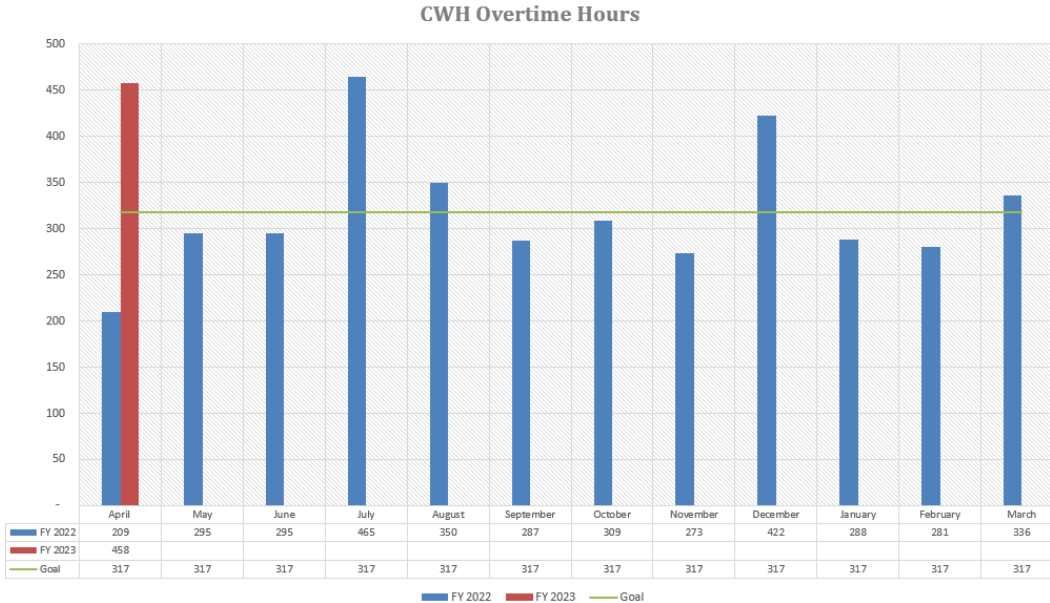
Grant Award: \$ 329,179
Amount Spent: \$ 329,179

Budgeted Spending: 100%
Actual Spending: 100%

Report Name	Assigned To	Due Date	Submission Date
Allocations Report	Ashton W.	7/30/2021	7/30/2021
Quarter 1 FFR Receipts	Ashton W.	10/31/2021	10/29/2021
Quarter 2 FFR Receipts	Ashton W.	1/31/2022	1/25/2022
Services Report (RSR)	Lisa M.	2/4/2022	1/31/2022
Provider Report (RSR)	Lisa M.	3/7/2022	3/3 Final on 3/28
Quarter 3 FFR Receipts	Ashton W.	4/30/2022	
Monitoring Call w HRSA	CWH Team	5/24/2022	
Expenditure Report	Ashton W.	6/29/2022	
Annual FFR Expenses	Ashton W.	6/29/2022	
Quarter 4 FFR Receipts	Ashton W.	7/31/2022	
Noncompet Prog Report	Lisa M.	11/30/2022	
Services Report (RSR)	Lisa M.	2/4/2023	
Provider Report (RSR)	Lisa M.	3/7/2023	

Payroll

- Overtime hours/pay
- Missed Punches
- Payroll Totals
- 401(k) utilization
- PTO balances



Corporate Goals

Self Pay Cash
Collection
Rate

- are we collecting from our patients?

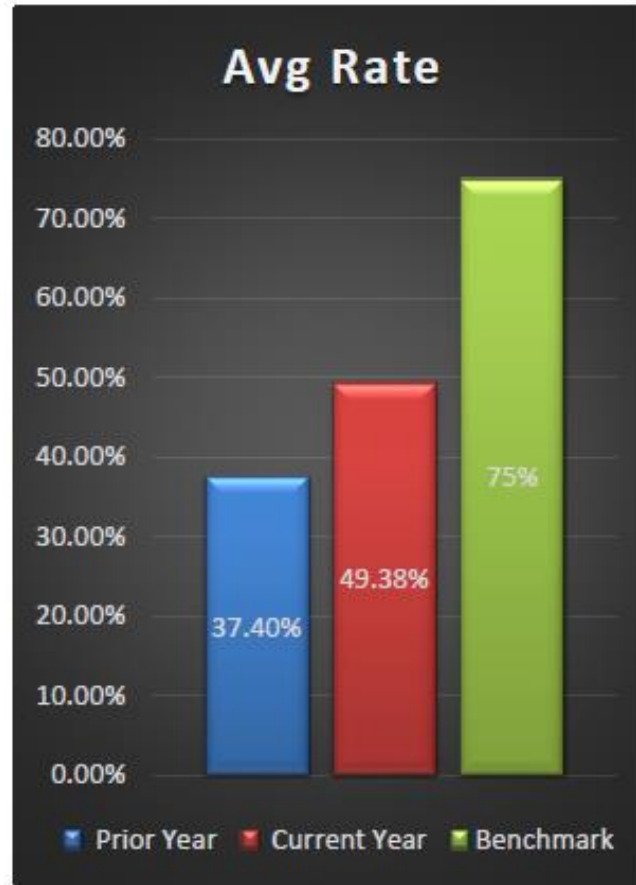
Unique
Patients

- are we meeting HRSA expectations?
- tied to grant funding

Visits by
Department

- productivity = revenues

Self Pay Cash Collections



What percentage of self pay balances are we collecting at check-in?

Monthly Self Pay collections / (Self Pay Charges – Self Pay Adjustments)

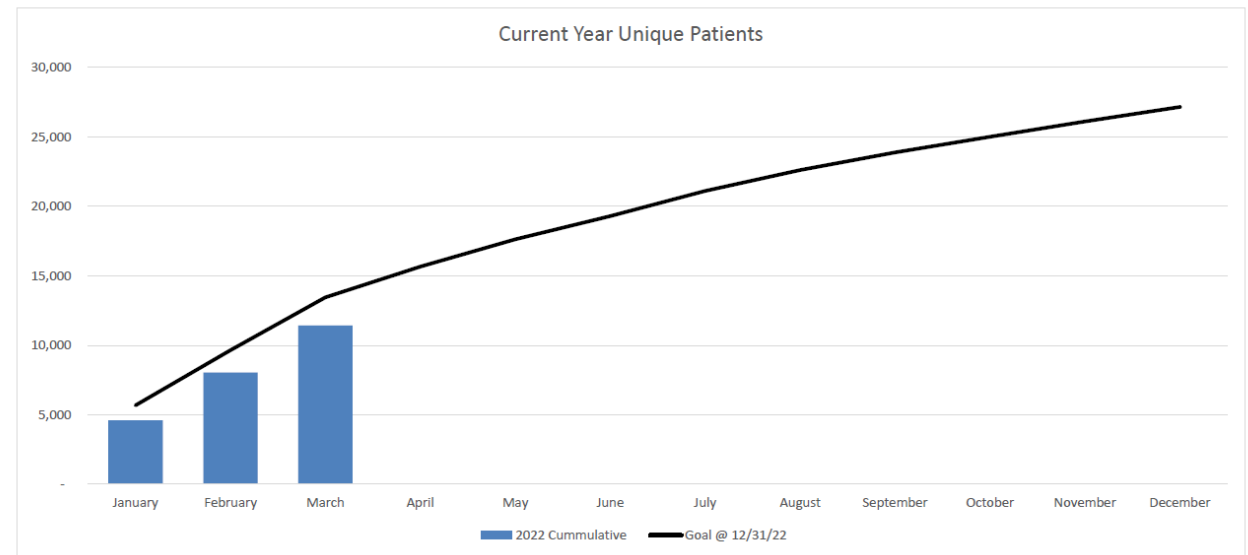
Unique Patient Count

- HRSA grant requirement
- Goals prorated by historical monthly patient counts
- Red/Green colors quickly identify if we are hitting goal or not
- Graphs show visually how close we are to our goal – are the lines getting closer together or further apart?

