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36/40 Arrangements - Provides 40 hours of compensation to those employees who regularly work three 12-hour shifts every weekend.

5S – A set of quality tools from HH's Quality System.

A

ABX – Antibiotics.

Access – The process of obtaining needed services by customers. Includes availability of medical care (physician clinics, specialty services) and registration, scheduling and admitting.

ACEI – ACE Inhibitor; a drug that inhibits the production of angiotensin converting enzyme. Used to lower high blood pressure.

ACOG – American College of Obstetrics and Gynecology.

ACS – Appropriate Care Scores.

ACT – Accelerating Community Transformation; applied research project to evaluate the impact of cross sectional leadership approaches aimed at improving a community's health and well being.

AD – Active Directory. A security and privilege assigned password for each computer user.

ADN – Associate Degree Nurse.

Advisory Board – (The) Advisory Board See HCAB. The Healthcare Advisory Board company is a Washington, D.C. based research consulting and educational resource to the health care community. It provides leadership development opportunities as well as physician development opportunities in partnership with HH.

AHEC – Area Health Education Center; Program for eligible "underserved" medical areas which provides, through collaboration with University of Missouri, medical students or other allied health professionals with experience working in Northwest Missouri.

AHRQ - Association of Healthcare Research & Charity.

AIDET- Acknowledge, Introduce, Duration, Explain and Thank. HH's process to manage, meet and exceed patient expectations. AIDET is the script given to each patient care giver to meet service excellence behavioral standards.

Alliance – See Community Alliance.

ALOS – Average Length of Stay.

America's Promise - Established by General Colin Powell; a foundation to encourage youth empowerment and leadership building.

AMI – Acute Myocardial Infarction; a heart attack and can be life threatening. It is important to receive the right care to minimize the impact of heart damage. This can be done by receiving proven care suggested by experts such as heart medications (beta blockers, ACEI, ARB) and by stopping smoking. See 7.5-5 for measurement of compliance to this care at HH.

AP - Action Plan. May be used as one- or three-year plans strategically, or tactically, to accomplish individual activities.

APD – Adjusted Patient Day.

APN – Advanced Practice Nurse.

A/R – Accounts Receivable.

ARHQ – Association of Health Care Research Quality.

ASA – Aspirin.

ASO – Administrative Services Only; a financing solution for health care offered by HH's insurance company.

ATD – Admissions, Transfers, Discharges.

AUR - Available upon request.

AVA – Activity Vector Analysis, a behavioral assessment used in leadership development.

Avg. - Average.

Award of Excellence – Award designed to recognize employees who go above and beyond in their day-to-day work.

B

BC/BS of KC – Blue Cross and Blue Shield of Kansas City, a CHP competitor.

Best Practices Group - Group of community leaders understanding health cost drivers in NW MO and how lifestyle and disease states impact the demand for health care and how an employer can positively influence.

BKD – Baird, Kurtz, and Dobson; Hartland's financial auditor.

Black Belts - Staff with Six Sigma expertise.

BMI – Body Mass Index.

BOD – Board of Directors.

BPEG – Best Practice Employer Group; local employers and HH review industry best practices and local data with

the goal of aligning supply and demand to improve member health and costs.

Brownfield – Federal designation applied to blighted/ polluted real estate requiring clean up efforts.

BSC – Balanced Scorecard; strategic measurement system used to track performance and identify opportunities for improvement.

BSN – Bachelors of Science, Nursing.

C

CA – Clinical Advisor

CABG – Coronary Artery Bypass Graft, a cardiac procedure. Coronary artery bypass grafting is open heart surgery that requires proven medical management recommended by experts to maintain health including getting the right antibiotics (abx) given before surgery (prophylaxis) and stopping the antibiotics within the right timeframes after surgery(discontinued) to prevent infections, and taking and aspirin each day after discharge from the hospital. See 7.5-2 for measurement of compliance to this care at HH.

CAHPS – Consumer Assessment of Healthcare Providers and Systems Survey.

CAO – Chief Administrative Officer.

CAP – Community Acquired Pneumonia.

CBDO – Chief Business Development Officer.

CC – Core Competencies.

CCC – Corporate Compliance Committee; provides direction and oversight on all compliance matters.

CCO – Chief Communications Officer.

CDC – Centers for Disease Control.

CDMP – Community Disease Management Program.

Center Stage Awards – The name given to overall recognition program containing multiple awards and types of recognition.

CEO – Chief Executive Officer.

Cerner – Medical software used by HH.

CEU – Continuing Education Unit.

CFO – Chief Financial Officer.

Cheerful Change – Tokens worth $1 that are given by senior leaders for a just-in-time "pat on the back" when an employee models our core behaviors or goes above and beyond the call of duty.

CHF - Congestive Heart Failure; a chronic health condition that requires aggressive medical management to maintain a good quality of life. Management should include proven care suggested by experts including medications (ACEI / ARB) measuring heart function (LVS), stopping smoking and specific discharge instructions to help guide care. See 7.5-2 for measurement of compliance to this care at HH.

CHP – Community Health Plan; health and productivity management company. Has provided insurance to community.

CIO – Chief Information Officer.

CLAB - Central line associated bacterimia.

CME – Continuing Medical Education.

CMIO – Chief Medical Information Officer; liaison between Technology Services and the medical staff.

CMO – Chief Medical Officer.

CMS – Center for Medicare and Medicaid Services (Medicare Program).

CO –Compliance Officer.

COC – Code of Conduct.

Code Black – Possible infant abduction.

Code Yellow – Tornado warning.

COI – Conflict of Interest

Collaborator --- Organizations that work in a declared amicable, mutually beneficial relationship.

Community Alliance – Formally knows as the Community Plan. This public, private partnership guides the planning process for the community. HH is a founding member along with MWSC, City of St. Joseph, Buchanan County and St. Joseph Chamber of Commerce.

Convenience Services - On-site: Dry cleaning, gift shops, credit union.

COO – Chief Operating Officer.

Core Values – Respect, Trust, Honesty, Integrity, Service, and Commission.

COS – Community Opinion Survey.

CPI – Clinical Process Improvement; interdisciplinary teams who follow the PASTE methodology and focus on achieving best practice.

CPOE – Computerized Physician Order Entry.

CPT – Current Procedural Terminology; used to code/ bill for services/ procedures to Centers for Medicare and Medicaid Services (CMS)**.**

CPV – Cardiopulmonary Vascular.

Critical Access – Federal designation for rural hospitals typically small in size. Determines Medicare reimbursement and regulates size and services.

CRM – Customer Relationship Manager – Software to aggregate patient types.

CT – Computerized Tomography Scan.

CTQ – Critical to Quality; what the customer expects of a product or service.

CY – Calendar Year.

D

DART - Days Away, Restricted or Transitional Duty.

DCOH – Days Cash on Hand.

Decubitius Ulcers - Also known as "bed sores".

DGSA - Defined Geographic Service Area; the area comprised of HH's primary and secondary service areas.

DM – Disease Management.

DOH – Missouri Department of Health.

DOI – Missouri Department of Insurance.

DOJ – Department of Justice.

DSS – Decision Support Service.

DVT – Deep Vein Thrombosis.

E

EAP – Employee Assistance Program; Organizational Behavioral Counselors providing counseling sessions for employees or family members at no cost.

EBM – Evidence Based Medicine.

EBMK – External Benchmark.

EC – Ethics Committee; review all ethics related matters and provide advice to leadership.

ED – Emergency Department**.**

EMR -ELMeR –Electronic Medical Record.

emPowerMe – HF program to work with troubled youth.

emPowerPlant – HF program working with school districts on innovative youth education model.

emPowerU – The facility housing HF and its program.

EMTALA – Emergency Medical Treatment and Active Labor Act.

Entity – Synonymous with Work Systems, i.e. HH, HRMC, HF, HC, CHP.

EOC – Environments of Care.

EOS – Employee Opinion Survey.

EPA – Environmental Protection Agency.

ER – Emergency Room.

ERC – Education and Resource Center.

F

Facets – Claims processing software.

FDA – Federal Drug Administration.

FMEA – Failure Mode Effect Analysis.

FQHC – Federally Qualified Health Centers.

Fraud and Abuse – Federal regulations prohibiting fraudulent coding and billing practices.

FT – Full Time.

FTE – Full Time Equivalent.

FY – Fiscal Year.

G

GI – Gastrointestinal (digestive system).

Grapevine – A vehicle used by HH using intranet technology for employee suggestions and input.

Growth & Development Assistance - Provides employees with financial assistance to further their education and

H

H&K – Hip and Knee; joint replacement surgery is common and it is important to prevent infections by giving the right antibiotics (abx) before surgery and stopping it at the right time after surgery. It is also important to prevent blood clots after joint surgery by taking preventive medications (prophylaxis). See 7.5-6 for measurement of compliance to this care at HH.

HC – Heartland Clinic; physician practices owned by HH.

HCAB – Health Care Advisory Board. See Advisory Board The Healthcare Advisory Board company is a Washington, D.C. based research consulting and educational resource to the health care community. It provides leadership development opportunities as well as physician development opportunities in partnership with HH.

HCAHPS – The Hospital Consumer Assessment of Healthcare Providers and Systems Survey used by CMS.

HDR – Henningson, Durham & Richardson Architects.

HealthGrades – National health care rating organization specializing in clinical quality and safety measures.

Health Pyramid – HH's depiction of how and what it does to address becoming the best and safest, healthiest and most productive community for its citizens in relation to the variety of conditions and root causes of illness and injury.

Heartland *20/20* – the HH strategic plan document.

HEDIS – Health Plan Employer and Data Information Set.

HF – Heartland Foundation; works in partnership with community to improve the health and quality of life for children and adults within the region.

HH – Heartland Health, the parent organization.

HI – Health Improvement.

HIDI – Hospital Industry Data Institute, a service of the MO Hospital Association; allows HH to monitor market share changes against competitors.

HIMSS – Healthcare Information and Management Systems Society.

HIPAA – Health Insurance Portability & Accountability Act.

HMI - Human Motion Institute – Service line consisting of neuromusculoskeletal modalities.

HPM – Health and Productivity Management.

HQC – Heartland Quality Celebration.

HQID – Hospital Quality Improvement Demonstration, a multi-year, multi-hospital project testing pay-for-performance measures and processes sponsored by CMS.

HR – Human Resources.

HRA – Health Risk Assessment; individualized assessment that takes into account lifestyle and individual clinical data.

HRMC – Heartland Regional Medical Center.

HSC – Heartland Surgery Center.

HTC – Hillyard Technical Center.

HTV – Heartland TV – In-house television.

I

IBMK – Internal Benchmark.

ICP – Individual Care Plan.

ICU – Intensive Care Unit.

ID – Infectious Disease.

IDOC – Inpatient Documentation for Optimal Coding (3M Action Plan).

IDS – Integrated Delivery System. Generally considered as hospital services, physician and insurance services working within a single "system".

IEP – Individual Education Plan; used when specific performance issues are identified to provide specific direction for activities, timelines and resources to accomplish desired results.

IHI – Institute for Health Care Improvement.

IHRMMA – Integrated Human Resources Materials Management Accounting (software). Integrated financial/ procurement/HR systems; includes time/attendance and staffing/scheduling.

IP – Inpatient.

IRB – Institutional Review Board.

J

JADE – Joint Achievement of Design Excellence; design methodology components of PASTE, Design For Six Sigma, Lean Concepts.

JADE Team - Cross-functional or cross-entity membership and process represents design or re-designs opportunity requiring enterprise resources, capital and significant technology.

K

KC – Kansas City.

Kirkpatrick Model – Evaluation of learning methodology consisting of four levels**.**

KMP – Knowledge Management Process; process where the greatest potential to learn, improve and innovate is leveraged from within HH.

KMSP – Key Management Systems & Processes.

L

Lawson – Financial, Human Resources and materials Management software company HH has partnered with.

Leader – Process Leaders, Service Leaders, Team Leaders, Associate Team Leaders.

Leadership - See Senior Leadership.

LEI – List of Excluded Individuals as defined by Dept of Health and Human Service's Office of Inspector General.

LEM – Leadership Evaluation Manager.

LifeCare® - A concierge type service available to all employees.

LOS – Length of Stay.

LPN – Licensed Practical Nurse.

LTACH – Long Term Acute Care Hospital.

LVF – Left Ventricular Function.

M

MAC – Medical Advisory Committee; responsible for determining standards of care for the population and ensuring those standards are provided.

Magnet Hospital-like – A model of leadership by interdisciplinary collaborative councils composed of frontline professional staff.

Management Model - HH name for Baldrige Model as the framework for managing the organization.

MBNQA – Malcolm Baldrige National Quality Award.

MCC – Medical Center Coordinators within HRMC (Nursing Supervisors).

MET – Medical Emergency Team.

MGMA – Medical Group Management Association.

MHA – Missouri Health Association.

MHM – Midwestern Health Management.

MHU – Mental Health Unit.

MIDAS – Medical Information Data Analysis System.

Mission – To improve the health of individuals and communities located in the Heartland Health region and provide the right care, at the right time, in the right place, at the right cost with outcomes second to none.

MLR – Medical Loss Ratio.

Model Leader – Quarterly award that recognizes team leaders for leadership ability, organizational contributions, innovation, quality and service to the organization.

MODOH - Missouri Department of Health.

MQA – Missouri (State) Quality Award.

MRI – Magnetic Resonance Imaging.

MSDS - Material Safety Data Sheets.

MVP – monthly award that an employee can receive by dedicating themselves to quality and demonstrating organizational values and core behavior.

MVV – Mission, Vision, Values.

MWSU – Missouri Western State University.

N

NCMC – North Central Mission College.

NCQA – National Committee for Quality Assurance.

NFP – Not For Profit.

NFPA – National Fire Protection Association.

NHSN – National Healthcare Safety Network.

NIMS – National Incident Management System.

NKC - North Kansas City Hospital, an HRMC competitor.

NMS – Neuromusculoskeletal Service Line; Includes Orthopedics, Rheumatology, Neurology, Neurosurgery.

NNIS – National Nosocomial Infection Surveillance.

NPSG – National Patient Safety Goals.

NRC – Nuclear Regulatory Commission.

O

O's & A's – Officers & Administrators: Chief Financial Officer, Chief Administrative Officer, Chief Information Officer, Chief Medical Officer, Chief Business Development Officer, Chief Operating Officer – HH, Chief Operating Officer – HF, Communications/Marketing Officer, HC Administrator, HRMC Administrator, CHP Administrator.

OA -- Organizational Architecture – Depiction of how components of PDR align to structure of HH. Shows relationships of strategic planning to deployment through business assessment, leading back to planning.

OB – Obstetrics.

O/E Observed versus Expected

OIG – Office of Inspector General.

OIR – Occupational Injury Rate.

One-level-up - the designation for one's immediate supervisor at any position level in the organization.

OP – Outpatient.

Operating Plan – The singular overarching document which, approved the Board Of Directors, contains the one-year action plan, entity goals, initiatives and final budget.

OR – Operating Room.

OSHA – Occupational Safety and Health Administration**.**

Outstanding Performance Award – recognizes all employees, including volunteers, students, contractors.

P

PA – Patient Advocate.

P4P – Medicare demonstration project known as "Pay For Performance" which reimburses hospitals.

P20 - An initiative promoting healthier, more livable communities through connecting a diverse partnership committing to, advocating for, and achieving optimal

PACS – Picture Archive & Collection System.

PALs – Physician-Administrative Leaders; head of each HRMC service line paired with a physician leader, these individuals serve on QMB.

PALS/ACLS Course – Pediatric Advanced Life Support/ Advanced Cardiac Life Support.

Partners – Those organizations or individuals that supplement and support HH in a strategic way.

PASTE – (problem – analysis – solution – transition – evaluation) the model HH uses for continuous improvement.

PASTEplus - Adding Six Sigma tools to the basic PASTE continuous improvement model.

PASTEplus Team - Cross-functional or cross-entity membership and problem or process representing significant/ten-fold improvement opportunity requiring enterprise resources, capital and some technology.

PathNet – Cerner solution for laboratory.

Patient Surveys – Patient feedback instruments distributed post discharge or treatment which are compiled by PG and reported to HH.

Payor Mix – Represents the variety of organizations and people who reimburse (or pay) for services provided by HH, and their percentage of the total. Typically made up of commercial insurance companies, Medicare, Medicaid and payments directly from individuals with no other insurance coverage.

PC – Personal Computer.

PCT – Patient Care Teams; an integrated, holistic group based on the delivery of care and centered on the patient's needs.

People Plan – Comprehensive Human Resources strategy for workforce development.

PG – Press Ganey: The largest comparative database of patient satisfaction in the nation. Independent third party vendor for patient and employee satisfaction surveys/ analysis.

PI – Performance improvement.

PIE - Profit In Education, Coalition of nearly 200 businesses working to improve the educational level of the workforce and reducing the number of high school dropouts.

PII – Performance Improvement Initiatives; initiatives

Can be comprised of WOT, PIT, PASTEplus or JADE teams depending on the need.

PIM – Performance Improvement Model comprised of PASTE, PASTEplus, and JADE.

PIT – Performance Improvement Team; Cross-functional membership to address somewhat urgent need. Customer requirements are understood to some degree, but the solution is not well defined. Use PASTE methodology with a 3 – 6 month time frame to complete project.

PL - Process Leader.

PM – Preventive Maintenance.

PMC - Performance Management Council.

PMP – Performance Management Program; consists of 3 components: selection, development and performance evaluation.

PMPM – Per Member Per Month.

PMS – Performance (Measurement) Scorecard.

PN - Pneumonia; An infection in the lungs that can be very serious. Preventing pneumonia is important, especially in the elderly; there are proven ways to decrease the risk suggested by experts such as getting the pneumoccal and influenza vaccinations, and stopping smoking. Once one has pneumonia it is important to get the right antibiotics   given first (initial abx) and oxygen (O2) levels checked quickly. See 7.5-3 for measurement of compliance to this care at HH.

Population Health Improvement – Conceptually, defining a finite group of individuals and improving its health status. Functionally, a Department of HH that leads the initiative.

POS – Point of Service Product.

PPO – Preferred Provider Organization; a type of Managed Care Organization.

Primaris – Medicare approved state provider of quality outcomes.

PRN – Acronym based on the Latin pro rata non meaning staffed "as needed".

Project Fit – Program of Project Fit America sponsored by HF in the HH region.

PSA – Primary Service Area**.** The geographic area closest to HH where the organization offers all clinical services.

PSC – Process Scorecard.

PT - Part-time.

PVCC – Penn Valley Community College.

Q

QFD - Quality Function Deployment.

QIC – Quality Improvement Committee.

QMB – Quality Management Board; provides opportunity for collaboration between administrative and medical staff leaders as well as forum for reviews of mid-to-low level quality measures and oversight of health care delivery and hospital services.

QUEST–Initiative for improving Quality, Efficiency, Safety and Transparency.

R

RCA – Root cause analysis.

Regional Health Care Workforce Development Group – Created to assess the current workforce status in NW MO, to draw attention to the crisis, enhance the appeal of health care career options, create new and innovative strategies to retain existing health care workers.

RespectCounts – Service excellence behavioral expectations developed by HH employees.

RN – Registered Nurse.

RN Career Development Programs - Rewards RNs for expanding their personal growth and development.

ROI – Return On Investment.

Rounding – A learning, teaching and improvement method used by senior leaders. It requires leader and staff interaction on the units around employee and customer needs and key requirements.

Rounding Logs – An information capture tool for the rounding process. It provides a basis for change, recognition, reward, loyalty, as well as customer knowledge and intimacy.

RR - Results Review – Process used for systematic review of operational performance.

RRT – Registered Respiratory Therapist.

RY – Reporting Year.

S

SBA - Strategic Business Assessment; performed annually, develops long term strategies, validates key processes,

selects PII's, establishes short and long term goals and develops action plans.

SCIP – Surgical Care Improvement Project; this is a bundle or group of interventions or care that can be provided to reduce risk of complications associated with surgery such as infections. Some ways experts recommend to prevent infections are to give the right antibiotics (abx) before surgery and stop them at the right time after surgery, clip hair before surgery instead of shaving and making sure the blood sugar (glucose) levels are not too high or low. See 7.5-4 for measurement of compliance to this care at HH.

SDCU – Same Day Care Unit.

Senior Leadership – The term used to describe HH's entire management team including officers and administrators and the monthly meeting of them.

Service Awards – annual award an employee receives for celebrating ten or more years of service.

Setting the Standard – Title of the Code of Conduct.

Shared Drives – A common location for shared electronic files and storage sharing of information among individuals electronically.

Sharing Success - Rewards eligible employees for meeting and exceeding customers' expectations and contributing to a healthy bottom line.

Sharps – Needles, scalpels, and other "sharp" instruments that could cause injury in their use.

SIPP – Surgical Infection Prevention Program.

SJSD – St. Joseph School District.

SL – Senior Leaders: Chief Executive Officer, Chief Financial Officer, Chief Administrative Officer, Chief Information Officer, Chief Medical Officer, Chief Business Development Officer, Chief Operating Officer – HH, Chief Operating Officer – HF, Communications/Marketing Officer, HC Administrator, HRMC Administrator, CHP Administrator.

SLA – Service Level Agreements; defines prioritization, sets expectations and escalation policies between Technology Services and the service areas of both its internal and external customers.

SOI – Severity of Illness

Sole Community Provider – Medicare designation for hospitals meeting criteria. Typically single-hospital communities qualify.

SOP – Standard Operating Procedure.

SPM – Staff Performance Management.

SP – Strategic Plan.

SPP – Strategic Planning Process.

SSA – Secondary Service Area; The geographic area outside the PSA where HH targets secondary and tertiary services only.

Staff Incentive Program - Eligible employees who volunteer to work extra shifts receive an extra shift incentive.

Stark Laws – Federal laws prohibiting health care organizations from "paying for patient referrals".

STDV – Standard Deviation scoring criteria base.

St. Lukes KC – An HRMC competitor.

Stepping Stones – Academic workforce development program, which offers financial assistance to students who have been accepted into one of HH's high demand professions.

Studer Group - Consulting company engaged by HH to assist with customer service initiative**.**

Success by Six - Community based public and private partners working together to ensure all children are healthy, nurtured and ready to succeed in school and life.

Supplier – Organizations that play the most significant role in providing HH critical products, services and resources to deliver its services.

SvcL - Service leader.

SWOT – Strengths, weaknesses, opportunities & threats.

T

TAT – Turn around time.

TB – Tuberculosis.

TBOR - Taxpayer Bill of Rights, Federal regulations promulgated from the IRS that prohibits "excess benefit transactions: (compensation and/or benefits) to executives and physicians in a position to influence the organization.

Teleradiography – Remote viewing and interpretation services for the region.

TJC – The Joint Commission; a not-for-profit organization that evaluates and accredits health care organizations.

Touchstone – Financial assistance to HH employees in crisis and awards scholarships to their immediate family members.

TQA – The Quality Advantage; methodology for taking effective action to build customer-supplier relationships throughout the organization.

TS – Technology Services.

TSI – Transition Systems Incorporated – now known as Sunrise Decision Support Manager is a financial and clinical decision support software system.

TSP – Technology Strategic Plan.

U

Uptown Redevelopment Plan – HH and Community Plan to improve and redevelop approximately 40 square blocks of city's urban core (neighborhoods) including demolition and redevelopment of HH's now-closed downtown hospital campus.

UW – United Way.

V

V/S – Vendor/Supplier.

VAP – Ventilator acquired pneumonia.

Vision— To make Heartland Health and our service area the best and safest place in America to receive health care and live a healthy and productive life.

VOB – Voice of the Business.

VOC – Voice of the Customer; a process where customer requirements are identified and defined.

VOE – Voice of the Employee.

VOP – Voice of the Process.

VPN – Virtual Private Network, a computer network that connects remote workers and business partners securely to HH's network via the Internet. This allows users to work as if they were sitting at HH even though they could be anywhere.

W

W&C – Women and Children Service Lines.

WDO - Wage Differential Option - Provides employees with the flexibility of waiving participation in certain employee benefits and increasing their base hourly rate.

WELCOA—Wellness Councils of America.

Wellness Programs - Health assessments, coaching/counseling, exercise classes, community wellness events and on-site with athletic trainers.

WOT – Workout teams (rapid improvement).

Work Requirements are synonymous with Drivers**.**

Work Team - Requires minimal resources to address the issue identified. Team can execute quickly to resolve problems at the point of origin, reinforcing organizational agility.

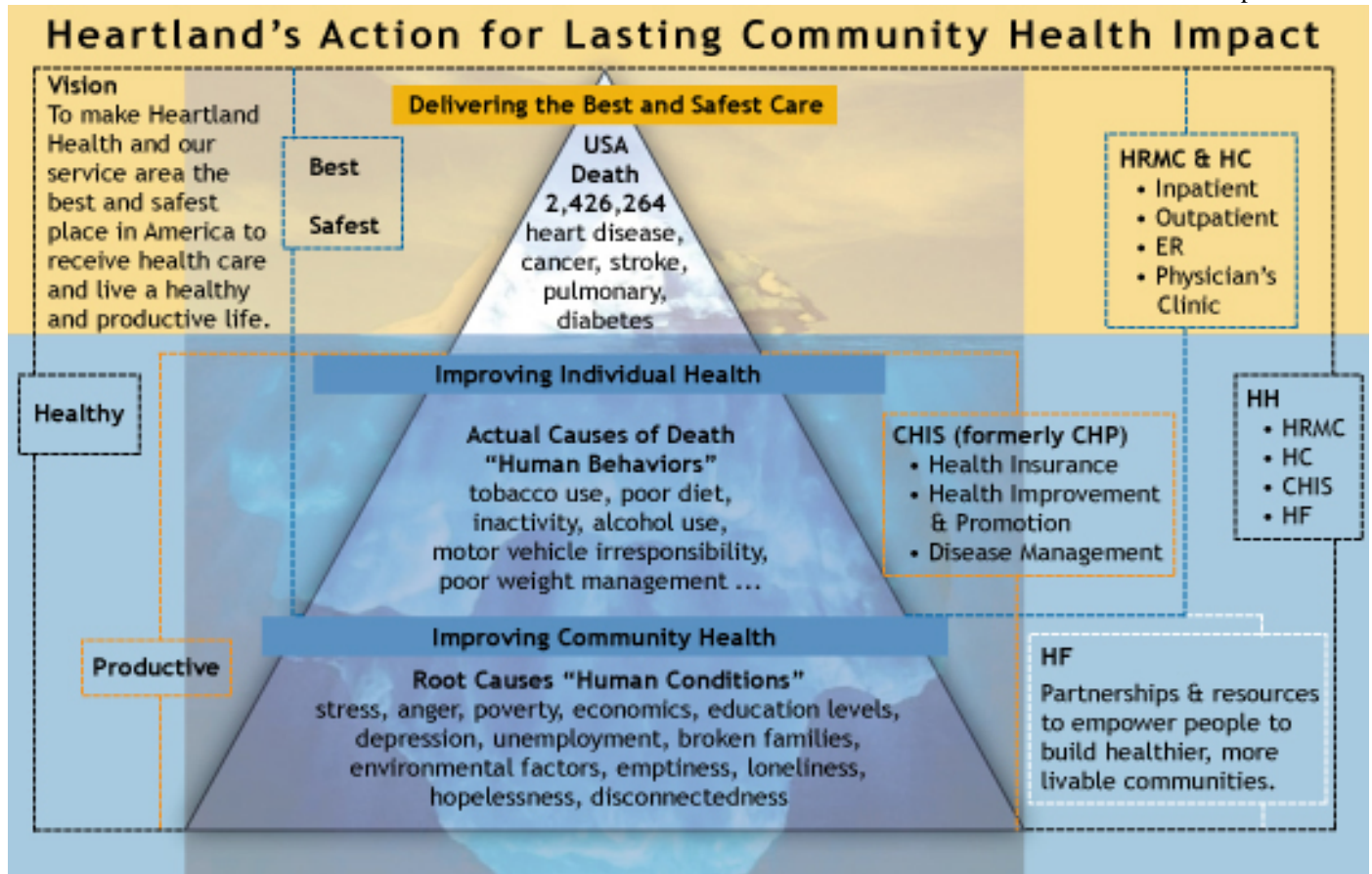**WWI -** Women's Wellness Initiative.

Organizational Profile

P.1 Organizational Description

P.1a(1) Heartland Health (HH) is a not-for-profit (NFP) community-based integrated delivery system (IDS), governed by a community board of directors (BOD) serving the residents of Northwest Missouri, Northeast Kansas, Southeast Nebraska, and Southwest Iowa, based in St. Joseph, Missouri. HH was formed in 1984 from the merger of the area's two hospitals and emerged as a state-of-the-art health system serving the community's health needs and contributing to the vitality of the community. HH operates Heartland Regional Medical Center (HRMC), a 353 bed tertiary care hospital; Heartland Clinic (HC), a group of 107 physicians; Community Health Plan (CHP), an insurance company, which is now known as Community Health Improvement Services (CHIS) a health improvement organization; and Heartland Foundation (HF). HH seeks to provide value to its patients, insurance members, and community by operating an outstanding organization focused on clinical quality, safety, community collaboration, and financial stability. HH's key products and services and key delivery mechanisms are shown in P.1-6. HH has received numerous awards and recognition for its community contributions as well as its focus on quality, safety and collaborations (7.6-13).

HH has years of experience using evidence based data to identify underlying causes of death and disease. HH's Health Pyramid (P.1-1) demonstrates that deaths attributable to disease are the "tip of the iceberg". Typical health care is focused on treatment and reimbursement of these types of health problems; however, evidence shows that underlying causation of these disease processes is behavioral. These are lifestyle choices made by individuals, organizations and the community which have a significant and costly effect on the health care system and the patient. There are underlying drivers of these behavioral choices, represented by the lowest part of the "iceberg." These societal issues represent the root causes of all that follow. HH is organized to address all parts of the iceberg. The hospital and physician group continue to prevent and treat disease while CHP/CHIS promotes health, provides disease management and provides insurance to companies and individuals in need of coverage. HF addresses the portion of the iceberg "under water", fundamental to underlying community issues. As an outreach arm of HH, HF empowers youth, adults and organizations to build better, healthier and more livable communities and does so by creating dialogue, funding innovative collaboratives, and sponsoring initiatives promoting and enhancing the community. The HH Vision is expressed in P.1-2 in terms of best, safest, healthy and productive. These concepts align with the organizational structure, provide a framework for HH's Core Competencies (CC), and are reflected in the measurement of strategic progress in improving health, community betterment and excellence in medical care.

This approach is exemplified by the Patee Market Youth Dental Clinic which was established in 1996 through an HH partnership with the St. Joseph School District (SJSD) to provide preventive dental care to children who do not have access to care. Results of this endeavor have been positive and

P.1-1 HH Health Pyramid

Vision
To make Heartland Health and our service area the best and safest place in America to receive health care and live a healthy and productive life.
Mission
To improve the health of individuals and communities located in the Heartland region and provide the right care, at the right time, in the right place, at the right cost with outcomes second to none.
Core Values
Our Vision and mission will be achieved through exercise of our Core Values: • Respect   • Honesty   • Service • Trust   • Integrity   • Compassion
Core Competencies
•Delivering the Best and Safest Care •Improving Individual Health •Improving Community Health

P.1-2 HH Vision, Mission, Core Values, Core Competencies

the demand for corrective services is declining as more children receive dental care. (7.1-28)

In 2007 HF partnered with the Environmental Protection Agency (EPA) for the environment cleanup and restoration of an old warehouse in a federally-designated Brownfield district in order to open emPowerU. This downtown facility houses HF's programs including the nationally recognized emPower Plant. Middle and high school students are engaged in a one-of-a kind curriculum. This pioneering curriculum and hands-on experience focuses on civic education, critical thinking, team building, community problem solving, technological skill building, leadership development, and workforce readiness skills. Over 90 schools have participated with good outcomes. Another 43 area schools and 10,800 students participate in the HF's Project Fit program. HF's innovative program's evaluative research show that a statistically significant difference exists between youth engaged in HF programs compared to those who are not. (7.1-30) Other community collaboratives are provided for the benefit of the region (P.1-7). These services address individual and community health improvement (P.1-1).

P.1a(2) HH's cultural characteristics are quality improvement, collaboration, and team work. These are reflected in the Mission, Vision, Values (MVV), P.1-2 and are the drivers for HH's unwavering quest to address all aspects of the Health Pyramid. These align with the 3 CC's: delivering best and safest care, improving individual health and improving community health and are supported by key work systems and work processes. (6.1-2, 6.1-3).

P.1a(3) HH employs over 3000 people and benefits from approximately 500 volunteers. The workforce reflects the community in its diversity, P.1-3. HH employs the majority of its workforce but contracts with outside agencies and physician groups for specialty services. The majority of employees are nurses but HH also employs physicians, professional and technical staff, as well as administrative and support staff. HH has no unionized employee groups. Workforce requirements and expectations are shown in 5.1-1. Key benefits and other workforce health, safety, and security requirements and measures are shown in 5.2-2., 5.2-3.

Job Category	Education	Ethnicity		
			HH	DGSA
RN: 23.1% Clinical Professional: 12.2	High School: 51.2%	Asian	1.2%	.04%
Technical Worker: 8.3% Office & Clerical: 18.3%	Associate's: 16.3%	Black	1.6%	2.6%
All other Admin Svcs 13.1% Skilled Maintenance 0.7%	Bachelor's: 24.9%	Hispanic	0.9%	1.4%
Service Worker: 6.7% Other Nursing Svcs: 13.4%	Master's:: 3.5%	White	96.1%	94.26%
Physicians (employed): 3.6%	Doctorate: 4.1%	Other	0.2%	1.7%
Male: 19%, Female: 81% , Avg. Age: 42 yrs, Avg. Service: 9.5 yrs				
FT 83.1%, PT 7.4% , PRN 9.5%				

P.1-3 HH Employee Dimensions

P.1a(4) HRMC is on the east edge of the city on a single campus. HC provides care in the physician's office in numerous locations throughout the city and on the main campus. CHP/CHIS is located in a former retail building in the central area of the city. HF and emPowerU are located in the south-central portion of the downtown. HF has invested in state of the art training facilities and equipment for emPowerU. In addition to the updating of clinical areas such as Laboratory and Radiology, HH has invested in imaging technology, consolidating all acute care services and implementing an electronic medical record (ELMeR). HRMC and its physicians conduct regional clinics off-site in the defined geographic service area (DGSA).

Key Accrediting/Legal/Regulatory Body
•The Joint Commission (TJC) •Missouri Department of Insurance (DOI) •Center for Medicare and Medicaid Services (CMS) •Missouri Department of Health (MODOH)

P.1-4 HH Key Regulatory Environment

P.1a(5) HH operates subject to laws and regulations that govern its activities. Those listed in P.1-4 are most significant. HH maintains a compliance program to assure laws and regulations are adhered to. Also HH operates consistent with Occupational Safety and Health Administration (OSHA), Federal Drug Administration (FDA), Nuclear Regulatory Commission (NRC), and other regulatory agencies.

P.1b(1) HH is governed by a BOD consisting of 11 community members who provide overall governance for the system. The HH Chief Executive Officer (CEO) reports to, and is the only Senior Leader (SL) member of the BOD. Board members are appointed in accordance with HH Bylaws and serve for a period of three years with a limit of three terms. The BOD has established the following committees:

• Executive Committee is comprised of three members of the BOD, one is a member of the Medical Staff of HRMC and the Chairman of the BOD and the CEO are members by virtue of their offices. This committee can transact business when the BOD is not in session.

• Executive Review and Compensation Committee oversees the Executive Performance Review and Compensation Programs.

•Nominating and Board Development Committee is responsible for the selection of candidates for BOD. It is

charged with assisting the ongoing educational development of BODs.

• Succession Planning Committee is responsible for planning the transition from the current CEO to a new CEO.

• Ethics Committee (EC) is advisory in nature and researches issues of bioethics in health care, issuing observations periodically.

HH is the parent of HRMC, HF, and CHP/CHIS. HC has a Board of Governors but is operated as a part of HRMC. HH is the sole member of each subsidiary board. SL's of each subsidiary report to the HH Chief Operating Officer (COO) who in turn reports solely to the HH CEO. Distinctive groupings of HH leadership referred to throughout this application are in
P.1-5.