CommWell Health Financial Dashboards

Unique Patient Count - Calendar Year

	January	February	March	April	May	June	July	August	September	October	November	December
2019 Cumulative	6,562	10,567	15,029	17,223	19,153	20,273	21,589	22,979	24,268	25,710	26,927	27,739
2020 Cumulative	6,150	11,400	13,481	14,880	16,526	17,843	19,899	20,927	21,981	23,057	23,904	24,871
2021 Cumulative	4,121	7,473	10,424	12,983	14,643	16,293	17,436	18,741	19,839	20,771	21,637	22,352
2022 Cumulative	4,598	8,041	11,428									
Goal @ 12/31/22	5,679	9,646	13,446	15,665	17,633	19,298	21,120	22,622	23,884	25,021	26,116	27,161
Over / (Under) Goal	(1,081)	(1,605)	(2,018)									



Visit Counts – overall and by department

- Goals prorated by historical monthly visit counts
- Red/Green colors quickly identify if we are hitting goal or not
- Graphs show visually how close we are to our goal – are the lines getting closer together or further apart?
- Graph compares current to prior year to quickly identify if we are doing better or worse than prior year

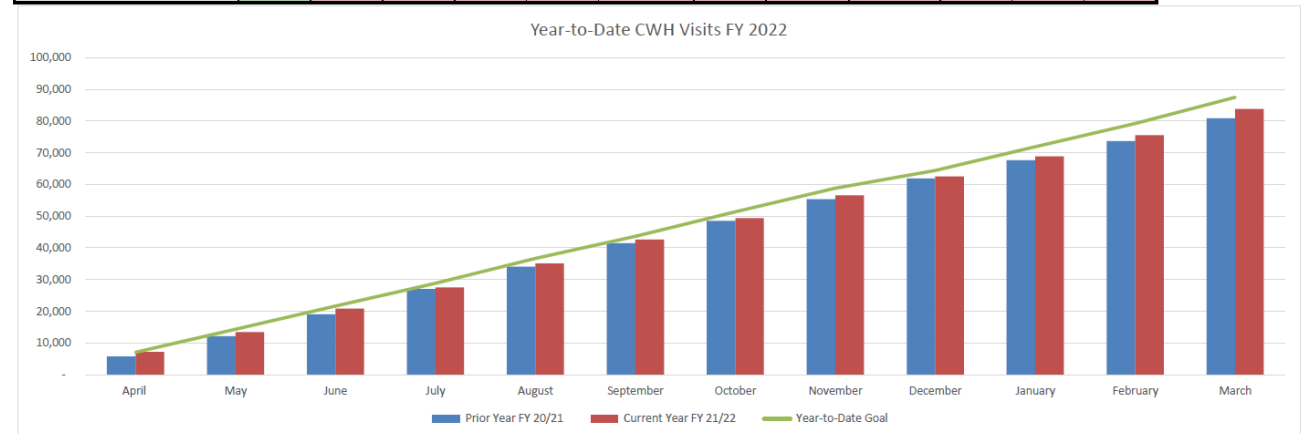
CommWell Health Financial Dashboard

ALL DEPARTMENTS

Fiscal Year Visits

April 1, 2021 - March 31, 2022

Month-to-Date Totals	April	May	June	July	August	September	October	November	December	January	February	March	Total	Pre-COVID Goal
MTD FY 20/21 Prior Year	5,775	6,350	6,924	7,974	7,009	7,432	7,074	6,808	6,522	5,755	6,085	7,143	109,805	
MTD FY 21/22 Current Year	7,168	6,261	7,414	6,698	7,577	7,506	6,750	7,174	5,982	6,369	6,664	8,238	83,801	
Monthly Goal	7,092	7,234	7,352	7,177	7,817	6,986	7,746	7,420	5,574	7,487	7,338	8,277	87,500	110,400
Over / (Under) Monthly Goal	76	(973)	62	(479)	(240)	520	(996)	(246)	408	(1,118)	(674)	(39)	(3,699)	
Over / (Under) Yearly Goal	76	(897)	(835)	(1,314)	(1,554)	(1,034)	(2,030)	(2,276)	(1,868)	(2,986)	(3,660)	(3,699)		





Increased Productivity & Then Some...

Background - Need/Problem

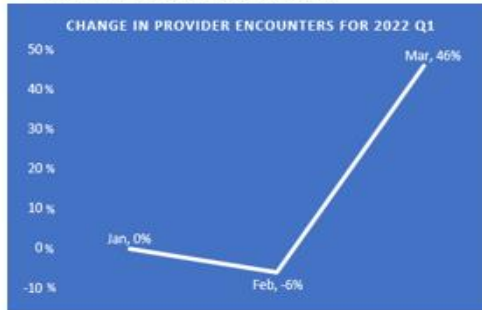
CommWell Health observed a decrease in Medical provider productivity throughout the pandemic and recovery efforts.

Project Goals

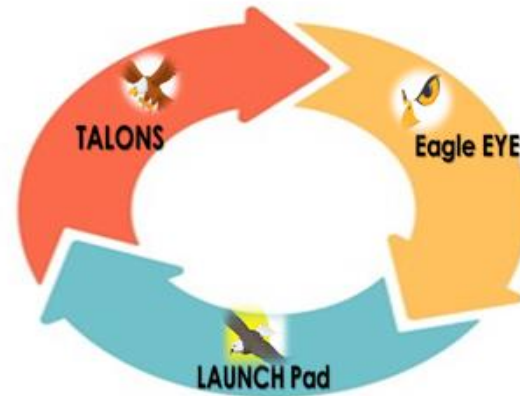
- Increase Productivity
- Increase Cash Revenue

Project Outcomes

- Increased Productivity
- Increased Cash Collections



Project Design



Project Implementation

The following strategies were implemented to increase productivity and cash revenue:

- New 20-Minute Scheduling Templates
- Creation of Express Care to Increase Access (*Never say NO to a patient*)
- Implementation of a revised No-Show Policy
- Restructured workflows for Guest Service Associates
New Orientation/Pre-registration/Scripting
- Care Gap Texting Campaigns
- Marketing Campaigns

Challenges and Lessons Learned

- Provider Life Events
- Technology access in rural areas
- *Meet patients where they're at and be creative with strategies.*
- *Resistance to change*
- *Presentation is everything when implementing change*

Poster Authors

Tammy Dunn, Ashley Lee, Charidy Raby, John Cook, Tammy Collins, Cheryl Stanley, William Ellison, Chris Vann, Andrea Morales-Williams, Allison Hargrove, Blair Delahooke, Taylor Perez

We Have a PROBLEM...