P.1b(2) HH's service area includes 16 Northwest Missouri counties and six adjacent counties in Kansas, Nebraska and Iowa.

HH's key customers and requirements are shown in P.1-6. Customer requirements are identified via the segmentation methods and the listening and learning methods described in 3.1. HH communicates with patients via surveys, telephone calls, and other electronic means, one-on-one conversations and rounding.

	BOD	
Senior Leaders (SL)	CEO and Officers & Administrators (O's & A's)	Senior Leadership
	Process Leader (PL), Service Leader (SvcL), Team Leader (TL)	

P.1-5 HH Leadership Groups

P.1b(3) The supplier and partners are important to HH because the products and services supplied impact the quality, safety and effectiveness of care delivery and because the procurement of supplier goods and services are a significant component of HH costs. These costs occur in HRMC predominantly. HF collaborates with regional and national organizations to deploy innovative activities designed to improve the community. CHP/CHIS collaborates with another insurance company to provide services to customers. Supplier and partners are categorized as follows:

Partners – Those organizations or individuals that supplement and support HH in a strategic way. These may or may not be contracted relationships. Partners typically are key to providing specific activities or services designed to improve the health of individuals and the community. Via contracted relationships the party's requirements are set out therein.

Key Supplier – Organization that plays the most significant role in providing HH critical products, services and resources to deliver its services.

Key Collaborators – Organizations that work in a declared amicable, mutually beneficial relationship.

Entity/ Work System	Products & Services	Product/Service Delivered through:	Customers & Requirements	Competitors/ Market Position PSA/SSA	Revenue
HRMC	Health care services provided as Inpatient (IP) and Outpatient (OP) from the Hospital setting (ex: Human Motion Institute (HMI), Cardiopulmonary Vascular(CPV), Emergency Dept (ED), Women's & Children's (W&C) Health, Surgical, Medical, and Home Services)	In-Hospital, direct one-on-one interactions and treatments, some as in-room patients and some as temporarily for a defined treatment period (but not confined to a room)	Patients (ED. IP, OP, Physician Clinic) •Safety •Comfort •Courtesy •Efficiency	Competitor 1 – market PSA/SSA Competitor 2 – market PSA/SSA HH - market PSA/SSA	83.2%
HC	Health care services provided to individuals who access them in the physician office setting (ex: Primary Care, Specialty Care)	In-office, direct one-on-one interactions and treatments provided by physician providers and office staff		Independent Physicians No comparable multi-specialty physician group.	11.4%
CHP/ CHIS	Provider of Health Insurance Products, Health Improvement and Promotion Services and Disease Management Services (ex: PPO, HMO, ASO, Individual)	Insurance policies provided to individuals and companies for health coverage. Agreements with companies for provision of health improvement and/or disease management of employee groups	Members •Access •Good Service •Low Cost Health Improvement	Competitor 1 – market PSA/SSA CHP/CHIS – market PSA/SSA	5.4%
HF	Provider of pioneering community revitalization programs and partnerships to empower children and adults to build healthier, more livable communities (ex: emPowerU, Project Fit, emPower Plant, Regional Planning Forums, Healthy Communities Summit).	Unique collaborative approaches and funding sources from diverse partners and investors to impact the health, education, quality of life, and economic vitality of our regional community	Community & Region •Access •Community Betterment •Health Improvement	No competitors Market Position: Only foundation of its type in the region/nation. 29 out of 30 counties within HH's competitive area have received services or resources from HF	0%

P.1-6 HH Main Products and Services

Cardinal is HH's primary distributor for medical and surgical supplies. It provides an aggressive delivery system Monday – Friday for more than $7.6 million in supplies annually. Routine on-site meetings are scheduled to review supply needs and supply chain requirements, new contracts, and/or standardization opportunities. HH has established close ties with Missouri Western State University (MWSU) which established a degree program for registered nurses in 1987. An MWSU representative is a member of the HH Board. A HH SL is also on MWSU Board. HH has assisted in expansion plans for the nursing program, and BOD and SL's meet on a semi-annual basis. HH is a beta site for several of Cerner's innovative software and hardware solutions. HH communicates with and manages its partners, supplier, and collaborators via on-site meetings, telephone calls, and electronic means determined by frequency, need for personal presence and convenience.

P.1-7 identifies HH key partners, collaborators, supplier and the corresponding key requirements. These groups are integrated into HH key processes, including leadership, strategic planning, patient/customer focus, measurement, staff focus, process management, and innovative design and implementation.

P.2 Organizational Situation
P.2a(1) HH is the largest health system and employer in the region. In addition to payroll, HH purchases over $134 million in goods and services annually. Total admissions to HRMC exceed 18,000 per year with approximately 139,000 out-patient (OP) visits, 51,500 ED visits, 175,000 primary care visits.

HH has a strong competitive position in its Primary Service Area (PSA) and Secondary Service Area (SSA) (P.1-6). HRMC has sustained and grown market share consistently over the years. (7.3-12 thru 14) HH has developed relationships in communities and with providers throughout the region. This approach has formed alliances enabling HH to collaboratively care for the populations it serves. (P.1-7).

Key Partners & Requirements	Key Collaborators	Key Supplier and Requirements
• Physicians -Competent Staff -Available services • MWSU -Clinical site • SJSD -Education Partner	• Northwest Medical Center • St. Francis Hospital and Health Services • Community Hospital of Fairfax • Atchison Hospital • Cerner • Schaller-Anderson/Aetna` • M.D. Anderson Physicians Network • Project Fit America • Learn and Serve America • Community Alliance • Center for Democracy at Univ. of Minnesota • America's Promise • Buchanan County Juvenile Office	Cardinal • Competitive Cost • Timely Delivery •Accuracy of Receipt • Product/ Service Quality

P.1-7 HH Key Partners, Collaborators and Suppliers

P.2a(2) The principal factors that contribute to HH's market success are:
Business Expansion and Innovation - HH has 81 regional clinics and has added highly trained sub-specialists in recent years that has increased and expanded available services. HF recently opened emPowerU, a multi-purpose facility housing innovative programs and partnerships designed to build healthier, more livable communities.
Master Site Planning - HH completed a project that consolidates all acute patient care on one campus.
Culture of Continuous Improvement - HH has instituted a performance improvement (PI) and cultural system to support, promote, and implement improvements and innovations described throughout the application (P.2c).
Integration and Collaboration - While other health systems "disintegrate" services, HH is uniquely positioned to collaboratively use information about its patients and customer population to provide efficient care, effective outcomes, effective insurance coverage, community revitalization programs, and community health improvement.

HH's most significant key changes are:
-The movement to "boutique" or niche medical services providing opportunities to collaborate.
-Large, well capitalized companies "buying" local market share negating the effect of innovation as a differentiator.
-Federal policy regarding reimbursement reductions in certain venues providing opportunities to innovate and collaborate.

P.2a(3) HH key sources of comparative data are shown in P.2-1. These data sources provide comparisons within the health care industry to similar types of services across the country, and in some cases, the local market area. Comparisons are generally in the form of industry averages, quartile level or decile level performance. While these data are readily available, there is limited ability to gather direct competitor data.

P.2b HH has identified the following strategic challenges and advantages in the context of sustainability:
Challenges:
Employee Satisfaction – Satisfied employees lead to a healthy, productive workforce, ease recruitment, increase retention and patient satisfaction.
Leadership – Key to innovative/successful planning and execution are knowledgeable and skilled leaders.
Image – Sustaining successful market position and growth is dependent on patient choice for provider of medical care.
Patient Satisfaction – The experience patients receive while being cared for is key to their repeat business and referrals.
Regional and Niche Competition – The mix of payers in the HH market requires vigilance for those who seek to "siphon off" only the profitable business.
Ambulatory and Retail – As the result of the 2007 Strategic Planning Process (SPP) opportunities were identified for expanding markets.
Transparency in Quality – Regulators, accrediting agencies, payers, and the public are requiring increased information for consumer decision making.
Master Site Facility Plan – Not typically a challenge, the HH

Data Source	Data Type	Entity
Clinical Advisor, (CA) Oryx	Clinical Outcomes and Utilization	HRMC
Milliman, USA	Premiums & Medical Utilization	CHP/CHIS
HEDIS	Quality Outcomes	CHP/CHIS, HC
Press Ganey & HCAHPS	Patient, (Physician) Provider and Employee Satisfaction	HRMC, HC
National Research Corp	Consumer Perception	HH
CAHPS	Member Satisfaction	CHP/CHIS
Centers for Medicare and Medicaid Services (CMS), Primaris	Clinical Outcomes	HRMC, HC
HealthGrades	Clinical Outcomes, Patient Safety	HRMC
Behavioral Risk Factor Surveillance System	Health Status	HF
Medical Group Management Association (MGMA)	Provider Statistics	HC
URIX	Clinical Outcomes and Utilization	CHP/CHIS

P.2-1 HH Comparative Data Sources Used

BOD sees the challenge as collaboratively using the real property, and facilities owned by HH, and bordering neighbors of MWSU and Herzog Corp. for the highest and best use of the community in the years to come.

Advantages:

Collaboration – HH collaborates with smaller regional hospitals, often assisting them with growth plans and physician needs. HH also collaborates with the educational systems in the region, the political subdivisions, the Chambers of Commerce, Public Health Departments, and others, ensuring community success and win-win outcomes.

Innovation – HH is committed to "best practice" in all of the services, products, relationships and collaboratives, and is a national leader in its execution of community betterment, health and education improvement and population health initiatives by a health system.

P.2c HH's key elements of its PI system are depicted in the HH Organizational Architecture (OA) (1.1-1). The elements are: HH is driven by its Vision and Mission. (P.1-2) (1.1 & 2). The HH Management Model, depicted as a part of 1.1-1, indicates use of the Baldrige philosophy that is reinforced via annual evaluations conducted to understand strengths and opportunities for improvement (2.1-1). Evaluation findings are combined with Balanced Scorecard (BSC) performance results to ensure the highest priority improvements have been identified. HH has also participated in the Missouri Quality Award (MQA) process (7.6-13) and the Baldrige National Quality Program as part of this annual evaluation. The HH Performance Improvement Model (PIM) depicts and reinforces the process improvement culture (6.1-1). HH strategies give rise to aligned macro-level processes. These processes are made up of sub-processes, which form the basis for PI activity using Joint Achievement of Design Excellence (JADE), and Problem-Analysis-Solution-Transition-Evaluation (PASTE).

The BSC process and associated performance reviews are used to monitor organization- and process-level performance, (4.1-2 and 6.2(a)). This ensures HH identifies the most important opportunities for improvement and innovation and uses the appropriate process model to address Performance Improvement Initiatives (PII) both Clinical Process Improvement (CPIs) and non-clinical. This overall measurement, analysis and review process also feeds the annual Strategic Business Assessment (SBA), (2.1-2) and 2.1a (2)) to close the loop depicted in P.2-2.

HH uses multiple methods to learn and share knowledge across the organization. The Knowledge Management Process (KMP) in 4.2 outlines HH's strategy for managing knowledge and summarizes the variety of learning and sharing methods used. Within the context of the KMP, the PIM methodology in 6.1 is a well-defined guide to learning via process analysis and problem solving, and includes a requirement for all improvement efforts to be shared with other parts of the organization.

Employees are trained on the use of PIM and its three methodologies, and teams are formed to address process design and improvement opportunities. Outcomes of these initiatives are shared with the entire organization via the methods shown in 4.1, 5.1-3. Organizational learning is an on-going process and is resident in OA processes (1.1-1). Examples of key organizational learning's and improvements are shown in P.2-2.

Year		Leadership	SPP	Customers	M&A	HR/Work	PM
2009	3M Physician documentation improvement			√	√		√
2009	CHP Converts to HPM	√	√	√		√	√
2009	Senior Leadership institutes group performance self-evaluation and development	√	√			√	√
2008	Establish retail plan and deploy		√	√		√	
2008	Deploy lean PI tools	√		√	√	√	√
2007	emPowerU opens, establishes youth education engagement programs with schools & students	√	√	√	√	√	
2007	Establish Process Scorecard	√	√	√	√	√	√
2007	Urban Land Institute Land Use Plan completed	√	√	√		√	
2006	ELMeR established	√	√	√	√	√	√
2006	Platte City Clinic established	√	√	√	√	√	√
2006	Abandoned HH property converted to much needed habitat	√	√	√			
2005	HH expands physician clinic in new facilities (Plaza II)	√	√	√	√		√
2005	Culture of Character launched by class of "Leadership of Northwest Missouri" sponsored by HF	√	√	√		√	
2004	HH collaborates to expand "critical access" location in community	√	√	√			√
2004	Medication safety team initiated	√	√	√	√	√	√
2004	"Touchstone" employee assistance program initiated	√		√		√	√

P.2-2 Examples of Organizational Cycles of Improvement and Learnings
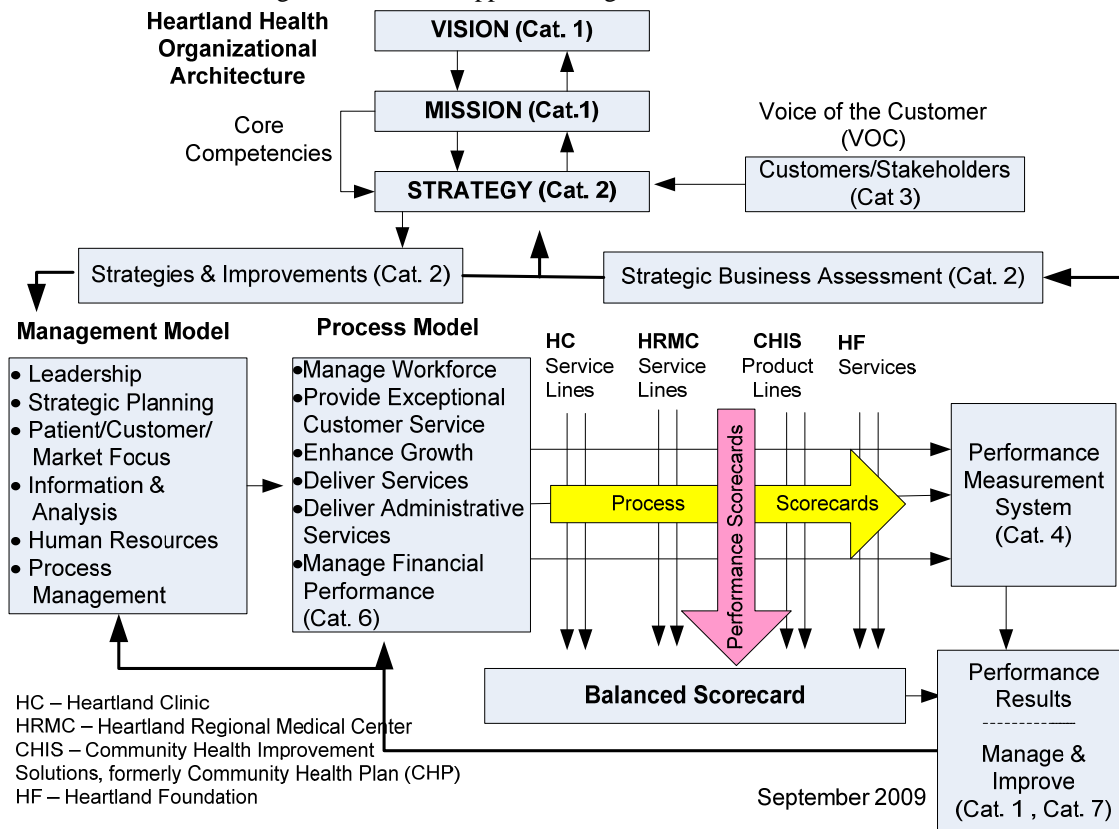
1 Leadership

1.1 Senior Leadership

1.1a(1) The HH leadership system is shown in 1.1-1 and is known as the HH OA. Embedded within the OA are HH's key management systems and processes (KMSP), through which SL drive a values-based organization that maintains a strong focus on performance results, continuous improvement and innovation, and the ability to respond to patient, other customer and market needs. (These KMSPs are described in more detail throughout this application.) SL ensure close collaboration with the HH medical staff via alignment of key strategies and initiatives (2.1) and personally engage all segments of the workforce in both formal and informal activities that reinforce the Vision and Values throughout the organization. SL present employees with Center Stage Awards: "In The Spotlight", "Awards of Excellence" "Cheerful Change", Employee of the Month, and Most Valuable Person (MVP) (5.1). SL grant a Model Leader award recognizing leaders who exemplify the HH Values. HH recognizes Volunteers of the Month, Nurse Excellence Awards and the Robert Stuber Physician Recognition Award. These are key processes created and deployed by SL to reinforce and recognize the demonstration of HH Values. Vision and Values are also deployed into the planning and goal setting system for employees and physicians through leadership providing clear alignment of department and individual goals to the strategic direction and goal attainment being reinforced by compensation and recognition systems and workforce engagement (5.1a(3)). HH's CEO is a nationally recognized leader committed to driving HH's Values and community based health care. Through an effective supplier management process, HH's key supplier demonstrates it knows and is compliant with HH Values. Key partners are selected and evaluated annually by virtue of their alignment with HH's Vision and Values. Each SL is charged with serving on/ participating in at least one civic board, committee, or association to become personally engaged in improving the community, instill and deploy HH's Vision and Values, and listen for feedback which is incorporated during the update of the SPP (2.1-1, 2.1-2). Key customer groups (P.1-6) are surveyed to elicit feedback on HH's Vision, Values, concerns, thoughts and suggestions.

1.1a(2) SL communicate and foster a code of conduct, (COC) published in a document called *Setting the Standard*. This is distributed to all employees annually, expectations are clarified, and all sign an agreement that they will abide by the COC. During key communication venues (5.1-3) SL personally engage employees in both formal and informal COC discussions to further ensure understanding and compliance. Each year all members of the BOD sign Conflict of Interest (COI) and Confidentiality Statements. All SL sign an annual disclosure statement that requests information regarding ethical or legal breaches (7.6-3). SL provides oversight to the Corporate Compliance and Ethics programs (1.2b). Biannually, HH engages a third party independent organization to conduct an annual audit of its compliance program. SL prepares a response to the audit, and presents it to the BOD along with the audit. The HH Compliance Committee receives regular reports of potential issues of non-compliance, and improvements are initiated.