The pandemic presented many challenges to the healthcare industry.

CommWell Health directly observed that our provider productivity was affected not only during the pandemic but also throughout recovery efforts.

		April	May	June	July	August	September	October	November	December
Medical Total	Actual Encounters	3,155	2,953	3,554	3,062	3,451	3,436	2,937	3,255	2,983
	CWH Benchmark	4,343	4,343	4,343	4,343	4,375	4,375	4,375	4,375	4,375
	No Show Rate	22%	20%	20%	22%	17%	19%	18%	18%	19%
	No Show Benchmark	20%	20%	20%	20%	20%	20%	20%	20%	20%

Data is reflective of 2021 medical provider encounters from April – December.

HOW ARE WE GOING TO FIX IT?

As a team, project goals were identified, and CommWell Health's Performance Improvement Cycle was utilized.

PROJECT GOALS



Increase Productivity



Increase Cash Collections

CommWell Health's Performance Improvement Cycle

CommWell Health's Performance Improvement Cycle is a continuous cycle that may be started at any point within the cycle dependent on the need.

The cycle allows us to achieve continuous improvement!



TALONS – Used to identify the root cause of a problem & improvement strategies

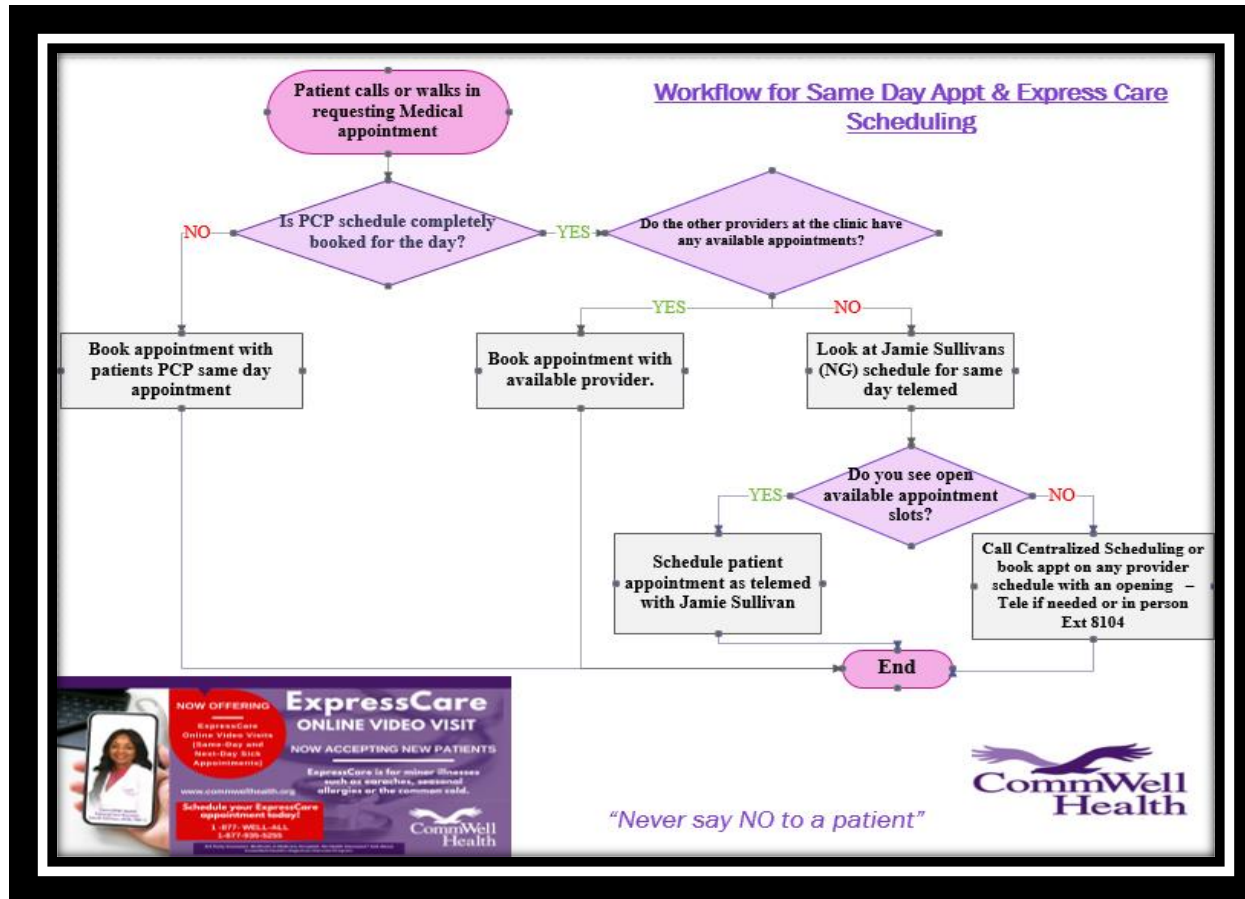
EAGLE EYE – High-Level Review of Hardwired Processes at Least Every 3 Years

LAUNCH PAD – Used to Assist with the Establishment of a New Service


Improvement Strategies & Implementation

To improve provider productivity and cash collections, the following strategies were implemented:

- 20-Minute Scheduling Templates
- Creation of Express Care
- Revised the No-Show Policy
- Restructured Workflows for Guest Service Associates (*Orientation, Pre-Registration, Scripting*)
- Care Gap Texting Campaigns
- Marketing Campaigns



20 Minute Scheduling Templates

- MD/DO/PA/NP
 - All appts at 20 minutes
 - 0800-0820-Morning Huddle
 - 0820 – Starts first patient
 - 2 Same Day Appt slots – require for PCMH/NCQA
 - 1 Hosp F/U/Medicare Annual Wellness
 - Blocked slots based on Individual No Show Rates
 - No double booking
 - Contact Scheduling Manager or COO if any problems
- 