1.1a(3) The comprehensive OA structure developed and enhanced over 2 decades formalizes leadership roles, level, and groups, as well as how they engage and interact with each other which has contributed to the organization's sustainability and growth (P.1-5)

First, the HH MVV (P.1-2) provide the foundation for decision making, organizational direction and sustainability. Second, the Governance Structure (P.1b(1)) requires an objective BOD be in place to provide overall organizational guidance, ensure leadership succession takes place (5.1b(4), 5.1-5), review and approve major

1.1-1 HH Organizational Architecture

HC – Heartland Clinic
HRMC – Heartland Regional Medical Center
CHIS – Community Health Improvement Solutions, formerly Community Health Plan (CHP)
HF – Heartland Foundation

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financial decisions and uphold the ethics policies. Third, the OA ensures the alignment of the key management systems, CC's and work processes to the Voice of the Customer (VOC). Through the systematic monitoring of scorecards (4.1) and identification of improvement activities (6.1) organizational sustainability is further ensured.

Through the on-going utilization and alignment of the OA systems, the SL create and reinforce an environment for:
• the accomplishment of Mission and strategic objectives through a fully integrated and organizational-wide Strategic Planning Process (SPP), deployment of effective 1 yr, 3 yr and 2020 AP (2.1), cascaded scorecards (4.1), and a fully deployed workforce Performance Management System (5.1).
• Organizational PI and innovation through the PIM comprised of PASTE, PASTE*plus,* and JADE (6.1). The PIM provides employees and teams effective tools for identifying and conducting improvement initiatives, and they are given the authority to institute change once improvement actions are identified. Leaders reinforce these activities through provision of resources, recognition, and knowledge transfer. They support PIM goal setting through use of benchmarking, stretch targets for key performance measures and role modeling performance leadership using the Leadership Evaluation Manager (LEM) process (5.1).
• Organizational agility is attained through effective and efficient work systems and work processes aligned to HH's CC's (6.1-2, 6.1-3). Through the utilization of HH's OA (1.1-1), SL are effective and can readily respond to market changing events. Organizational agility is sustained through the BSC review and evaluation process. Leaders initiate action when Performance Scorecard (PMS) measures fall below desired levels. Change in the form of improvement initiatives is encouraged by leadership and supported through the implementation of new ideas and providing employees the latitude to take risks. Decisions are made at the point of greatest impact, with no requirement to escalate requests for process changes to higher levels for approval unless they impact other components of the organization.
• Systematic organizational learning is accomplished through effective Knowledge Management Process (KMP) (4.2), strategic benchmarking initiatives and sustain these activities by making financial and workforce resources available. HH annually undergoes a Baldrige-assessment to identify improvement opportunities and deploy organizational learning (P.2c).
• Individual and workforce learning is accomplished as employees are provided the opportunity to attend conferences, access literature, and receive tuition assistance for education and training (5.1). A Quality Week Celebration (HQC) is held each fall during which organizational best practices are presented and storyboards are placed on public display. Teams are recognized for improvements and innovations, and the community is invited to participate in judging and awarding recognition for these initiatives (6.2).
• SL manage and participate in the six step succession planning process and provide mentoring and coaching to new leaders (5.1b(4)). SL personal learning and development is achieved through various opportunities (5.1-7) and assessed through their Activity Vector Analysis (AVA) and LEM.

1.1a(4) Patient Safety is driven by the Vision "to be the best and safest" as a key element of the organizational culture (P1-2). HH views patient safety on a broad scope to include the entire health continuum ensuring resources to provide and enhance individual and community health improvement and disease management. SL establishes and monitors patient safety measures through use of the Patient Safety Scorecard (PSS). Regulatory agencies and researchers have established measures which they recommend be measured, benchmarked and monitored. HH also monitors non-regulatory measures such as Institute for Health Care Improvement (IHI) and Association of Health Care Research Quality (AHRQ), for patient safety. HH has been a participant in the CMS "pay for performance" demonstration project since 2003, as well as participating in the QUEST initiative by Premier, Inc. SL regularly round with employees and other leaders and patients to ensure and sustain a culture of patient safety. Leaders are empowered to make improvements when PSS measures fail to reach goals. SL review the PSS with the BOD to ensure systematic oversight in the governance process. HH's patient safety focus is further sustained through each of its three CC's and entities.

1.1b(1) SL use the following key processes to communicate and motivate employees, volunteers and physicians. Through monthly and daily rounding SL gather input and share two-way information from all areas of the organization. Key information obtained through these venues are systematically shared during monthly SL meetings. To communicate key decisions and strategies, leaders hold formal and informal meetings with all groups, and attendance at the CEO's annual Forums. SL utilize a formal recognition system to reward stakeholders with "Awards of Excellence," "Spotlight Awards", "Cheerful Change", MVP Awards and Banquets, all of which reinforce the behaviors, values, and performance levels of HH (5.2-3). Informal recognition systems include sending thank you notes, and personal recognition during rounding. SL also require transparency and posting of departmental results for all to see (5.1-(3)). Suppliers and Partners are invited to monthly SL meetings for information and input.

1.1b(2) The Health Pyramid (P.1-1) requires HH to be action oriented. Through the OA structure, SL create a focus on action by balancing value through the SPP, BSC deployment and use of the compensation system (5.1a3). SL use the SPP to listen and adapt to environmental inputs, develop strategic direction, ensure organizational alignment through the deployment of goals to departments, physicians, and the workforce while driving execution through the use of teams utilizing the PIM methodology to accomplish the operational objectives (6.1). The use of Lean and Six Sigma process improvement methodologies assist in reinforcing this focus on action. Key measures in the BSCs are aligned to the appropriate service or product and reflective of the governance process requirements create and balance value for patients, customers and other stakeholders. Through the RR process (4.1-3), SL review BSC measures and identify opportunities for improvements and/or AP (2.1-4, 2.2-1). Key factors are

reflected in 2.1-3. Incentive compensation at the physician, employee and leadership levels are aligned with each other, and the organizational priorities and targets. Payments are commensurate with performance levels. These systematic processes ensure a focus on action across the organization, through providing clear line-of-sight and alignment and incentives.

1.2 Governance and Social Responsibilities

1.2a(1) The HH BOD governance structure provides oversight to HH and is the sole member of the 3 subsidiary boards which reserve powers on each (P.1b(1)) The HH BOD structure ensures the leadership and management of the organization by reviewing:

Accountability for Management's Actions - The CEO is accountable for organizational performance and compliance. Annually a report to the BOD is presented by the Compliance Officer (CO) showing all compliance related activities and results (1.2-1). Improvement plans are developed and deployed for issues identified as improvement opportunities. HH CEO reports to Executive Review and Compensation Committee on SL performance and compensation, reviews and documents SL performance, and gathers input from other stakeholders. Management operates under a "one-level-up" review and approval process. HH BOD reviews BSC semi-annually. CEO and SL regularly round in all areas of HH to ensure accountability of management.

Fiscal Accountability - The Finance Committee oversees HH's financial reporting, reviews financial statements monthly and monitors compliance and financial controls. Annually, a financial audit is performed by an independent third-party company, the results presented to the Committee and HH BOD, and SL presents a response to the audit. A separate Audit Committee is selected from HH BOD which reviews the work product and meets with the Auditors.

Transparency - Transparency in operations is ensured by keeping the BOD involved and informed throughout the SPP (2.1-1) and by sharing AP, the BSC, PSS, and Process Scorecard (PSC) with them and workforce on a regular basis. Results are posted on the HH intranet for easy access and review. BOD annually completes a COI and financial conflict disclosure statement. If conflict exists, members must abstain from any votes on such issues. HH publishes a Board Orientation Manual annually that is shared with organizational stakeholders, and contains relevant historical, strategic, financial, operational and market information. Because the document contains competitively sensitive information, it is not shared with the public. HH does, however, share the annual *Community Benefit Report* which outlines the work of the organization, highlights projects of interest to the public and discloses the financial summary of sources and uses of revenues.

Protection of Stakeholders/Interests - HH prepares, updates, and communicates annually the COC, and monitors adherence to the COC. The CO reports directly to the BOD bypassing SL, and is charged with protecting "whistleblowers". Risk

assessments are conducted annually with results reported to the BOD during compliance reports. In each case, identified opportunities are followed up for improvement. Partners participate in the SPP and in joint HH/Partner forums, P.1-7. Collaborators are communicated with annually. HH's key supplier is communicated with daily for service, weekly for sales and quarterly oversight. HH, HRMC and HF maintain Board and Committee seats for stakeholders to participate in HH governance. The CEO hosts monthly invitational luncheons for community stakeholders to learn about, and comment on, HH.

1.2a(2) HH uses the AVA tool to assess leader development, performance, and effectiveness. AVA is a comprehensive method of assessing the behaviors and attributes of leaders in the organization using standard criteria that serve as a basis for management competence. From the AVA assessment, individual leadership effectiveness development plans are established. Information from the AVA serves as input to succession planning (5.1b(4)).

The BOD Compensation Committee conducts an appraisal of the CEO twice annually. The process includes a CEO self appraisal, input from HH BOD and a committee meeting with the CEO to discuss performance. The appraisal includes review of short-term operating performance as well as progress toward long-term strategic goals. One of the two meetings each year includes a third party review of the CEO compensation, conducted by a third party consultant, commissioned by the committee. The committee reports its work to the BOD.

The CEO annually conducts appraisals of the other SL. The process includes leader self appraisal, input from peers, and a meeting with each to discuss performance achievement. The SL evaluation tool is referred to as LEM which aligns HH strategies to entity, department, and employee goals for the year. Goals are established, weighted, and rated for accomplishment during the evaluation. A compensation review is undertaken using an independent third party, and decisions are made in conjunction with the appraisal process. Annually, the compensation committee reviews its own performance, the independent consultant and SL staffing the process. The review is presented to the BOD and improvement plans initiated if necessary. Annually, the entire SL collectively reviews its performance and effectiveness and learnings to implement actions to improve (P.2-2).

The BOD performs a self-evaluation annually (7.6-4). The Chief Operating Officer (COO) assists the CEO in conducting the evaluation and presenting the results to the BOD. The CEO leads a discussion with the BOD and determines actions to be taken as a result of the evaluation. Actions to improve personal and BOD leadership effectiveness are implemented after BOD discussion.

1.2b(1) HH utilizes three key processes to identify, assess and address potential and perceived adverse societal, legal/ regulatory, and environmental impacts from its services, operations, and properties (1.2-1). First, HH established

corporate compliance processes and program to address the issues related to CMS, DOI and other legal and regulatory requirements. The program includes a CO and a Corporate Compliance Committee (CCC). The CCC is lead by the CO and meets monthly to review indicators, new activity, and compliance events and resolutions. The CCC also tracks fraud and abuse laws and guidelines from the Office of Inspector General (OIG), communicating with the organization and ensuring all employees are educated and in compliance with these matters. SL and content experts are members of the CCC. The work of the CCC is reinforced through the *Setting the Standard* COC and presentations to SL. A hotline is also available to allow anyone associated with HH to alert the organization to a potential or real compliance issue.

Secondly, Quality/Safety/Risk Management processes, represented by Quality Management Board (QMB), Environments of Care (EOC), and Ethics Committee (EC), coordinate accreditation processes including TJC to ensure risks pertaining to patient litigation, malpractice, and events are reviewed monthly and employee risk associated with occupational injuries and health issues are identified and monitored (1.2-1). Risks associated with new services and changes in business strategy and operations are thoroughly assessed through a literature review of new regulations and laws. Participation in professional associations provide learning about the impact of pending legislation and position papers on various issues all of which become inputs into the SBA (2.1).

Lastly, through the Voice of the Customer (VOC) processes (3.1) and SBA (2.1), HH anticipates public concerns by proactively engaging segments of the community in discussions involving current and future services and operations and uses these inputs in the SPP. SL speak with civic groups and local and regional employers and employees to obtain their input. BOD are selected from the community thereby allowing them to fulfill a liaison role between HH and other groups and provide input to SL. Task forces are also used to dialogue with public stakeholder groups, and supplements SL dialogue held on a quarterly, semi-annual or annual basis. SL also serve on community boards, advisory committees and other community groups to listen and represent HH. Marketing materials and the HH *Community Benefit Report* are distributed in an effort to educate the community and seek any developing concerns. Additionally, the CEO hosts monthly "invitationals" specifically designed to solicit feedback from the community. As further demonstration of HH Values, the HF chose to build the nationally acclaimed emPowerU in a Federally designated Brownfield area, and partnered with the EPA to clean up environmentally polluted real estate for the betterment of the community. CHP/

CHIS chose to locate its operations in a long-abandoned retail store by renovating it to keep the appearance and economic vitality of the community uppermost in mind. HH is mindful of the potential impacts of its non-profit designation to the tax base of the community, and so continues to pay property taxes on acquired property for physician practices or joint ventures with physicians. HH participates in natural resource conservation through recycling, purchasing practices, energy consumption efficiency and reduction and maintains a "green" roadmap for a variety of practices in numerous departments. In 2008 HH established a "Green Plan" addressing all areas. Measurements are in early stages of reporting.

1.2b(2) HH's (EC) ensures and monitors ethical behavior in all activities and that HH continually does "the right things right". The role of the EC is to resolve ethical dilemmas and provide guidance to leadership utilizing systematic processes and measures (1.2-1). To accomplish this, the EC works with employees, physicians, patients, families, suppliers, partners, and the community and considers a broad range of topics including end of life issues, clinical caregiver issues, patient and family issues and organizational issues. The EC is comprised of HH representatives from the BOD, medical staff, nursing staff, SL, chaplaincy, social work, and community representatives including clergy, legal experts, officials, ethicists, and consumers. All segments of the workforce are expected to provide day to day monitoring and report any improper ethical behavior. The hotline (1.2b(1)) is also available for reporting issues. Supplier and partners are held to the same ethical expectations as the workforce. Breaches are dealt with according to HH policies and procedures.

HH subscribes to a patient rights philosophy that entitles patients to privacy, confidentiality and information about treatment and their rights. To reinforce patient rights, HH has implemented a set of standards pertaining to all patient interactions (3.1b).

Committee	Key Responsibility	Key Process Measure	Goal	Key Risk Measure	Goal
Quality Management Board (QMB)	Ensuring clinical quality and patient safety.	Accreditation & licensure	100%	Malpractice: • Avg Cost/Claim • Avg Claim/Bed	$xx xx
		Patient Safety Scorecard	7.1-2 thru 7.1-12		
Environments of Care (EOC)	Ensuring facility safety and compliance with environmental regulation.	Hazardous Materials & Waste Mgmt Manifests completed	100%	Employee Injuries DART OIR	2.1 6.0
Corporate Compliance Committee (CCC)	Ensuring legal and regulatory compliance and business ethics.	New hire criminal background checks	10	Civil or criminal investigations by OIG	0
		OIG's LEI medical staff and employee match	0%	Self reports to OIG necessary	0
		Contract reviewed annually	100%		
		Tax forms filed	100%		
		Employees educated on COC	100%		
Ethics Committee (EC)	Protection of patient rights.	Advance Directive consults performed	More than prior year		
		IRB studies	More than prior year		

1.2-1 Regulatory and Compliance Measures (For confidentiality some goals xx)

1.2c(1) HH collects and analyzes data to identify measures of community health and well-being. Information is reported on the community health website and shared monthly in a population health report. This is used in developing and validating the HH Strategic Plan (SP) annually and to develop and deploy the 1-and 3-year AP's. Information on the community's health status is monitored to determine improvements, and to refine HH strategies and AP.

1.2c(2) HH key communities are defined by its primary and secondary market areas (P-1b(2)). HH selects and deploys initiatives based on three criteria:
•Will the initiative improve the health status of the population we serve?
•Will the initiative serve to develop the economy of Northwest Missouri?
•Will the initiative support charitable endeavors?
The Health Pyramid, (P.1-1) sets the stage for HH supporting key communities and community health. It describes the condition of the communities HH serves and indicates the unique way that HH has positioned itself to improve the overall health and vitality of its communities. The organizational structure, subdivisions of responsibility and alignment to the MVV and CC's and integration of HH into the community through collaboration, and partnerships assure progress. HH uses national and state health policy data (P.2-1) (e.g. poverty, education level, economics and health status) to identify community-specific health priorities within the region such as high smoking levels, cancer rates, heart disease and diabetes. With this information, HH identifies partnerships and programs to participate in or initiate. These initiatives are incorporated and aligned with the SPP, key AP, and measures, as appropriate (2.1 and 2.2). The SPP has moved the organization from the two community hospitals that merged in 1984 through the development of specialty programs such as cardiology and neurosurgery, to sub-specialty programs such as orthopedic trauma and the development of CHP/CHIS and HC, becoming the integrated, community based system it is today. This evolution of scope has provided the community with improved clinical quality and improved the region's economic vitality. In 1994, HH transformed HF to work in partnership with individuals from diverse backgrounds and all community sectors to continuously improve the health and quality of life for children and adults within the region. HF serves as a catalyst to sustain partnerships and resources to empower people and build healthy and livable communities (P.1). Current key initiatives are identified in 1.2-2, and are derived from P.1-1. HH's community initiatives have identified sponsors, goals, and specific activities. They are aligned with the Community Plan, a community-wide, collaboratively developed, documented plan sponsored by the Chamber of Commerce and other community agencies, bodies, and businesses. One major strategic initiative in this plan is community health status improvement, led by HH and subdivided into the following seven areas of goal attainment: Healthy Kids, Deliberate Safety, Healthy/Active Elderly, Community-Wide Mental Health, Optimal Cost and Access to Health Care, and Healthy Lifestyles and Health Management.