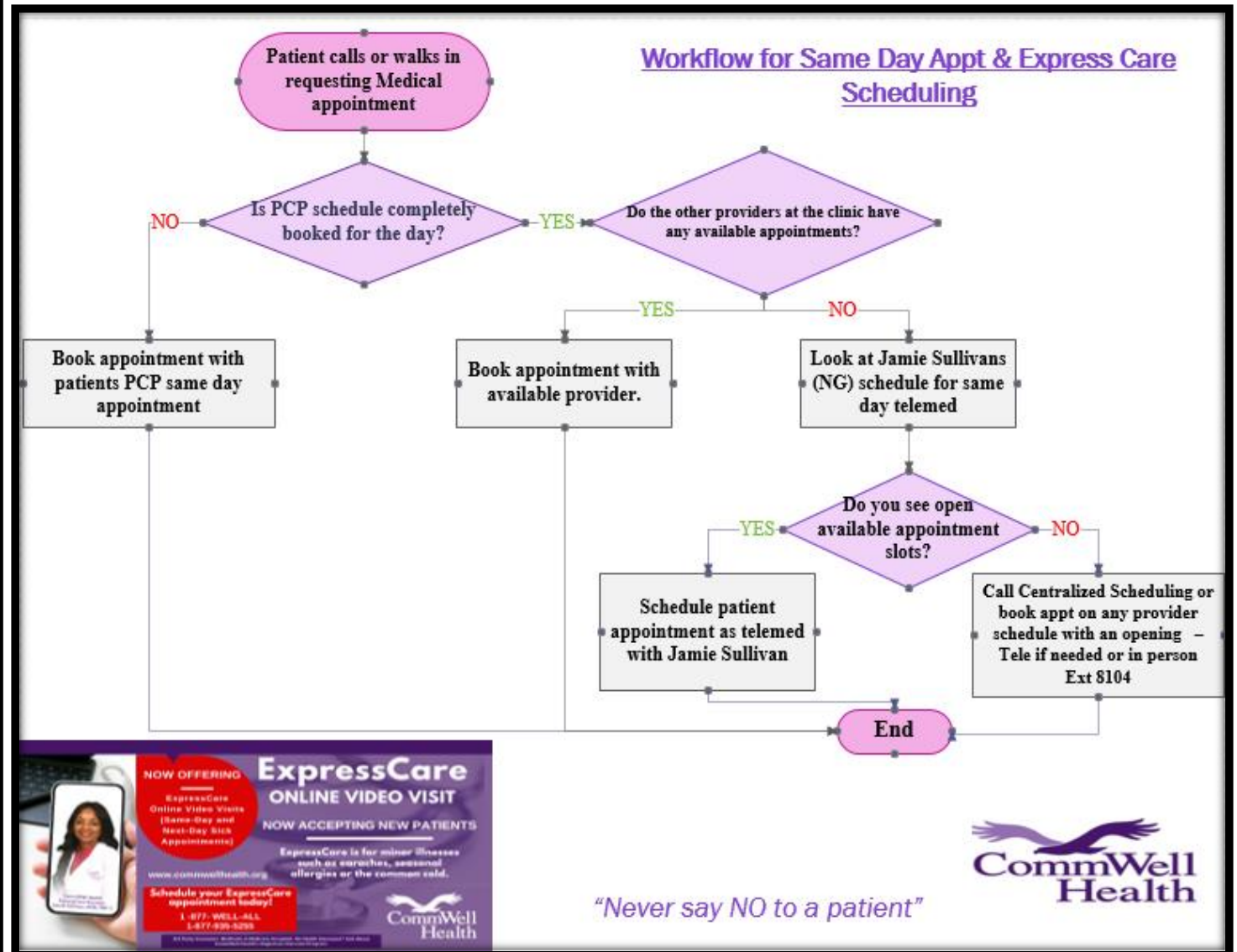
20 Minute Scheduling Templates

Time	Spragins, Frieda Lowry FNP
8:00 am	HUDDLE
8:20 am	NO NEW PTS/HOSP F/U/WELLNE
8:40 am	TELE ONLY
9:00 am	TELE ONLY
9:20 am	TELE ONLY
9:40 am	HOSPITAL F/U
10:00 am	TELE ONLY
10:20 am	TELE ONLY
10:40 am	EAGLE ACCESS APPT
11:00 am	SCHEDULE CLOSED
11:20 am	ADMIN TIME - NO PATIENTS
11:40 am	ADMIN TIME - NO PATIENTS
12:00 pm	LUNCH
12:20 pm	LUNCH
12:40 pm	NO NEW PTS/HOSP F/U/WELLNE
1:00 pm	TELE ONLY
1:20 pm	TELE ONLY
1:40 pm	TELE ONLY
2:00 pm	SCHEDULE CLOSED
2:20 pm	TELE ONLY
2:40 pm	TELE ONLY
3:00 pm	EAGLE ACCESS APPT
3:20 pm	TELE ONLY
3:40 pm	TELE ONLY
4:00 pm	TELE ONLY
4:20 pm	SCHEDULE CLOSED
4:40 pm	SCHEDULE CLOSED
5:00 pm	SCHEDULE CLOSED

Time	Bangi, Richelle PA-C
8:00 am	HUDDLE
8:20 am	SCHEDULE CLOSED
8:40 am	AT TARHEEL
9:00 am	AT TARHEEL
9:20 am	AT TARHEEL
9:40 am	AT TARHEEL
10:00 am	EAGLE ACCESS APPT
10:20 am	AT TARHEEL
10:40 am	AT TARHEEL
11:00 am	NO NEW PTS/HOSP F/U/WELLNE
11:20 am	ADMIN TIME - NO PATIENTS
11:40 am	ADMIN TIME - NO PATIENTS
12:00 pm	LUNCH
12:20 pm	LUNCH
12:40 pm	SCHEDULE CLOSED
1:00 pm	AT TARHEEL
1:20 pm	HOSPITAL F/U
1:40 pm	AT TARHEEL
2:00 pm	AT TARHEEL
2:20 pm	AT TARHEEL
2:40 pm	AT TARHEEL
3:00 pm	EAGLE ACCESS APPT
3:20 pm	AT TARHEEL
3:40 pm	AT TARHEEL
4:00 pm	AT TARHEEL
4:20 pm	SCHEDULE CLOSED
4:40 pm	SCHEDULE CLOSED
5:00 pm	SCHEDULE CLOSED

CREATION OF EXPRESS CARE

- Improved Access
- Improved Quality Outcomes
- Improved Patient Experience
- Improved Workflow
- Increased Encounters



REVISED NO SHOW POLICY



- Educating patients at check-in and check-out
- Providers talking to patients
- Chronic No-Show patients – utilize Same Day Service