An early measure of the success of HF's Healthy Communities

Community Program	Objective
Healthy Communities	Healthier more livable communities
Area Health Education Center (AHEC)	Improve the supply and distribution of health care professionals
St. Joseph Area United Way	Contribute to worthy causes in the community
Youth Health Partnership	Partner with schools to improve health, attendance and learning
Success by Six	Education and health assessment of children ages 0-6
Project Fit	Positively impact children's physical fitness
St. Joseph Youth Alliance and Caring Communities	Education and promotion of health and healthy lifestyles
Community Plan	7 Health Status Categories
emPower Plant	Engage children in teamwork, problem solving and civic commitment
emPowerU	Provide a state of the art technology learning center to fuel innovation and collaboration
emPowerMe	Partner with County Juvenile Office in working with troubled youth
Public Achievement	An extracurricular program to engage youth in public works
Read from the Start	Partnering with MO Humanities Council to encourage parents to read to their children from birth
P-20 Education Council	Collaborative endeavors to promote higher education levels in region
Circle of Hope	Creating a system of care for mental health needs of youth

1.2-2 HH Community Support Initiatives

Initiative was its selection in the mid 90's as one of six community-building initiatives in the nation chosen by The Health Forum in San Francisco to participate in a nationwide study called Accelerating Community Transformation (The ACT Project). The purpose of this research project was to evaluate the impact of cross-sectional leadership approaches aimed at improving a community's health and well-being. HF has been selected to be a four-state regional sponsor for Project Fit America (7.1-31), a national charity that seeks to increase children's physical fitness and positively impact quality of life. In 2004, HF was selected as the first "Innovation of Promise Partner", the only Foundation thus far to receive the designation from America's Promise.

SL and employees participate in local, regional, and national initiatives (including the "Alliance" oversight group for the Community Plan) to improve health and build communities. Encouragement comes from publicizing those efforts in public forums, and publishing the *Community Benefit Report* highlighting efforts by HH, its SL, and employees to strengthen the community. Based on specific criteria, SL identify and participate in national, regional and local Boards to further learn, improve and strategically position HH in Health Policy, Health Improvement, and Civic Engagement and Improvement.

2 Strategic Planning

2.1 Strategy Development
2.1a(1) HH's organization-wide SPP is unique in its breadth and the time span. The breadth runs from core clinical care roles such as being the "best and safest place in America to receive health care" to improving the entire community's health and life productivity (P.1). Because of the all-

encompassing nature of these goals the SPP process is called Heartland 2020 combining both the calendar year with the clarity needed to succeed and the long-term focus to ensure sustainability and Vision attainability.

The SPP has moved the organization from the initial two community hospitals that merged in 1984, through the development of specialty programs such as cardiology and neurosurgery, to sub-specialty programs such as orthopedic trauma, to the development of CHP/CHIS and the HC, becoming the integrated system it is today. This evolution of scope has provided the community and region with improved clinical quality and economic vitality.

The specific steps in the SPP, when applied to strategy development (Steps 1-4) are shown in 2.1-1 and outlined below. This work represents a culmination of effort of the BOD, CEO, leaders, physicians, suppliers/ partners, employees, and community.

 Review, Step 1 and SBA, Step 2 -The SPP begins one year in advance of the fiscal year with a review of the previous year's results in quality, market, financial, and satisfaction. This data goes through a comprehensive analysis and review by leadership to determine trends, opportunities, and weaknesses. Leaders in their area of specialty use this data to compile reports in preparation for the SBA in August (2.1-2). The SBA, Step 2, combines the past year's performance with anticipated strategic challenges and culminates with a strengths, weaknesses, opportunities and threats (SWOT) analysis and prioritization exercise. At the SBA, CC's, strategic challenges, and strategic advantages are reviewed and approved.

Strategic Planning Retreats, Step 3 - The annual review, SWOT analysis, and prioritization exercise becomes the foundation for initiating the annual strategic planning retreats in October. The retreats involve the BOD, physician leaders, and SL covering two days; and facilitates a process to validate

long-term direction, review organizational strategies, and create and identify plans for the coming year. The MVV are reviewed and either affirmed or changed. Once these are agreed to, the strategies are reviewed in the context of their value in achieving HH's MVV.

The collaborative nature of the planning retreats helps give a somewhat outside vetting of the proposed strategies. With all BODs represented at the second day of the retreat, a total of 50 board members from the community, with diverse
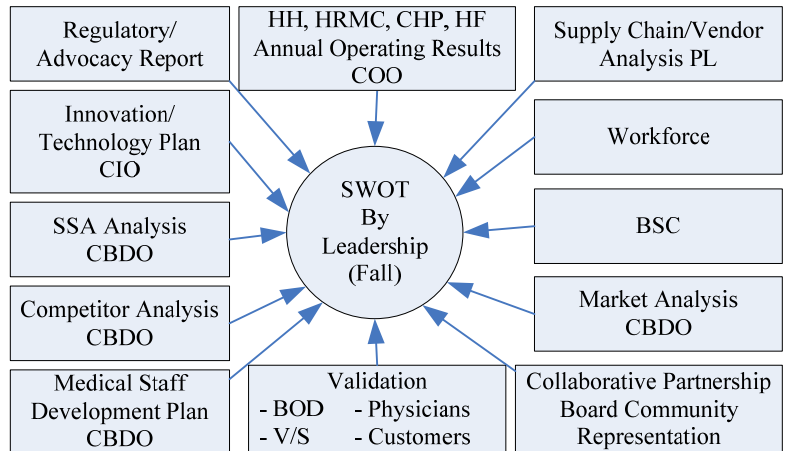
2.1-2 Strategic Business Assessment

backgrounds, help challenge organizational thinking and offer a new perspective. Bringing together internal stakeholders (leaders and other key employees) with board members and physicians provides an opportunity to systematically consider threats, weaknesses, and an opportunity to define the unknown. Feedback provided in the board sessions helps refine ideas for later action plan (AP) development. This is also the forum for coalescing short-term threats with visions for what HH could accomplish by the year 2020.

Heartland 2020, the Long-Term Strategic Plan, Step 4 - Each year a key theme is addressed at the retreats related to the organization's anticipated strategic challenges The analysis of this key theme is incorporated into the process of affirming the MVV, updating strategies, and anticipated challenges in a draft strategic plan for the year. This draft plan is taken back to the BOD, physicians, and leaders in November and vetted over five meetings. In December a final strategic plan update is taken to the BOD for approval.

Long-term planning at HH is targeted to the year 2020, which is the year the Medicare Trust Fund is estimated to be insolvent. As the country nears this crisis point, major changes will need to be made. HH's planning process is designed to anticipate those changes in time for course correction. Eleven years   forward is also a sufficient timeframe to plan for major capital, building, and strategic projects.

2.1a(2) The SBA (2.1-2) is a key point in the process where data from the previous year (review) (2.1-3) comes together with the strategic challenges in a systematic introspective review of the organization. HH ensures the SBA is comprehensive and addresses all key factors by assigning
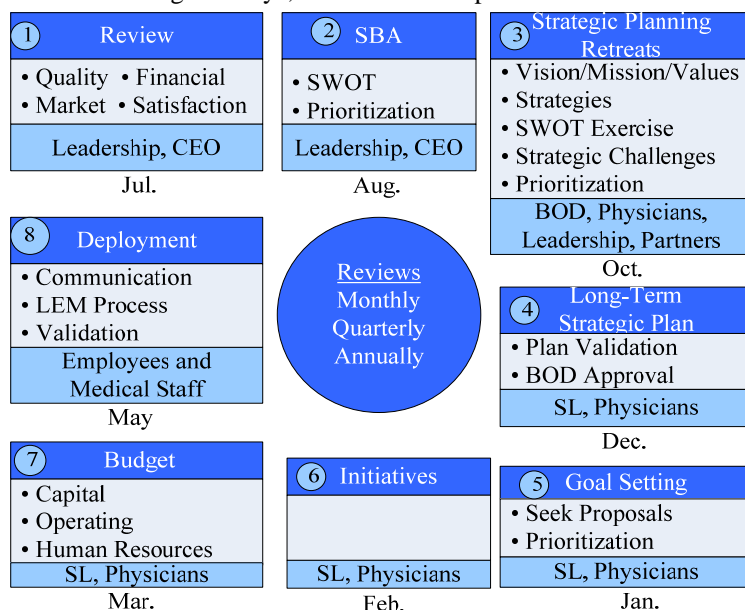
Fig. 2.1-1 Strategic Planning Process

leaders to research and represent changes in the environment, market, demographics, stakeholders' expectations and requirements, trends, and opportunities. The research in these key areas determines future impact on HH relative to their particular area.

After leaders have reviewed the data from each SBA key area they come together for a SWOT exercise and through weighted voting, prioritize key issues for the next year. Review sessions with key suppliers and partners are conducted to challenge and validate the trends and assumptions. The findings and assumptions are incorporated into the Fall planning retreats.

Long-term organizational sustainability is reflected in the SPP and in three key areas; quality, financial, and satisfaction. Organizational strategies are aligned to support CC's as seen in 6.1-2, 6.1-3. Part of the planning retreats, data is presented on financial goals that will be needed to provide long-term fiscal sustainability. These are benchmarked against industry standards with a goal of remaining an "A" rated hospital. Sustainability is defined as the ability to maintain the organization's viability through every possible event. For example, the "A" rated hospital benchmarks are designed to ensure HH is in the top 10% of hospitals nationally and survive market downturns, reimbursement crisis, and the severest competitive threat. Progress toward long-term benchmarks in quality and satisfaction (patient, employee, physician) is reviewed each year against national benchmarks.

Time is invested in the SPP and SBA looking at anticipated future payment methodologies, quality benchmarks, shifts in the market, customer preferences and satisfaction. Strategies anticipating these changes, and balancing short- and long-term challenges are incorporated in the annual SPP update. At the conclusion of the SBA, information is gathered from the participants, with the SBA results, on the organization's long-term continuity and sustainability. This is also the time when a review of the SBA and SPP is undertaken to consider process improvement. It has long been HH's belief that a focus on the highest quality of care (upper decile) at the lowest cost (lowest quartile) will best prepare HH for any future challenges. HH's mission of providing the right care, at the right time, in the right place at the right costs, with outcomes second to none remains the best strategy.

2.1b(1) HH's strategies, which have now been affirmed through the retreats in Step 3 of SPP are incorporated into the final strategic plan, (Heartland 2020) 2.1-4 aligns the strategies with the one-and three-year AP. The AP goals are reflected in the BSC. Short-term planning is defined as one-year, intermediate as three-year, and long-term planning as the year 2020. Based on specific timeframes, the data in 2.1-4 is reviewed and presented to the BOD and SL throughout the year.

2.1b(2) The identification of HH's strategic challenges and strengths begins in the SBA, through the research that is done in advance and through the SWOT exercise. Organizational weakness, market threats, and strengths are reviewed, then the leadership goes through a weighted voting exercise to set

priorities (2.2-1) and incorporated into the strategic planning retreats. As the strategic challenges coalesce, they are aligned with HH's strategies (2.1-4) to ensure that they address both the short- and long-term opportunities. The strategic advantages and strategies are assessed (along with 1-year and 3-year AP) to help to ensure their sustainability and market differentiation. At the same time, strategies are reviewed to enhance innovation, ensure alignment with CC, and balance the needs of key stakeholders.

The strategic challenges weave through the SWOT, retreats, strategies, and the final written strategic plans, and may carry-over to the next year's work. For example, in the 2006 SWOT analysis and prioritization process, the need for a retail strategy was identified as an opportunity now, and without action it would at some point become a weakness. HH brought in a firm specializing in the hospital retail business to develop a comprehensive strategy. A leadership position was developed to implement the plan to expand the retail business along with the required building and construction changes. Because of early recognition of this trend, in 2007 HH created a program that is popular with employees and helps drive the strategy of "Employer of Choice." At the same time quick action has kept other entries from the market, affirming the strategy of "Learn, Grow, and Innovate" and has created a new revenue stream. Data from this program will be reviewed in the SPP process (2.1-1).

2.2 Strategy Deployment
2.2a(1) HH AP's are shown in 2.1-4 along with the annual measures. Each month, individuals who have responsibility to take action are required to conduct a results review (RR) with their one-level-up and their one-level-down who are supporting the initiative (4.1-3). During the RR, the leader will discuss current results, obstacles, needs and anticipated results for the next month. The key planned changes in the HH health care services involve adding new services requested by the community, including a spine

Key Factor	Data Source
Patient, Members, Other Customer, Market	Press Ganey HCAHPS Survey Quantitative Resources HIDI (Mo Hosp Assoc)
Competitors	Medicare Dept of Health HIDI annual statistics KC Business Journal Medicare Cost Reports
Technology, Biogenetics and Innovations	The Advisory Board Technology Watch Cerner Corporation Stowers Institute HDR Architects (supplier)
HH Strengths and Weaknesses	BSC PMS Baldrige Assessment Premier Perspectives Press Ganey
Resource Redirection/ Allocation	Premier Operations Outlook
Financial, Societal, Ethical, Regulatory Risks	Bond Rating Milliman USA Financial Audit Corporate Compliance Midwest Bioethics TJC CMS DOH
Economic Environment	Community Strategic Plan Chamber of Commerce
Supplier	Cardinal

2.1-3 HH Key Planning Factors and Data Sources

center, e-commerce retail health site, and an affiliation with M.D. Anderson Physicians Network for cancer services. HH will also deploy one of the first regional electronic record technology innovations in the nation, connecting regional hospital patients with HRMC, resulting in improved sharing of clinical results, exchange of standards of care, and improvement of costs for the entire region. In collaboration with Aetna, CHP/CHIS will pilot a new delivery and financing system for HH's commercial customers. The AP will require collaboration with community agencies, physicians, and employers to meet the goal of reducing health care costs for the community.

2.2a(2) Step 5 of the HH SPP (2.1-1), which starts in January, begins AP development and deployment and key process identification and validation. In Step 5 the BSC and entity goals are identified for the organization. SL validate the current BSC metrics, HH's current performance and benchmark measures of the competition and industry. 4.1a (1) describes the process used to create the HH BSC and entity goals. The four entity goals aggregate into the HH goals in the annual operating plan. The BSC and entity goals are developed and reviewed with HH's BODs. The approval of the BSC completes Step 5.

In Step 6 the key business assumptions and financial projections are developed by SL. These assumptions and projections are used to determine the amount of organizational capacity to support one-year AP. These assumptions are then applied in selecting the one- and three-year AP. The one- and

three-year plans are selected according to their ability to address organizational challenges, meet BSC/entity goals and ensure sustainability. Each of the strategic initiative owners (Step 1) and the organization key process owners develop incremental one-year plans that identify capital expense, operating expense, anticipated improvement, and resources necessary to carry out the intended actions. Each initiative identifies the number, skill, and type of new employees, including physicians, who are needed to ensure success. The needed human resources are compared to the Performance Management Program (5.1-4) and recruitment programs (Touchstone, Area Health Education Center (AHEC), Stepping Stones) to determine if near and intermediate term human resources can be assured. The ability, or inability, to ensure resources is part of the prioritization process. SL prioritize the entire one- and three-year plans by using the prioritization matrix (2.2-1). A final set of one-year AP's are approved by the medical staff and BOD which completes Step 6.

In Step 7 HH's approved plans, capital and operating costs, and human resource requirements are incorporated by the assigned leader into the fiscal year budget. A completed budget is approved by the medical staff and BOD and completes Step 7.

In Step 8, the annual operating plan which consists of the one-year AP entity goals initiatives and final budget are deployed to all employees, physicians, suppliers and partners as appropriate. The process starts with the SL, SvcLs, and PLs establishing goals for each of 5 strategies that align to the entity goal established in Step 5. Then, strategic PIIs are

Strategy	Balanced Scorecard	2010 Goals	2012 Goals	Action Plans 1 Year (2010)	Action Plans 3 Year (2012)	2010 Key Workforce Plans
Employer of Choice (EOC) All employees rate HH as an excellent place to work 100% of the time.	Capacity Capability Employee Satisfaction	98% 97% 80th%ile	100% 98% 90th%ile	People Plan II HC Culture	People Plan IV Succession Plan Day Care	No New FTE's Develop initial plans for day care Leadership Development (5.1-7)
Exceptional Customer Service Customer groups rate their experience with HH as excellent 100% of the time.	Customer Satisfaction Complaints/ Grievances p/100 adjusted patient day	80th%ile X	90th%ile X	Customer Service Plan Image Plan	Image Plan	No new FTEs Customer Satisfaction Training
Learn, Grow and Innovate HH will continually strive to strengthen its market position in all clinical programs and services	Strategic Projects/ Performance to Plan New Projects	90% 8	95% 10	Recruitment of 18 Physicians Regional Strategy-2 key areas Business Expansion-5 key areas Community Development-2 key areas Green Initiative P20 Council Clinic EMR Regional Health Exchange and Patient Portal	Recruitment of 11 Physicians Regional Strategy-2 key areas Business Expansion-4 key areas CPOE/Closed Loop Medication	Hiring and training: 10 New Physicians 72 Clinic Staff from Stepping Stones (PMP Cat 5) 5 TS FTEs (redeployment) Business Expansion 3 RNs (new hires)
Benchmark for Quality HH status and quality indicators will rank in the upper decile of like communities/regions	Patient Safety Index Mortality Rate Evidence Based Care Supply Chain Index	7 0.82 98% 5	8 0.68 96% 7	8 PIIs QUEST Medicaid ASO Care Management	(8) PIIs Disease Focused Care Model Pilot	Hire for Blackbelt Position (new hire)
High Value, Available Services Cost per capita (by payer group) will rank in the lower quartile nationally for people in similar communities/service areas.	Total Margin Operating Margin Days Cash on Hand Total Members (CHP/ CHIS)	X X 130 n/a	X X 150 n/a	Inpatient Documentation for Optimal Coding (IDOC) $70mm Master Site/Facility Plan Philanthropy Development Discern Desktop	Integrated Community Uninsured Managed Care Model Replace Billing System Practice Management Software	IDOC Training for 2 new RNs Productivity Measures from 5.2a(1)

2.1-4 HH 2020 Strategy Alignment

embedded into the SvcL and PL goals. The PLs and SvcLs meet with the TL to ensure alignment. The annual goals and operating plan are discussed with employees through employee communication methods (5.1a(3), (5.1-3). Annual goals and initiatives are cascaded to each employee during the annual evaluation process. This starts by leaders validating the goals and plans to sustain and monitor performance, 5-1. The plan and measures for process control are deployed using the process described in 6.1. The strategic deployment process is reviewed annually prior to Step 5 of the following year. In 2.2-2 are the past few years of improvements. For FY10 HH has integrated shared goals and AP with partners and supplier. (MWSU: Eastside Fitness Center Plan) (SJSD: P20 Council) and supplier (Cardinal: supply chain PII).