Restructured Workflows for Guest Service Associates

Hired GSA Supervisor

Created new GSA orientation

Scripting – Never Say NO to a patient

Pre-registration

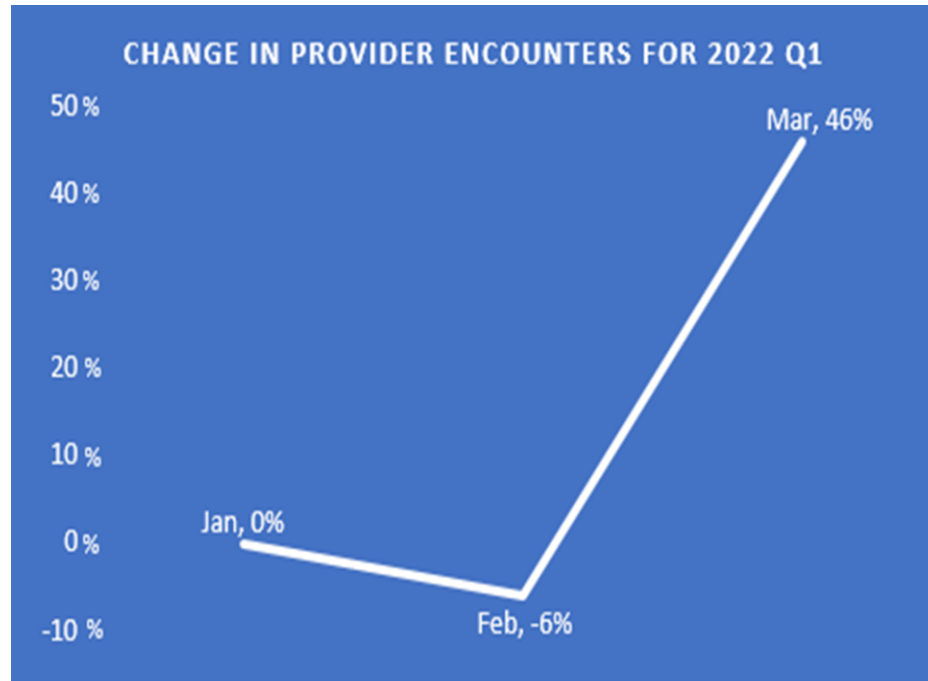


Social Media Campaigns

- Care Gap Texting
- 23 total Social Media accounts
- Facebook, Instagram, Google Business, Pinterest
- Mailers



We Achieved our Goals... *and then SOME!*



After the implemented improvement strategies provider encounters increased by 46% from February to March 2022!



After the implemented improvement strategies cash collections increased by 36% from February to March 2022!

BONUS EGGS!

Not only did we achieve increased provider productivity and cash collections, but our improvements also resulted in BONUS EGGS!

Improved Patient Satisfaction

Overall, patient satisfaction for provider wait increased by 2.53% from 2021 Q4 to the end of 2022 Q1.

Improved Colleague Satisfaction

61% of colleagues reported that they were either moderately or highly satisfied with the implementation of the 20-minute scheduling templates. 65% reported satisfaction with the new pre-registration process.

Decreased Eligibility Errors

Denials decreased by 19% and rejections by 26%.

No-Show Rate

No-shows decreased by 3.5% from February to March 2022.




Bumps in the Road...

All process improvements come with challenges and this project was no exception.

- **Provider Life Events** – Provider life events such as emergencies and sickness will always affect provider productivity and is a factor that cannot be controlled.
- **Patient Demographics** – CWH serves patients who primarily reside in rural areas, resulting in patients lacking access to internet and technology. Therefore, this can create a barrier to the Express Care service.
- **Change Management** - Managing change with staff and patients



CHANGE MANAGEMENT - Providers

- Met with Providers face to face at their site
 - Allowed time for listening to their concerns
 - Presented the project professionally
 - Maintained contact via text/email/phone during implementation
 - Let them set their blocks on the schedule
 - Confidential survey
- 

Valuable Lessons

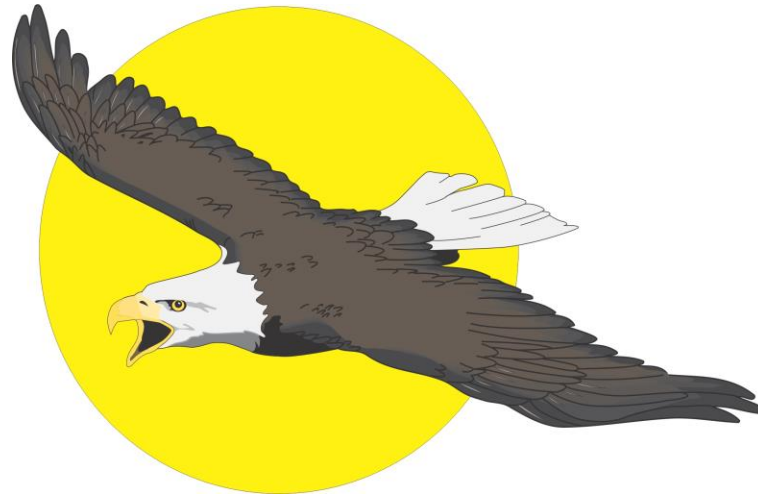
Change is
HARD!



But presentation is
EVERYTHING!



Meet patients & colleagues where
they are to implement change!



How does *culture* make
governance, quality, and finance
successful?


Wait for it.....

LEADERSHIP EXCELLENCE ACADEMY



Culture (People)


3-3-3-1 Principle

- **Culture (People - 30%)**
 - Quality (Systems - 30%)
 - Finance (Resources - 30%)
 - Governance (Accountability - 10%)
- 

Culture Objectives

1. Describe how **Culture** drives an organization to be a provider and employer of choice
2. Identify the components of an organizational Infrastructure to support a **Culture** of excellence
3. Outline the educational curriculum for development of leaders and succession planning
4. Identify Culture-driven key performance indicators (KPIs) – their selection, tracking, and monitoring

Overview of Culture – The (WHAT / WHY)

- Proper way to behave within the organization
 - Eats Strategy! (Drucker, et. al.)
 - Morphs and evolves intentionally – or not
 - Culture is your DNA that translates into mission, vision, and values
- 

Mission, Vision, Values

- **Mission - *What we do***
- **Vision - *Where we want to go***
- **Values - *How we do what we do (our behaviors)***



Corporate/ Leadership Alignment

- Values are lived out daily by behaviors
- Actions speak louder than words
- Your “walk talks louder than talk talks”

Values translate into Culture



Fundamentals of Building Culture

Trees of Transcendence (Pillars)



- Culture is **People**
- Culture is **Quality**
- Culture is **Finance**
- Culture is **Governance**

Culture Comes First



Why are we interested in culture?

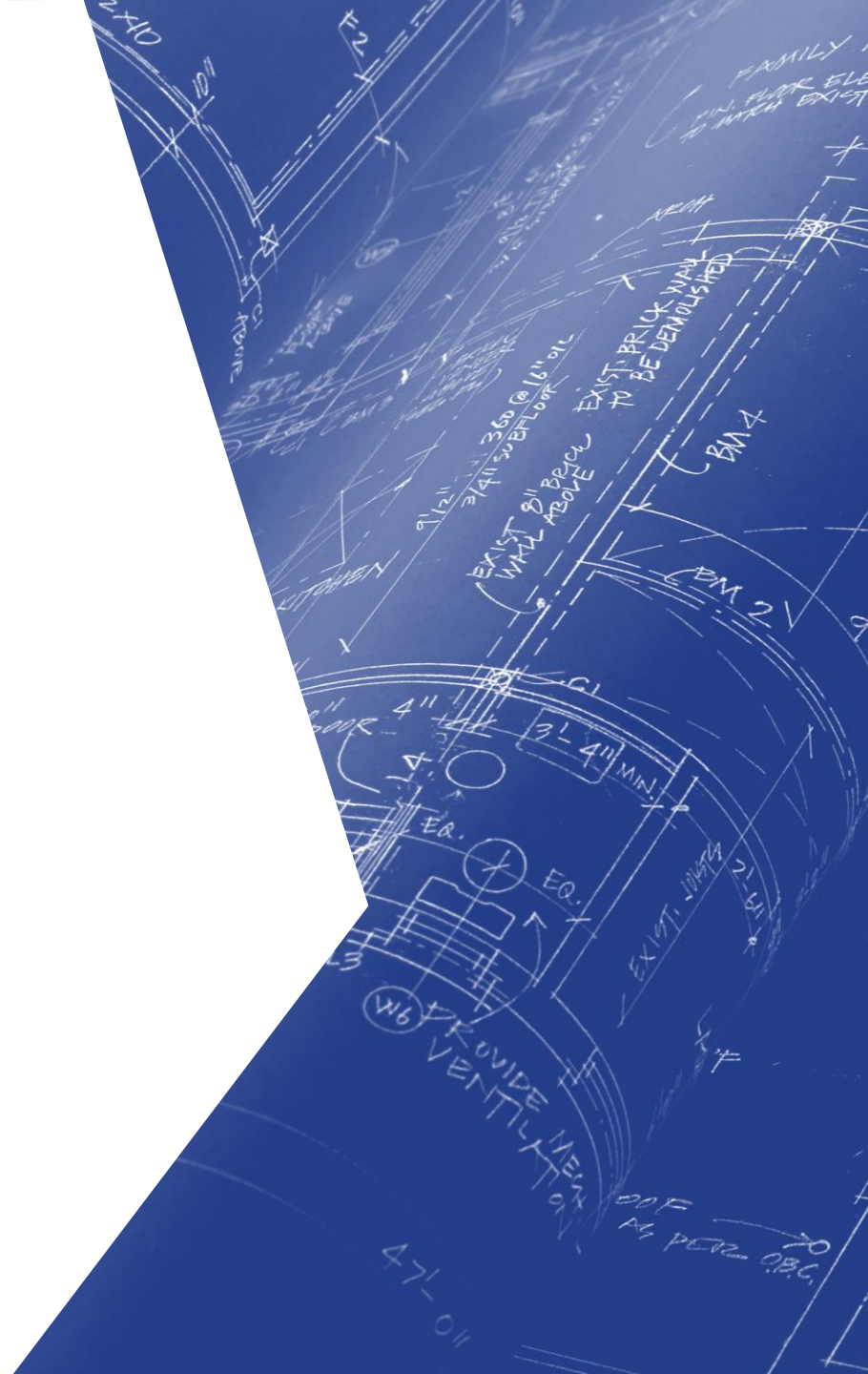
- Personnel Shortages #1 Issue on CEO's minds in 2021 (ACHE Top Issues Survey)
- Compassion fatigue
- Burnout has reached "epic proportions"
- Kaiser Survey "Burnout is killing the healthcare industry"
- Suicide rate
- Healthcare exodus
- Caregiver Crisis

FOCUSING ON STRENGTHS REDUCES DISENGAGEMENT

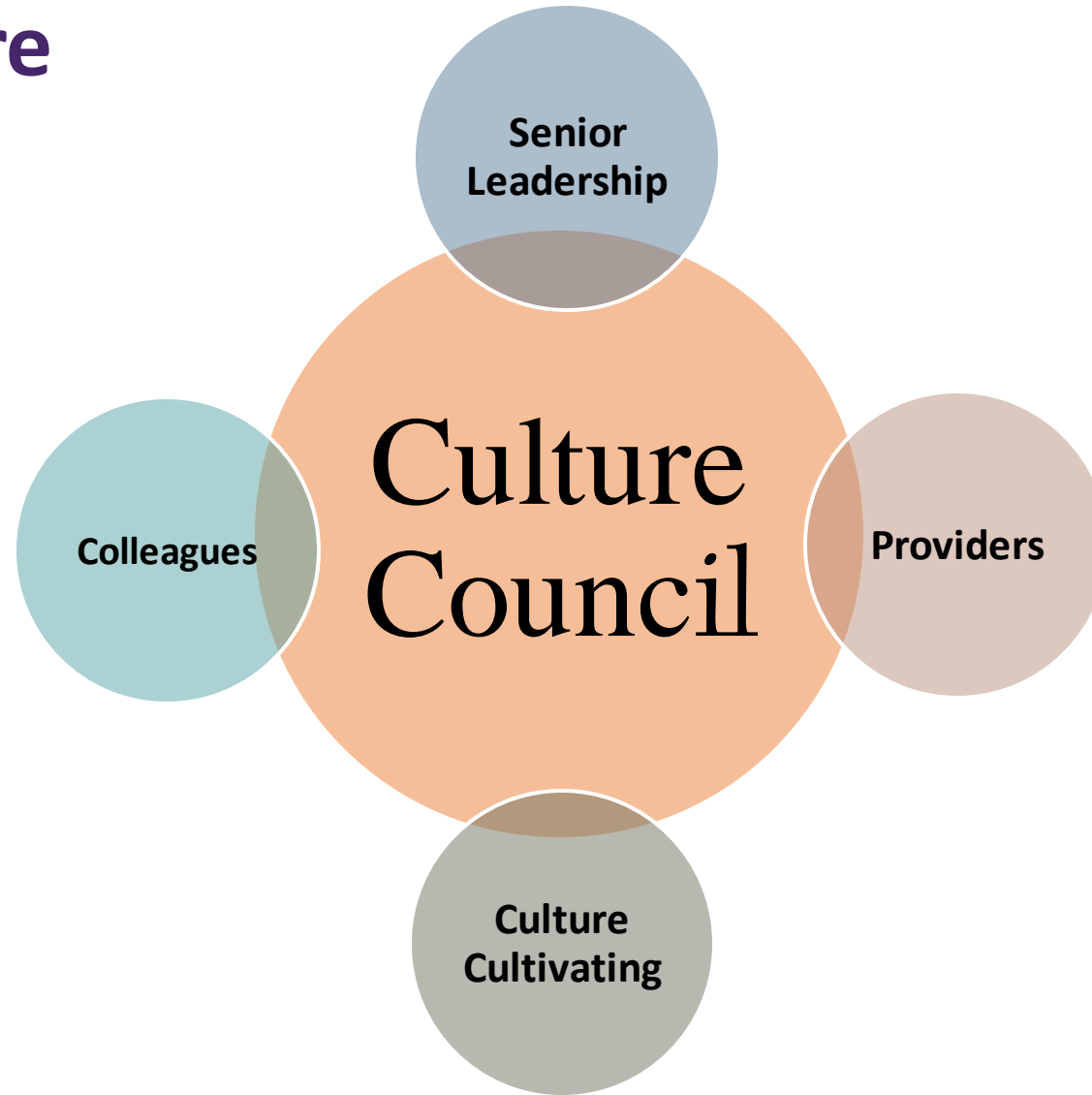


Culture System Blueprint (The Non-Negotiables)

- Comprehensive
- Systemic
- Intentional
- Sustainable
- Evidence-Based
- Sizeable/scalable
- Customized
- Senior Leadership Buy-In
- Bottom-up Driven



First Step: The Culture Excellence Council



Council Oversight

- Policies and Procedures of the Culture System
- Communication
- Personal and professional development
- Reward and Recognition
- Succession Planning
- Code of Behavior

Next Step: Building Momentum

Value

- Example – 200 FTEs
- Select 10-20 Eagle Role Models / “Soaring Eagles”

Add Value

- Soaring Eagles teach quarterly mastermind workshops
 - Teach 3x/quarter for two (2) years
 - Personal and Professional Development achieved through Group Learning Master Mind Experience.