2.2a(3) HH sets a financial goal that ensures the creation of enough capital to fund new programs and AP, as well as organizational capacity and workforce capacity and capabilities. Using A-rated hospital benchmarks as a part of the assumptions in Step 5 of the SPP allows SL to identify as many AP as the assumptions allow. The financial goal for this fiscal year will create enough capital for succeeding operating plans. SL allocate financial and workforce resources to AP that will produce a reasonable return on investment (ROI) which repays the new costs while meeting the BSC and entity goals. Each AP is then assessed for risks using the prioritization matrix (2.2-1). The AP with the lowest risks and highest capital return are allocated the resources for the annual operating plan. During Step 5, HH SL determine if any preceding year AP are going to be completed in the next year's annual operating plan. When identified, HH SL adds the cost and workforce and organizational capacity of prior year AP to the assumptions in Step 5.

2.2a(4) Each quarter the entire set of one-year AP are reviewed by the O's & A's to determine overall implementation success and to reallocate resources as necessary to determine overall implementation success to keep the plan on track. The O's & A's use the strategic deployment prioritization matrix to assign or reallocate resources when circumstances arise that require modification of current AP or creation of new AP to address improvement opportunities. As in the development of the annual operating plan, the modified or new AP are communicated using the methods in 5.1-3 and deployed using the PMP process 5.1a(3).

2.2a(5) Key workforce plans to accomplish short-and long-term strategic objectives and APs (2.1-4) include: HC will add 10 new physicians (a 3% increase in active medical staff), HRMC will add support staff (50%) and direct care providers (50%) to meet the needs of the increased market share anticipated with these new physicians. The People Plan (5.1-5) will assist in securing, training and retaining the anticipated employees. The partnership with MWSU will assist in acquiring the needed professional staff. A professional staff development plan, as part of the People Plan, will begin the Magnet Hospital-like process to increase professional staff capability. As the employer of choice, HH will deploy a new child daycare to improve the capacity as well as satisfaction of the entire workforce.

2.2a(6) HH's annual performance measures are outlined in 2.1-4. Each measure has detailed plans and process measures deployed with LEM to the SL and employees. The OA (1.1-1), as an organizational-wide system, ensures that the measurement system creates organizational alignment, and that all key deployment areas and stakeholders are addressed (4.1). The BSC process ensures that scorecards and entity goals are aligned horizontally through process goals across the key service lines, and vertically at the provision of service level (4.1-3). The RR process (4.1-3) reinforces alignment during the course of the year. Each AP is assigned to a SL who is responsible for tracking progress and planning on a continuous basis. Each month, individuals who have responsibility to take action are required to conduct such a review with the individual one-level-up and the individual one-level-down who is supporting the initiative. This further enhances HH's ability to align and engage the entire organization around its strategy, AP, and ultimately, its Vision.

2.2b HH Performance goals for 2010 and projected for 2012 are shown in 2.1-4. When 2010 goals are being set in SPP step 5, HH systematically assesses, analyzes, and projects competitor performance for employee satisfaction, patient satisfaction, quality and safety results, and financial success (SPP step 5 and 4.1a(1)). Comparing these trends against

Category	Subcategory	Worst	Best
Strategy	Growth oriented	No, maintains our current business	Growth is the central theme in the plan
Market Impact	Market differentiation	Differentiation on the market unclear or not stated	Prototype ready/or pilot customer under contract significant sustained differentiation
Operational Impact	Impact on patient satisfaction	No mention	Substantial improvement documented
	Management capability	New business line, no known internal experience, high risk	Existing business line extension, extensive internal experience, talent
Clinical Effectiveness	Clinical effectiveness	No direct affect on patient's medical condition or outcome	Standard of care in high priority services; broad impact on population in high priority service, additional clinical effectiveness ranking components
Financial Impact	Financial return to system (ROI)	Project fails to return initial investment	IRR far in excess of require: Large positive NPV > 12%

2.2-1 Example of Key Selection Criteria for Action Plans (6 of 22 subcategory criteria)

Year	Process Step	Improvement
2006	6	Assignment of leaders' capacity added to criteria to assure success for leader and organization.
2007	6	Process and Service Leaders recommend performance improvement initiatives using PSC results.
2008	8	Implemented LEM to document/review service process and team leader goals (Cat 5)
2009	6	Integrated learnings from leadership fellowship (Cat 5). Replaced existing selection criteria with new criteria taught from fellowship.
2009	5	Added new metric to BSC

2.2-2 Strategic Deployment Process Improvement

national comparatives and benchmarks (4.1a(2)) and current HH trended performance, HH projects the goal performance required to achieve both short-term and long-term goals (2010, 2012, and 2020). HH performance in quality, safety, and financial performance are benchmarked in the upper quartile, with many key results in the upper decile. HH's satisfaction performance in some service lines is in the top quartile, with one service line satisfaction being the nation's benchmark, while other service lines' satisfaction performing at median. These service lines performance are prioritized as PI initiatives for FY10, in which the PIM is utilized to address current performance gaps (6.1).

3 Customer Focus

3.1 Customer Engagement
3.1a(1) The Customer Relationship Management Model (3.1-1) depicts the process of identifying and innovating services and offerings for both new and current patients. VOC inputs and listening tools (3.2-2) flow into the SPP through steps 2-6, (2.1-1), including customer/stakeholder requirements and improvement opportunities, SWOT, strategic challenges, strategies (customer satisfaction is a strategy), goal setting, and identification of initiatives that impact customer/stakeholder satisfaction experience. Additional inputs and ideas for service offerings come through physician and community leaders. Physicians impact patients in multiple segments and environments. Physician input is systematically captured through medical staff committees, rounding, service line meetings, and QMB, and a physician satisfaction survey. These inputs are analyzed and become additional inputs into the SPP process. After each formal SPP annual review, AP's are generated that include VOC specifics for a given service which follows PIM (6.1). An outcome of the SPP and AP's is selecting new and innovative products and services such as cardiac, neuromuscular, vascular, ASO, wellness, and expansion of community health relationships in youth, workforce, mental health and others. By design, PIM drills into each unique patient-stakeholder need, based on the service. For example, HH's new breast center customer needs are different than the new long-term-care hospital; however, there is a common thread of patient communication and relationship building via engaging the customer from first contact to last contact and ongoing if warranted by the patient-stakeholder

needs. In 2006, growth in northern Platte County warranted expanding HH's primary service area to include this new market and a new clinic was initiated in Platte City. As a part of PIM, key measures are identified and monitored for health care offerings and services to ensure that patient and stakeholder expectations are being addressed and opportunities to continue to enhance and/or innovate are assessed (4.2-2).

3.1a(2) PIM provides the framework to determine and design key mechanisms to support use of the services and to seek information including key communication mechanisms (3.2-1). The leader and team for a given service, whether new or existing, initiate the PIM process and are supported by internal suppliers and subject experts. For example, service lines such as CPV and HMI receive support from marketing communication to create external and internal communication mechanisms to promote services to the public and existing patients, referring doctors and suppliers. HH's regional development staff provides support to communicate these services to area referring providers while building a positive relationship for ongoing support and referrals. Market research provides VOC satisfaction and dissatisfaction feedback, needs and requirements. Further, the customer engagement tools include training and deployment to leaders and staff in RespectCounts behavior standards that include how to communicate respectfully with customers. AIDET, HH's framework for patient communication and Key Words are mechanisms for managing customer expectations by describing what they are doing and engaging the patient during service delivery to ensure they are well informed, involved in their care, and concerns are being addressed. Use of communication and support mechanisms (3.2-1) vary by type of service, customer segment groups (Patients, Members, and Community), and as individual customers respond to engagement questions in Key Words and/or AIDET; for example, "is there anything else I can do for you, I have time." The methods help build relationships with the customer based on both individual preferences and best practices generated by following the PIM process. Quarterly and monthly review of each key service provides a basis for ensuring deeper deployment to all staff and stakeholder. These VOC key questions provide a basis for customer and market input to HH's key processes and service lines.

Key support requirements are determined by systematic analysis from measurement results such as surveys, interviews, comments and complaints. For example, because the patients want to be kept informed by their caregivers, we use AIDET for all face-to-face encounters. The community requires timely and accurate information on services and programs offered by each of HH's four IDS elements. Key customer requirements (3.2-2) are systematically deployed and reinforced with the workforce via orientation, training, one-to-one contacts, staff meetings, leadership communications and performance reviews.

3.1a(3) HH keeps approaches to service innovation and customer support current as part of the SBA (2.1-2) by scanning the marketplace and environment for best and promising practices gleaned from The Advisory Board (market

research, trends and opportunities), The Studer Group, Press Ganey (PG) national meetings, and best practices and trends in patient, employee and physician satisfaction, engagement and experience. Further, quarterly Leadership Development Institute seminars provide educational forums about innovation, leadership, service and growth. Also, by constant interactive engagement with patients and stakeholders, shared learning internally at monthly SL meetings, annual HQC storyboards, newsletters, recognition programs, department meetings and a transparent LEM with monthly reports and 90 day plans, new approaches and support methods can be shared and learned in between formal cycles of improvement. The 90-day plans generate innovative approaches and solutions to customer issues. HH's behavior standard, called RespectCounts is in its third cycle of improvement.

Through HF, emPowerU was created as an innovative response to youth development needs to become highly engaged in community betterment. VOC included youth, parents, schools, employers and community organizations. HH's youth dental clinic evolved from an identified gap in dental health for Medicaid kids and is now an innovative, award-winning national model.

3.1b HH developed two key mechanisms to ensure consistent and Value-based culture for patient and customer engagement. One is individual care plans (ICP), the other is management practices. ICPs are tailored for each patient. Within the ICP, patient expectations are addressed through the key health delivery processes of admission, assessment, diagnosis, treatment and discharge/follow-up (6.1-2, 6.1-3). A member of the patient care team (PCT) provides the patient/family with a general overview of the care plan. The outcomes of this conversation are incorporated into the plan of care. It is during this interaction that expectations are clarified and synchronized. Important aspects of the plan of care are discussed daily with the patient/family to enhance a positive experience and outcome.

Management practices to build relationships include rounding for outcomes and employees, thank you notes, discharge phone calls, custom key words to address key requirements such as safety, comfort, courtesy and timeliness, and aligning results with performance (5.1a(3)). Employees follow the Respect Counts customer service standards for customer satisfaction. Room orientation includes providing contract information to access caregivers, the MCC and patient advocate. Further, the Guide to Patient Services is reviewed with each patient and remains in the room and also includes contact information. For special problems that the staff cannot resolve, two full-time patient advocates are available to address patient issues. Patient family members can call a Medical Emergency Team (MET) rapid visit if they feel that the patient is quickly declining. This is very empowering for the patient/family members.

In addition to the internal training (on-going and orientation), two of HH's organizational partners PG and Studer Group provide training and metrics to support customer engagement i.e., satisfaction,

rounding logs, AIDET, and LEM.

From the very beginning the culture of collaboration and engagement with the community became part of HH's way of doing things "right". Healthy community summits that engage all sectors of the community and region started in 1993 and continue today. HF is host and facilitator of multi-sector community initiatives that impact health through education, social capital, youth development and population health improvement.

3.1b(2) HH builds relationships with patients through referring providers in all stages of the relationship, i.e., pre-engagement, service engagement and post-engagement. Regional provider relationship building includes approaches to area doctors, hospitals and nursing homes. HH regional relations staff earns provider trust by reducing barriers to referrals. Another approach is adding value to referring doctors with specialist clinics near their practice. Teleradiology and access to administrative services, such as purchasing, reduce their cost. The result is growing market share in HH's secondary service area (7.3-13, 7.3-14).

CHP/CHIS builds relationships with employers and brokers at each stage of the relationship, who evaluate health plan options based on benefit design, cost and service. Professional sales staff and leadership members continuously foster personal, community and professional relationships with the employer and broker community before and after each sale. One unique feature of CHP/CHIS is its focus on health improvement that is integrated into benefit design. All customers receive a Health Risk Assessment (HRA) annually, the foundation for health improvement planning and strategies. Health improvement is the basis for CHP/CHIS community relationship building with community-based health, wellness and education events, activities and screenings every month. Once the health plan is purchased or renewed, relationships with members begin or continue. Members receive plan benefit materials and orientation at the worksite, and have access to a robust website: www.myCHP.com that provides personal claims information, news, health tips, and multiple benefit descriptions. The site is also a communication venue for employers, brokers and providers with relevant, customized information for each customer's needs. The CHP/CHIS customer service center provides live phone support for any questions about their benefits, claims, referrals, changes or

Voice of the Customer
Listening, Inputs and Methods
(3.1-2)

Evaluation and Improvement
SPP Step 1 (2.1-1)
Review customer inputs and analyze processes to refine feedback mechanisms, customer relationship strategies, and action plans (annual/ongoing).

Customer Groups
Patients
Members
Community - Region

Deployment of Strategy and Actions Plans
SPP Step 8 (2.1-1) (6.1-2)
Deploy improvement priorities through the BSC and LEM 90 day action plans.

Analysis and Decision Making
SPP Steps 2-6 (2.1-1)
Conduct reviews to determine customer requirements and assess if services, processes, and improvements are meeting customer needs.
Translate results of analysis into priorities for improvement.

3.1-1, Customer Relationship Management Model

additions to their health plan. In January, 2009 CHP/CHIS earned a contract to provide Administrative Services Only (ASO) to 32,000 Missouri Health Net (formerly Medicaid) members. This new service includes intensive care management by 30 care managers to help members understand their health risks and to assist members in navigating the health and social systems in Northwest Missouri. Building an ongoing relationship with each member and engaging him or her in self care, as well as direct care is the aim of this new service.

Community relationships are built by all elements of HH's IDS; however, HF has the unique goal of developing healthy communities in a large region. Through community forums, an annual summit, regional planning forums, multiple programs, as well as funds, resources and scholarships, HF is a "convener" of citizens and organizations toward the goal of healthy communities improvement. The Youth emPowerment model is an innovative approach to improving the lives of young people, future citizens and workforce. emPowerU, Public Achievement and Project Fit are three project examples with the aim of improving esteem, health, resiliency, and civic participation and skills.

Another relationship builder is the Marketing Communications services. Utilizing Customer Relationship Manager (CRM) software they analyze and identify current customers who might benefit from new services. For example, a new mother may also be interested in pediatrics. They also conduct promotions, health improvement events, community outreach, and population health activities in order to acquire new customers and increase HH's positive engagement with them.

3.1b(3) Patient and stakeholder relationships are integral at a strategic level (SPP), and at a daily operating level. To keep relationships current, during the annual SPP, the SBA is updated with inputs from VOC and participants and the customer access and needs are assessed. The nature of the PIM process requires updated and relevant stakeholder inclusion, thus every review cycle of key processes and services includes refreshing relationship issues including physicians, patients, employees, community health and social factors (3.1-1*)*. HH"s rewards and recognition system, including service satisfaction bonus, the hiring and staff development process, and staff and leadership evaluation are designed and aligned to promote a patient-stakeholder culture of service.

3.2 Voice of the Customer
3.2a(1) HH's primary listening and input methods are shown in 3.2-2. Survey instruments are customized to each customer group. HH uses correlations, percentile rankings, best practice research, plus HH patient results to determine key requirements and the relative importance of each requirement. The key requirements also serve as the basis for patient improvement opportunities by the unit or department. Rounding for customer and employee outcomes is a critical learning, teaching and improvement tool used by leaders. It requires leader and staff interaction regarding employee and customer needs and key requirements by checking with each patient about performing the engagement and relationship

building behaviors. Rounding logs capture the learning of the rounding process and provide a basis for change, recognition, reward, loyalty, as well as, customer knowledge and intimacy. Discharge phone calls conducted by staff to patients for clinical follow up and service opportunities. Between surveys, logs for rounding, discharge calls and AIDET, actionable information is accumulated for each leader and their team to review and make adjustments. Patient responses that are immediately actionable are resolved by staff and leaders and more complex issues are escalated to the next level for action and potentially organizational-wide OFI's.

CHP/CHIS learns via written satisfaction surveys, call center feedback for both service and health status and utilizes health risk appraisals for individual member and employer learning to improve health status and to address utilization drivers of cost. HF learns via community listening including local and regional summits (gatherings of citizens and leaders to address healthy communities), plus health status surveys, preference surveys, on-site opinion leaders lunches, and community-based health improvement promotion events.

3.2a(2) Listening to customers of competitors includes monitoring patient referrals from regional physician and follow-up visits from regional development staff. We conduct annual independent consumer image and preference surveys that include listening insights from former and potential customers and competitor customers. HH's competitor database provides market information by service, geography, demographic and competitor market share. All these data are linked to appropriate segments and services for action. For example, feedback from patients of competitors demonstrated a gap in perceived specialty services quality and actual quality, especially in employed patient segments, that contributed to an imaging and branding campaign. HH also uses and promotes consumer comparisons with its competitors such as HealthGrades and CMS patient satisfaction survey—HCAHPS. These data sets have competitor comparison, best practice and benchmarking capabilities. If the customer is a member of CHP/CHIS and they go to a competitor, CHP/CHIS interviews the member to determine why they decided to do so. The information is reviewed and analyzed quarterly for appropriate action.