Quarterly Workshops - Master Mind Group Experience (MMG)

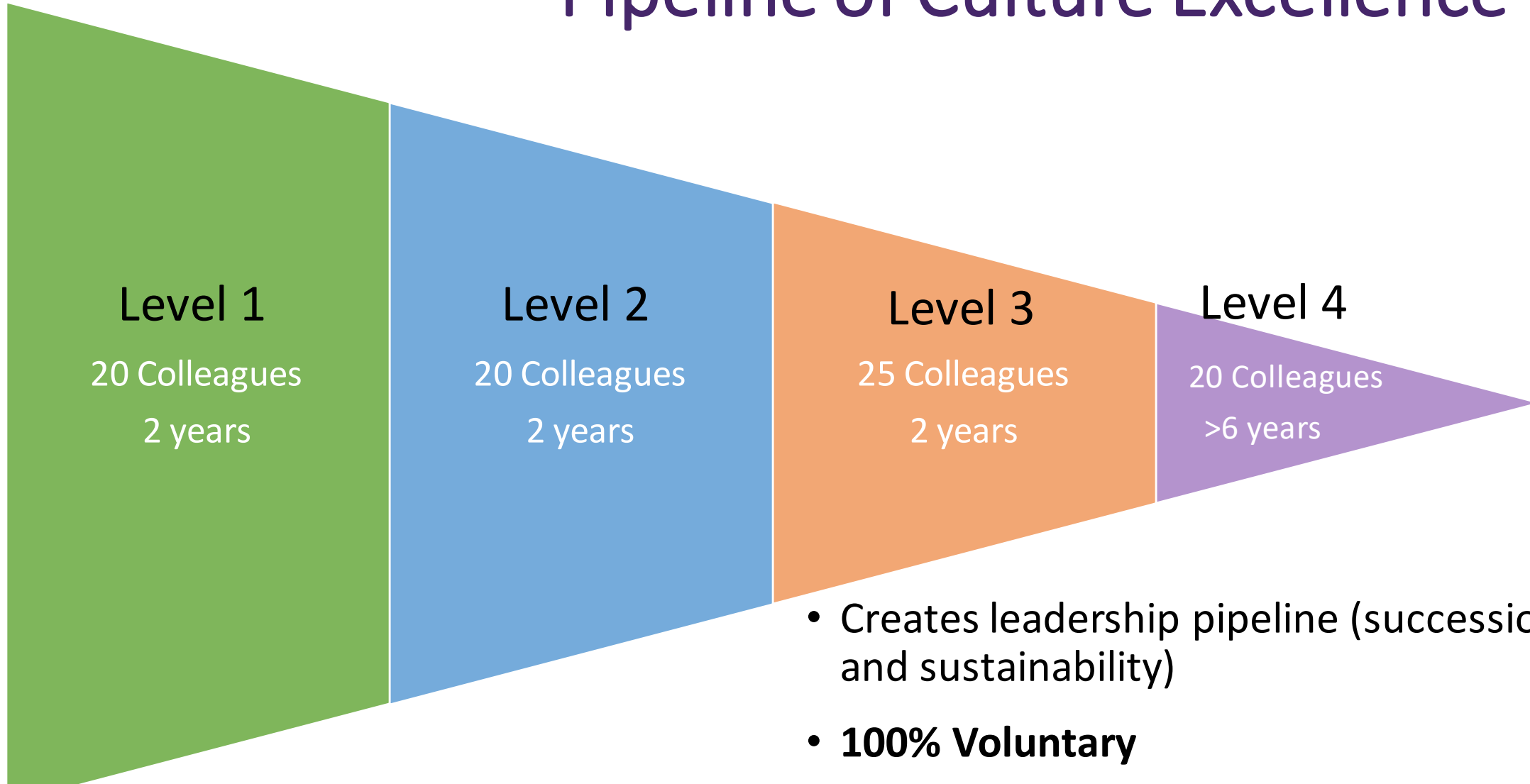
A combination of brainstorming, education, peer support and accountability in a group setting to foster self reflection and awareness.



Graduates fully invested in the values of your organization. Divide into groups and facilitate Group Learning Session Master Minds.

MMG Participants represent the remaining colleagues of the organization
MMG- 1 hour once a qt.

Pipeline of Culture Excellence




Master Minds Groups:

Leadership Development

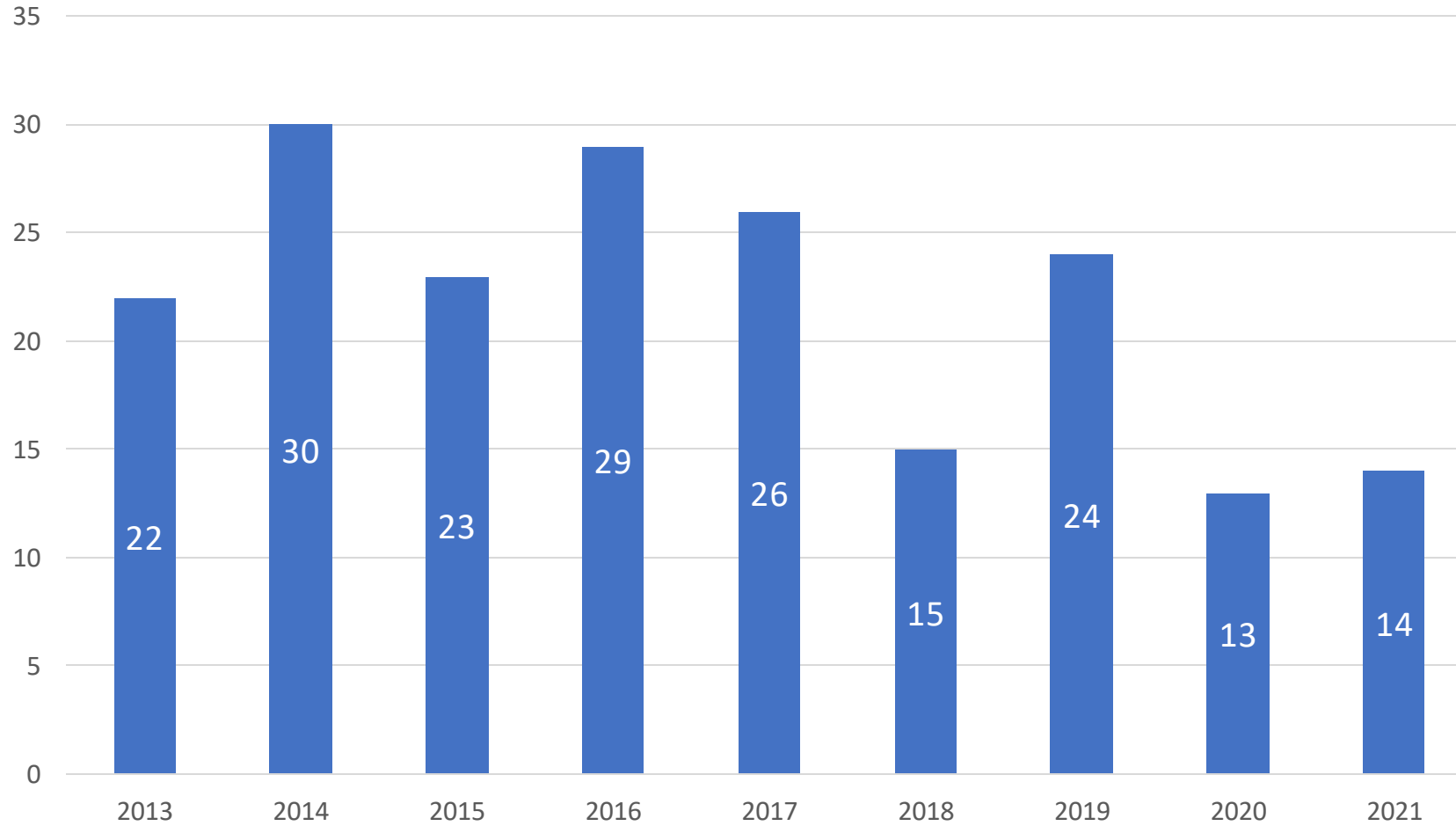
Top of monthly meetings:

- Providers (all providers are leaders)
Primary Care Team meeting – all specialties
- Senior Leadership Meeting
- Leadership Management Meeting
Middle Management

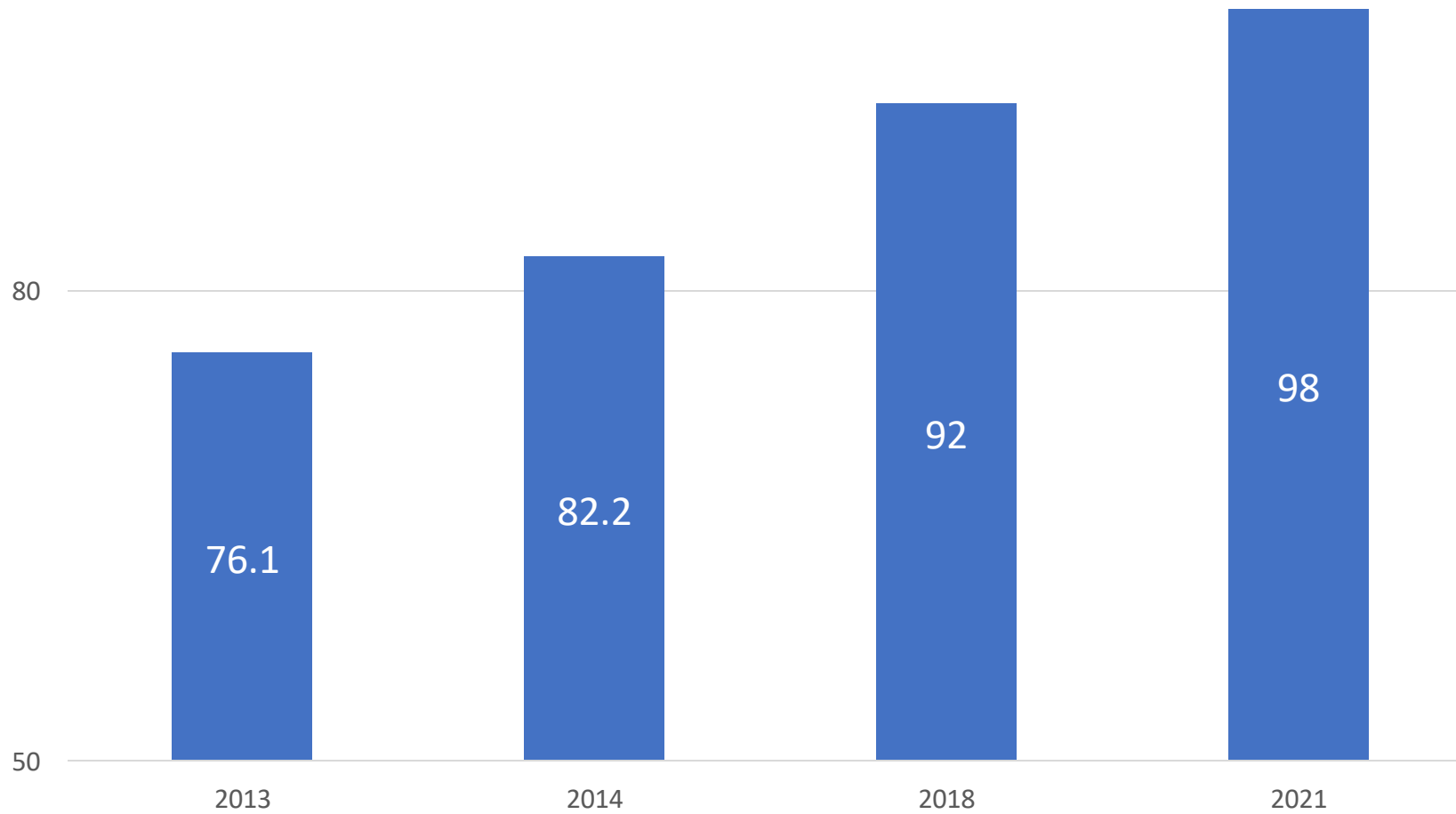
Culture Key Performance Indicators

- Patient Experience
 - Workforce Engagement Survey
 - Provider Engagement Survey
 - Internal Promotions – Succession
 - Turnover Rate (TOR)
- 

Internal Promotions



Overall Workforce Engagement



Workforce Turnover

Reduced from 19.3% to 11% in five years



2021 Workforce Survey

Employer of Choice / Provider of Choice

92%

Recommend
CommWell Health as a
place to work

18%

Have been with
CommWell Health
over 10 years

52%

Plan to remain with
CommWell Health
over 10 years

98%

Proud to Work at
CommWell Health

2021 Workforce Survey


Employer of Choice / Provider of Choice

93%

Would recommend
CommWell Health as a
Health Care Provider

2021 Workforce Survey

Employer of Choice / Provider of Choice

- The total colleague response rate was 71% (Goal 70%)
 - Scored above the median on all workplace survey questions
 - Exceeded the median score on 31 of 32 questions
- 



Culture – The PROOF: Panel Discussion

Day 2 Wrap-Up
Thank you!

LEADERSHIP EXCELLENCE ACADEMY