3.2a(3) Complaints and adverse events are part of a larger process called event management. All complaints are addressed immediately and all adverse events are stratified by severity for trending or investigation. All employees are taught service recovery techniques to resolve issues immediately as well as the event management process during new employee orientation and as ongoing education. Employees have the power to give gift shop certificates to any patient, visitor, or family member the employee believes would assuage or comfort an upset customer. All complaints or grievances from various sources are entered in the electronic Medical Information Data Analysis System (MIDAS) for investigation and follow up. Complaints that cannot be resolved by staff or a supervisor are considered grievances. Grievances are addressed by a (PA) within 7

days. The PAs can be contacted directly by the customers at any time. Information on how to contact the PA is in every patient's room and on signage and video messages throughout the facility. The HH Call Center takes phone complaints and these are recorded in MIDAS for immediate follow-up by the PA. After hours, the MCC respond to patient complaints and record resolutions or ongoing issues in MIDAS for follow-up by the PA's. Weekly meetings are conducted to review complaints and grievances to monitor resolutions and provide opportunities to reduce common complaints through process improvement. Complaints, grievances, adverse events, and litigation is aggregated, analyzed and shared with the appropriate leaders, medical staff, and QMB. Results are tracked quarterly and the data are one of many listening posts used as inputs to the customer satisfaction relationship and improvement processes. CHP/CHIS members have access to a state-regulated DOI complaint tracking, as well as CHP/CHIS 24-hour service call center and website mechanisms. Due to the size of the HF and personal interaction employees have with the community, these complaints are typically handled on a one-on-one basis by employees and HF leadership and are routinely reviewed in staff meetings to ensure resolution. Any unresolved issues can be referred to the PA or Risk Management office and can also be recorded, aggregated, and trended within MIDAS.

3.2b(1) Satisfaction and engagement are determined through customer research (internal and community) and daily interactions and transactions (3.2-2). Primary tools used are patient surveys, daily patient interactions which include rounding, key words and AIDET. Patient satisfaction surveys are segmented by type of patient and service. Report results and requirements are compiled and communicated to teams serving each customer segment. HH asks patients about key customer requirements, such as comfort, courtesy and efficiency. In 3.2-2 the time frame, report type and action is identified. Sampling follows a methodology protocol in high volume areas like emergency, OP and clinic provides a stratified representation for each customer group. Reports include mean scores, percentile rank and correlation and are trended by question, patient category and national and regional percentile ranking. The results become knowledge management inputs for AP in operating units and are monitored, managed, modeled, linked to LEM and HR performance management and in the education process. The customer service team (HRMC and HC operations) comprised of SvcLs and PLs, ensures VOC integration and infrastructure is viable. For example, improving waits and delays is a key customer requirement. Part of the issue is communication and part of the issue is throughput; both are barriers to improving waits and delays.

Members have a similar protocol that follows a standardized national survey with results flowing thorough CHP/CHIS's quality management structure and generates quarterly AP to address any gaps. HF utilizes a mix of standardized and independent surveys to garner feedback about their services. For community/region opinion about patient care, American Viewpoint community survey is utilized to determine public image, brand knowledge and provider preferences. The results are inputs to market communication APs and serve as customer listening posts. Use of this information guides HH's brand/image communication to the community for a specific customer segment e.g. cardiac services. It also supports HH's business planning in the SSA to HH's competitor's SWOT. In addition the annual Healthy Communities Summit provides essential inputs from community and national leaders to the health status of the region and the impact HH can and does have through current and potential programs, e.g. emPowerU and the Youth Health partnership.

3.2b(2) To compare HH's satisfaction to competitors, HH monitors patient referrals from regional physicians and follows up with regular visits from regional development employees who are dedicated to developing collaborative relationships with providers located in the outlying areas of SSA. Annually, HH conducts consumer preferences and image surveys that include satisfaction from competitors. CMS provides patients a comparative website for quality and satisfaction that includes all of HH's competitors. These data sets have competitor comparisons and benchmarking capabilities. Home Services and CHP/CHIS participate in comparative satisfaction data collection initiatives that provide comparisons to similar organizations. HF does not have any local or regional competitor; however, they do share data and concepts (practices) with other national organizations providing community based services such as Project Fit America.

3.2b(3) Following the same processes as in 3.2b(1), dissatisfaction is captured, analyzed and results are systematically shared and deployed throughout the organization and are the basis for PIM and AP. All partners in service lines such as HMI, and service improvement, i.e. Studer Group, receive engagement, satisfaction and dissatisfaction information and they have joint goals with HH to achieve. Sampling follows a methodology protocol in high volume areas such as emergency, OP and clinic to provide a stratified representation for each customer group. Patient surveys have comparative and learning capabilities, including competitor and benchmarking ability. PG provides training, online access to results, learning opportunities with high performing organizations, and a standardized approach to

Custom Segmentation/Markets/VOC		
Inputs to Segmentation	**Key Questions**	**Service and Delivery Sites in the PSA/SSA**
SBA (2.1-1-2)	What do our customers need/want? Delight factors?	• IP/OP
Strategic Plan/Retreats/ Learning	How is the environment changing? (Technology consumer, payer, buyer, regs, political, competitors, chronic disease, lifestyle, social, economic, education)	• ED
Service/Business Plan	How should we aggregate and segment relevant customers and markets into appropriate services and places?	• Wellness
Patient Members/VOC	How can we fill needs/gaps?	• Employers/Members
Community and Physician Leaders	How can we add value to the customer, market and community?	• Community (Clinic Office/Schools)

3.1-2 Custom Segmentation/Markets/VOC

survey design, distribution, analysis and reporting.

3.2c(1) HH's community-based governance adopted the historical trade and commerce pattern of major St. Joseph area employers as the service area when HH was formed in 1984. At which time, HH's founding governance expected a socially responsible, collaborative organization that delivered state-of-the-art health care and participated in the revitalization of the customers and communities it serves (P.1.b(2)). Annually, as part of the SPP, the market configuration is reviewed and validated. In 2006, growth in northern Platte County warranted expanding HH's primary service area to include this new market and a new clinic was initiated in Platte City.

Based on key inputs and VOC questions (3.1-2), key customer groups are determined to be Patients, Members and Community. Furthermore, customers are segmented into four elements based on IDS Services and then by health care service and site, such as inpatients or community-based (clinic offices or schools). VOC key questions provide a basis for customer and market input to HH's key processes. Inputs to customer segmentation includes the SBA data and SPP retreats described in 2.1 which form the basis for strategy and AP development as well as market segmentation. Included in the SBA are customer and competitor assessments which answer several key questions listed in (3.1-2). Other inputs to segmentation include learning from past experience, patients and opinion leader insights, and from physician and community leaders. Through the Market and Research team, these inputs are analyzed and used to provide focus to HH's services and clarify key processes and services.

To learn about customers of competitors HH monitors patient referrals from regional physicians and follows up with regular visits from regional development employees who are dedicated to developing collaborative relationships with providers located in the outlying areas of SSA, and often provide important competitive intelligence. Annually, HH conducts consumer preferences and image surveys that include insights from competitor customers. The Missouri Health Association (MHA) database (HIDI) allows HH to monitor market share changes against HH's competitors such as Kansas City providers, including inpatient and OP specific services, markets and competitors. These data are linked to the appropriate segments and services and reviewed in the planning cycle. CMS provides patients a comparative website for quality and satisfaction that includes all of HH's

competitors. These data sets have competitor comparisons, best practice and benchmarking capabilities. HH also monitors medical record transactions to spot customers who might be leaving HH's clinical service for a competitor.

3.2c(2) Based on information gathered during the listening and learning process described in 3.2a(1), key patient and stakeholder requirements are gathered and analyzed. Other inputs for these requirements come from patient and process outcomes as well as market trends and changes. Key priorities and segments linked to the key customer requirements (3.1-2) are monitored through surveys, patient rounding, patient/family interactions and contact, and, communication via the patient's care plan. Patient measurements vary based on the nature of each service, therefore, specific customer measures and best practices differ for each group; however, the key requirements remain stable across all patient segments (safety, comfort, courtesy). The requirements are vital inputs to HH's design process and PI systems (5.1-2, 6.1-2, 6.1-3).

3.2c(3) As we progress through the SPP, the annual operating plan, PIM, service lines, and internal and organizational communication planning uses inputs from 3.1-2 and 3.2-1; plus inputs from leaders and teams to address and improve marketing, innovation and patient-focused culture. For example: Patient and stakeholder testimonials in promotions and advertising; employee recognition and awards for service, e.g., "getting after it" program for employees demonstrating exceptional service; soliciting service improvement ideas and intranet opinion poll, and partnering with vendors and co-branding with M.D. Anderson Physicians Network; or health improvement opportunities like the Pound Plunge, Women's Wellness Initiative (WWI), whose stakeholders include, businesses, education, radio stations, wellness members, seniors, schools, children or other stakeholders to create innovative approaches.

3.2c(4) Patient, member and community listening learning tools are evaluated annually and deployed at the frequency indicated in 3.2-2. Through a systematic review process, satisfaction and learning instruments are assessed for validity, reliability, usability and appropriateness based on national research and environmental changes. Additional improvements are obtained through selected use of third party sources including the Studer Group, PG and several Baldrige participants. Further, part of PIM is to review service and initiatives for local patient, member and community VOC

Key Access, Service and Communication Mechanisms		
Obtain Services	**Seek Information**	**Make Complaints-Comments**
• Heartland Clinic Offices	• Direct Contact with Staff, Physicians, and Pt Rep.	• Patient Advocate (PA)
• Service Locations (IP, OP, ED, Urgent Care	• Patient Orientation & Guide to Services	• In person Caregiver Interaction
• Regional Clinics	• Individual Care Plans	• Complaint/Grievance Management
• Individual Care Plans (ICP)	• Education/Support Groups	• Satisfaction Surveys and calls
• Member Services	• Patient Rights	• Patient Comment Card and Phone Line
• HRA – (Health Risk Assessment)	• Call Centers / Customer Services	• Rounding
• EmPowerU	• Community forums/summits, health fairs/Worksite Wellness	• Call Center / DOI
• Health Fair	• Newsletters Printed materials / Promotion, Direct Marketing and HTV	• Community Forums / Summits
• Health Benefit Design	• Interpreter Line / Software	• Website
• Interpreter Line / Software	• HH Website, Intranet	• Call lights
• MET Team	• Social Media Tools	• Discharge Calls

3.2-1 Key Access, Service and Communication Mechanisms

Key Customer Requirements	Key Satisfaction Priorities/Examples Patient Customer Segment	Listening and Input Methods
Patients	**Inpatient Satisfiers/Priorities**	
Safety Care Plans Accuracy Comfort Pain Personal Needs Compassion	- Response to concerns/complaints. - Waiting time for tests and treatments. - Effort to include you in decision about your treatment. - Addressed emotional needs.	Patient Surveys – **D, M** Call Center - **P** Discharge Calls - **D** Complaints, Comments - **D** Rounding - **D**
	Outpatient Satisfiers/Priorities	ICP Interaction – **D**
	- Our sensitivity to your needs. - Response to concerns/complaints. - Worked together to provide care.	AIDET – **D** Key Words – **D** Respect Counts– **D**
Courtesy Sensitivity Listening	**Emergency Satisfiers/Priorities** - Informed about delays and treatment. - Cared about you as a person. - Waiting time to see the physician. - How well your pain was controlled.	Market Research – **AN** Service Recovery - **AN**
Efficiency Timely Waits/Delays	**HC Satisfiers/Priorities** - Our sensitivity to patients' needs. - Concern of nurse/assistant for your problem. - Time provider spent with you. - Our concern for patient privacy.	
Members	**Members Satisfiers /Priorities**	
Access Good Service Low Cost Health Improvement	- Getting needed care. - Costumer service results. - Claims processing. - High HEDIS results	HEDIS Survey - **A** Customer Service Line - **D** CAHPS Survey - **A** Call Center - **D** DOI Access Report - **M** Retention Data - **M**
Community / Region	**Community Satisfiers /Priorities**	
Access Community Betterment Health Improvement	-Coverage rates. -Provider availability. -Community engagement. -Health status improvement	COS - **A** Community Assessment - **B** Web Site - **D** Events/Forums/Summits – **A, P** HF Program Evals - **P**

Key: Frequency:: A-Annual, B-Biennial, D-Daily, M-Monthly, P-Periodic, AN – As Needed

2.2-2 Voice of customer requirements listening, inputs and methods

relevance and vigor. In recent years, both Missouri Quality Award (MQA) and Baldrige assessments are elements in HH's approach to keeping customer satisfaction approaches and needs annually updated. The customer satisfaction process approach itself is annually reviewed and enhanced by HH market research. Relevant internal and external stakeholders including PG and some of their top performing organizations and the Health Care Advisory Board research provide input.

4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a(1) Data identified for collection by HH are grouped into

4 Measurement, Analysis, and Knowledge Management

two categories

Organizational Measures - HH uses a BSC and Entity Process

(Measurement) Scorecard (PMS) to determine the organization's progress-to-plan and overall performance. There is an organization-wide strategic BSC for HH and PMS for each IDS: HRMC, HC, CHP/CHIS and HF.

Operational and Process Measures - HH uses PSC, departmental reports, and project scorecards to manage the day-to-day processes of the organization as well as PII.

All levels of organizational key measures (4.1-2) are assessed and validated during Step 5 of the SPP. Organizational measures are selected to identify indicators that give a clear picture of how HH is performing relative to its strategies, PII, AP and annual goals. Key organizational measures with both short- and long-term goals are shown in 2.1-4. Examples of key organizational performance measures noted to be strategic challenges (P.2b) are customer and employee satisfaction (7.2-1). Key measures supporting the strategy Benchmark for

Step 1: Selection	Determine measures; ensure linkage to strategies/goals; determine how data will be used to make improvements
Step 2: Data Collection	Determine if measures exist; define data elements and sources; collection process; comparative data, sample size; time period
Step 3: Data Management	Determine data collation methods, presentation formats, appropriate analytical tool(s); report frequency
Step 4: Analysis	Data aggregated and analyzed against targets and/ or benchmarks. Root cause analysis performed
Step 5: Benchmark	Use comparison between actual and expected performance; documentation of root cause analysis; next steps and needs identified

4.1-1: Five Step Measurement Process

Quality include the CMS HQID measures for appropriate care of AMI, CHF, CABG, Pneumonia (PN) and Hip & Knee (H&K) populations (7.4-1). Financial measures include short-term operating margin for each entity and HH (7.3-4) as well as long-term strategic measures, such as days cash-on-hand (7.3-7) and bond rating (7.3-17).

Customer and organizational requirements are used to identify measures for the BSC and each entity performance report. Each BSC and PMS measure has a completed measurement rules form outlining the selection, data collection, data management, analysis, and its use to help develop the measure, establish a goal and evaluate performance. A summary of the five-step measurement process outlining the measurement rules is shown in 4.1-1. A key objective of HH's measurement architecture is to maintain line-of-sight congruence of performance measures to achieve organizational success. This takes place by systematically setting goals, and utilizing consistent processes for reporting, analyzing, and monitoring performance results using a top-down and bottom-up approach.

Each strategy's (2.1-4) key drivers of performance are evaluated annually, updated and prioritized based on key customer and organizational requirements. These organizational measures are incorporated into the review process (4.1b) to evaluate performance and identify opportunities for improvement and ensure targeted results are achieved.

Operational and process measures include process, departmental reporting, as well as PI activities. Process

4.1-2 Alignment of Key Measures
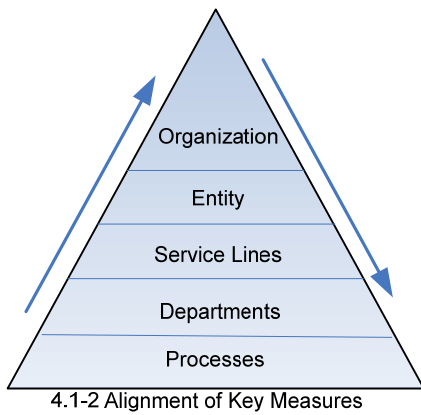
measures are reported through the PSC which allow owners to evaluate performance monthly as well as manage and improve processes to achieve results (6.1). The results are shared quarterly with O's & A's. Many of the measures are also used in managing the departments on a monthly, weekly or daily basis as appropriate.

Departmental measures give a clear picture of how HH's departments are performing relative to their AP and annual goals. Departmental information is provided to each leader to help manage the day-to-day operations including customer satisfaction, employee retention, regulatory requirements, patient safety, quality of care, and financial performance.

PI measures relate to HH's work processes and are selected through the PIM, (6.1-1). These operational measures are incorporated into the monthly RR process (4.1b) with improvement measures incorporated through the PSC allowing owners to evaluate performance, as well as manage and improve processes to achieve targeted results. The results are shared both one-level-up and one-level-down.

Integration of measurement comes from collecting data throughout the organization and aggregating this data to the BSC. The BSC is aligned with HH's strategy and organizational process model. Based on the annual operating plan, PII and entity goals are cascaded throughout the organization down to the department and employee level. Integration of these measurements allows HH to use fact based decision making throughout key steps of the SPP and rapidly identify opportunities for innovative processes and services. The innovative implementation and deployment of the Youth Fit Program is an example of this approach from the HH Vision of a healthy community and Mission to provide the services and results impacting the community.

4.1a(2) HH collects comparative data to benchmark the organization's measures, keeping in mind the following guidelines: linkage to strategies and annual goals; significant impact on outcomes, quality, service and/or financial performance; and greatest opportunity for improvement with available resources. HH has developed a benchmarking guide providing a consistent four-step process to select benchmarks as well as to conduct a benchmarking study. The high level steps are: 1) planning the study, 2) collecting information, 3) analyzing results, and 4) adapting and improving. Details pertaining to each step are provided to direct the user through effective and appropriate selection and utilization of comparative data. Criteria for seeking sources of appropriate comparative data or benchmarking partners include:
• Organizations in top decile or top quartile

• Organizations similar in size and/or services provided
• Organizations that compete with HH
• Organizations known to excel in the service, practice, process and/or results inside or outside of health care or
• Industry best practice.

Based on these guidelines, using the benchmarking guide and applying the criteria, the measurement system facilitates collaboration with other organizations. Benchmarking encourages innovation by setting aggressive or stretch goals necessitating development of innovative approaches to reach them. The use of comparative data is used throughout the organization including PII structure, SPP, selection of AP and development of BSC and entity performance reports. Key comparative data sources are as shown in P.2-1.

4.1a(3) The measurement system consists of five key elements which include: (1) types of measures (organizational and operational), (2) drivers of performance, (3) measurement process, (4) benchmarking process, and (5) analytical tools. As part of the SBA, internal and external sources such as internal practices, industry practices, and research are used to evaluate and validate the measurement architecture. As needed, revisions and enhancements are made, enabling HH to ensure that its performance measurement system is kept agile and current with business needs and directions. Based on learnings, improvements include the development of a strategic BSC (2008), development of entity performance reports (2008), development of PSCs (2008), management level mapping of processes (2009), and measurement of falls for frequency and severity (2008). To ensure measurement system sensitivity to unexpected changes, HH invests in and supports employee learning by encouraging all of its leaders to participate in professional organizations, industry and community events, conferences, seminars and collaboratives in order to stay on the leading edge of information and trends impacting health care. HH maintains close ties with local, state and national political/legislative activities in order to identify and anticipate changes that may impact health care and to influence decision making. Key information obtained from networking opportunities is shared with SL and employees through consistent communication mechanisms (5.1-3) in order to incorporate into the operating and strategic plan as needed via an information pathway (4.2-1). This approach ensures HH is sensitive and responsive to rapid changes in the environment. Employee learning and collaboration with other organizations is invaluable for understanding the "hot topics" of health care, new and improved care delivery, critical measures and use of solutions that fit and conform to the HH Vision and strategic plan.

4.1b The annual review phase of the SPP and the OA (1.1-1) ensures and facilitates reviews of organizational performance and capabilities on a regular basis. The formal leadership review structure is shown in 4.1-3. HH utilizes a RR process to review organizational and operational data throughout the organization. The RR process includes reviews at all levels of the organization (processes, department, entity and organization). These reviews incorporate reporting of the results compared to the goal, root cause analysis for variances, next steps to close performance gaps and identification of

Leadership Body	Key Items Reviewed	Frequency of Review
SL & BOD	• BSC • Entity PMS • Improvement Initiatives	• 3x/year • Quarterly • Monthly*
O's & A's	• BSC, entity PMS, process performance (PSC) • Improvement Initiatives • Policy/Standards • Product/Service/Process Design	• Quarterly • 3x/year* • Weekly* • Weekly*
Leadership	• Employee Metrics • Clinical Quality Measures • Patient Satisfaction • Initiatives • Expenses	• Monthly, Weekly, Daily
*documents reviewed on a scheduled rotating basis at the designated intervals.		

4.1-3 HH Results Review Process

needs from the organization to achieve the targeted results. Multiple analytical methods and tools are used including: gap analysis, market assessment, projections, forecasting, feasibility studies, SWOT analysis and risk assessments. Each department has selected measures for performance, which are reviewed via the RR process.

While each of the reviews referenced provide insight into some aspect of HH performance and capabilities, the SL review is focused on overall organization success, competitor performance and progress relative to goals. During this review, the HH BSC and the entity PMS for the organization are presented and thoroughly analyzed. The BSC, entity performance reports and the PSC depict the current level of performance in each of the measured areas in a color-coded, stoplight fashion. Performances in the yellow or red are analyzed using root cause analysis techniques, and corrective AP are developed as needed. Benchmark performance is also reflected on these reports to allow for comparative and/or competitive analysis. At each stage of the review process, the organizational strategies are evaluated, and the need to revise and/or reprioritize plans and PII, as well as align operating and capital funds takes place. The O's & A's meet weekly and have the authority to consider and approve new or modified proposals, projects and/or improvement initiatives as needed to ensure the organization meets its defined strategies.

HH also produces a monthly report of clinical quality outcomes and Performance Improvement Team (PIT) results that are analyzed and reported using a color coded stoplight. For these measures, data are collected throughout the organization and plotted on the PSS, PSC, and/or control charts to analyze trends and performance. Further analysis and special studies for negative trends are conducted by the appropriate work team, PI team and/or medical staff departments or committees, using root cause analysis techniques. Corrective AP are developed to improve performance and update measures as needed.

HH leaders also make use of the "Rounding" process to assess current performance (1.1b(1)). Patients and families are asked specific questions correlated to satisfaction regarding their stay. Employees are asked to outline the top goals of their department and describe efforts underway to ensure the work team can meet its goals.

As a part of the SPP, multiple pieces of information are reviewed and analyzed including Key Factor Data (2.1-3). The SP drives completion of defining key strategic performance drivers resulting in the BSC measures and development of the annual operating plan including operating and capital budgets as well as annual goals deployed throughout the organization.

4.1c Based on O's & A's analysis of results, findings are prioritized using specific criteria (2.2-1) into improvement opportunities. Specific actions include deployment of opportunities to PI teams, suppliers, partners and collaborators as appropriate, allocation of resources via the annual budget development process, or disbursement of contingency funds. Deployment of priorities and opportunities to suppliers, partners and collaborators occurs through the PIM (6.1). Also, specific actions are incorporated into organizational, entity and/or work team goals and are reflected as individual goals through the goal deployment process and incorporated into staff performance standards through the annual evaluation process (5.1). Leaders and PI teams use PASTE, PASTE*plus* and JADE methodologies as the framework for managing improvement opportunities (6.1). In each of the reviews, any result area that demonstrates declining or poor performance is highlighted for further analysis, action planning and measurement refinement as needed.

4.2 Management of Information, Knowledge and Information Technology
4.2.a(1) HH electronic information systems are carefully managed to ensure integrity and reliability through structured yet innovative design, testing and auditing procedures as well as controlled access to the information systems. With guidance, decision and review by leadership teams which include end-users, overall direction is given to information management. Non-electronic information, data and knowledge management sources are kept in secure and access-only locations. Timeliness and availability of information is closely monitored and controlled by maximizing strategic initiatives for electronic and non-electronic information and system monitoring technologies for electronic information. Scheduled system downtimes are planned to minimize end-user impact. Unplanned downtimes are aggressively managed via defined processes and escalation procedures that manage HH's technology partners to ensure prompt resolution. Security and confidentiality of information and data sources are audited and monitored for compliance and Health Insurance Portability & Accountability Act (HIPAA) integrity and accountability. All users have personal sign-ons and annually sign the COC.

4.2a(2) HH uses a 5-step interactive process to identify, obtain, analyze, prepare and present required and necessary data, information, and key knowledge management sources (4.2-1).

HH is transparent with key metrics, which are made available to workforce via the HH intranet. HH's integrated information solutions are used as the warehouse of information, data and knowledge and is available as required by roles/responsibilities, primary and other regulatory standards, and contractual agreements. Key information, data and knowledge

is shared with workforce, suppliers, partners, collaborators, customers and other stakeholders via the intranet, internet, employee communications, work teams, and manual data/information repositories based on organizational partnerships and access/security levels applicable to all key stakeholders. Rapid validation and reliability of information is ensured via established Technology Services (TS) and Decision Support Services (DSS) data management processes. As a cycle of improvement, HH is in the process of creating an intranet portal for board members and employees as an additional avenue of sharing key metrics, lessons learned and best practices.

4.2.a(3) Organizational knowledge is managed through the utilization of the KMP to ensure customers, employees, patients, suppliers, and others have appropriate and essential knowledge as required (4.2-1). Four types of knowledge have been identified as important to HH in maximizing its potential: knowledge needed to accomplish work; knowledge needed to improve process, programs and services; knowledge needed to address changing needs and direction; and knowledge needed to innovate. Once key knowledge, information and data are identified based on requirements from each group of stakeholders, it is analyzed and stored in appropriate repositories (e.g., ELMeR, IHRMMA, Shared Drives, and intranet). Workforce knowledge and information are collected and shared through key learning and development processes (5.1-5), policies and procedures (intranet and IHRMMA) and Shared Drives, as well as individual co-workers and teams. Relevant knowledge is transferred from and to patients primarily through ICP, ELMeR, and PA's. Partners and other key stakeholders obtain essential knowledge and information via key communication mechanisms (3.2-1), (5.1-3) and scheduled partner/stakeholder review meetings to ensure alignment and integration of strategies and expectations. HH promotes the culture of sharing and collaboration to rapidly identify best practices, lessons learned, strategy and innovations by providing effective and consistent communications mechanisms (5.1-3). HH uses listening and learning tools such as surveys, rounding, committees, lessons learned and the PIM to capture workforce, patient, and customer knowledge. Focus groups and collaborative discussions are used periodically to capture VOC/relevant knowledge from HH's customers, suppliers, partners and collaborators. As VOC, relevant knowledge is considered for applicability to strategic initiatives in the SPP, community initiatives, regulatory requirements, and other pertinent information is prepared and presented to the appropriate groups or individuals in venues such as HQC story boards, rounding, communication boards, policies and standards, committee discussions, presentations to leadership and BOG and newsletters.

4.2.b(1) Each hardware and software system is implemented with the end in mind to ensure that the organization solution is reliable, secure, and user-friendly. The technology systems are the platform on which we continue to innovate, adapt, and apply industry and regulatory trends/requirements. VOC methodology is used to identify and meet all key requirements, including patient safety, regulatory, accreditation, and payer requirements. With this information, systems are built to be efficient, effective, and user friendly. In addition to VOC, Rounding is completed by HH's CIO, CMIO and PLs giving employees and patients an opportunity to discuss requirements, concerns, expectations, and future plans with TS. This information is used to continue to improve application functionality, provide interaction with the customer, and continue to utilize each system to its fullest extent demonstrating seamless integration of information and patient care.

HH has an application security committee responsible for global security allocations for each software solution. This committee meets on an as-needed basis and includes HH's CO, HIPAA Privacy Team Lead, TS, and operations project team members. This team is responsible for developing a security model for HH which follows HIPAA regulations, allowing employees access to only those applications that are minimally necessary to perform their job. The security grid is reviewed on a regular basis to maintain appropriate levels of access. In addition to application software security, HH has implemented electronic software solutions to prevent unauthorized use and prevent unauthorized installation of foreign software on HH devices (PCs, tablets, etc.). Automated monitoring tools view network activity and devices to prevent unauthorized access. Test scripts following state and federal regulations are developed which include testing of all hardware and software, as well as volume testing of solution processes and system performance. Testing is completed for the purpose of ensuring system integrity (4.2-2).

4.2b(2) HH has developed an organization-wide continuity plan that includes hardware redundancy, regular and multiple backups of data (kept both onsite and offsite), automated tools monitored by 24/7 operations staff for alerts of performance detriment and routine maintenance to ensure systems availability. HH has two sites for hardware redundancy, generators, and storage for data backups. Processes have been developed for backup and recovery and solution downtime. When downtime. occurs (planned or unplanned), a standard communication plan is used to relay status. HH has downtime solutions that allow clinicians to review patient information. Staff are trained on downtime processes/applications and HH conducts tests on a scheduled and consistent basis to assess staff and organizational readiness.

4.2b(3) Each year during the SBA, the 3-year Technology Strategic Plan (TSP) is formally reviewed, updated and prioritized. This plan is completed
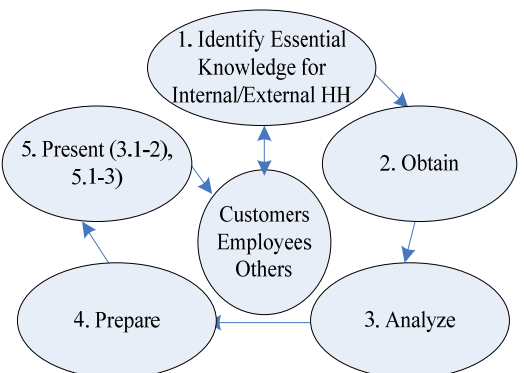
4.2-1 Knowledge Management Process

Key Data, Information and Knowledge Management Elements	Key Measures
Reliability: Testing and Auditing prior to activation Selection process Data Elements for search functions Employee training and wellness On-going and preventative maintenance Disaster Recovery Plan (management and testing)	• Availability and Uptime of systems (7.5.19) • Validation Processes • Audits
Security: Monitoring and Audit Tools 3200 AD Sign-ons Compliance Requirements and Monitoring Policies and Procedures	• Audits • Spam Ware Accuracy • COC /HIPAA breaches
User Friendliness: VOC/Help Desk Rounding Cycle of Information Model Integrated Software Solutions Data Elements Testing of System prior to implementation Training and Learning Modules Policies and Procedures	• Audits • Help Desk Satisfaction (7.5-20, 7.5-21)) • Resolution Time • Satisfaction Data (EOS and MD)

4.2-2 Key Data, Information and Knowledge Management Elements

concurrently with each individual department and follows the overarching goals of the HH organization. A meeting is held with each department to define needs and expectations for the current year and future years, including the following assessments: customer and market factors; health of the service area; economic factors; competitor data; regulatory requirements; legislative activities; technology opportunities; financial condition; community benefit programs; organizational strengths and weaknesses; and improvement opportunities. As the SP is reviewed and refined, new technology and software are prioritized to define the direction of technology for HH both in the near and distant future. All new technology is reviewed for functionality, user friendliness, clinical or member requirements, and technical requirements and alignment with HH's Vision. To understand future needs and requirements that will ultimately become the Technology Strategic Plan, HH invests in its employees by supporting attendance at conferences, such as Healthcare Information and Management Systems Society (HIMSS), vendor conferences and workshops. Conference attendance is invaluable for understanding the "hot topics" of health care, and use of solutions that evolve as state-of-the-art care delivery systems.

5.1 Workforce Engagement

5.1a(1) HH utilizes three key systematic methods for

5 Workforce Focus

identifying and validating workforce and medical staff's engagement and satisfaction factors which are: leadership rounding, workforce and physicians surveys, and workforce and Medical Staff focus groups and work teams. Input data is gathered from these methods and incorporated into key questions of HH's annual workforce surveys (5.1c(1). Through HH's SPP and operational plans, the alignment of activities is based upon meeting the needs of its internal and external customers. HH has a People Plan that aligns with Employer of Choice strategy and assures every element of the employee, volunteer, and physician life cycle is carried out according to industry best practices to assure human capital practices align with HH's MVV and strategic framework. This

plan has far-reaching implications to leadership, employees and physicians, and ultimately, the transformation of culture to improve workforce, patient and community satisfaction. Annually, HR conducts a strategic assessment of activities, based on information and feedback from surveys, exit interviews, etc. that contribute to HH's operating plan. Each job role (employee, physician, and, volunteer) is given the opportunity to participate and contribute to achieve HH's key organizational strategies (2.1), thus differentiating key factors amongst the workforce groups. The key drivers that affect workforce engagement and satisfaction and examples of programs and mechanisms addressing those drivers are shown in 5.1-1.

5.1a(2) HH's Values foster and enable a culture committed to collaboration, skill and knowledge sharing, and quality as evidenced by HH's OA. HH's CC's, key work process and support areas (6.1) are designed around functional expertise focusing on the customer-supplier relationships. The work design is a team approach, designed to maximize skills, promote cooperation, and encourage empowerment and innovation. Each workforce segment throughout HH has behavioral, technical, functional and educational requirements and skills outlined in the job description and physician credentialing process allowing for the alignment and execution of HH's MVV.

HH's work system design supports and enhances the opportunity for effective communication and skill sharing through the integration of both clinical and non-clinical resources organized around the needs of the customer. The customer needs are aligned with the SPP (2.2a(1)). The clinical areas organize work around service lines that are guided by an administrative SvcL teamed with a Physician-Administrative Leader (PAL) to coordinate organizational and Medical Staff resources required to meet the needs of the patient.

PCTs within HRMC and HC are organized around the needs of the patient and include a diverse group of individuals in the areas of education, skills and job role, experience, and personal characteristics. At the center of the team is the patient,

Driver	Examples	Workforce Segment		
		E	P	V
Participation	▪ Work Teams	X	X	X
	▪ Process Improvement Methodologies	X	X	X
	▪ Communication Methods	X	X	X
Job Fulfillment	▪ Retention Levels	X	X	X
	▪ Competitive Rewards	X	X	X
	▪ Family-like Relationships	X	X	X
	▪ Orientation/Education	X	X	X
	▪ Recognition Programs	X	X	X
Work Environment	▪ State-of-the-Art Facilities	X	X	X
	▪ Supplies and Equipment	X	X	X
	▪ Technology	X	X	X
Staffing/ Teamwork	▪ Various Shift Lengths	X	X	X
	▪ Telecommuting	X	X	
	▪ Staggered Start Times	X	X	X
	▪ Productivity & Labor Measures	X	X	
E = Employee, P = Physician, V = Volunteer				

5.1-1 Key Drivers Affecting Satisfaction

physician, and registered nurse who manages the PCT. Additional members of the team include: a licensed practical nurse (LPN), patient care technician, social worker, care manager, pharmacist, dietitian and housekeeper. Other professionals, such as physical therapists, respiratory therapists and chaplains, integrate with the PCT, as needed, to meet the full spectrum of patient care needs.

CHP/CHIS and HF are organized around the scope, design and services delivered with a focus on the community. Teams are comprised of content experts in order to provide high quality and value-based services, (i.e. sales, claims, community engagement).

To capitalize on diverse ideas and cultures, each key process has an owner responsible for engaging and empowering the appropriate stakeholders. This ownership creates a line-of-sight for those who have the responsibility for implementing the AP through the goal deployment process. Employees, volunteers, and physicians are segmented based on skills, expertise, job role, experience, and personal characteristics to maximize the benefits of diversity built into the team design described in 5.1-2. This team-based approach brings together the capability of expert knowledge and skills while enhancing the organization's agility, innovation and flexibility through the identification and enhancement of work processes and effective operations. HH sponsors the HQC, an annual celebration of the PII teams' successes which is held in the fall for the entire organization and community to participate. Many PII teams are comprised of employees, physicians and volunteers, and they are recognized for contributions in the process improvements made during the year. Activities are held to highlight the improvements, learnings, and successes including storyboard displays, recognition and awards.

HH uses specific communication methods (5.1-3) to strengthen trust and dialog between leadership, physicians, volunteers and employees. HH's high performance culture is defined through collaborative and community based partnerships illustrated in 1.2-2. These approaches result in a diverse set of ideas representative of shared goals and approaches focused on healthy communities and workforce.

5.1a(3) HH's Performance Management Program (PMP)

Team Type	Improvement Examples
PASTE	Improving Dietary Floor Stock Process (HRMC)
	PAC Conversion – Advanced Diagnostic Imaging (HRMC, HC)
	Women's Health – Making It Work 2 Floors Apart (HC)
	21 Days to Heal A Wound – Would Care/Hyperbaric Medicine (HRMC, HC)
	Outpatient Medications (HRMC, HC)
	Laundry Replacement Cost (HRMC. HC)
	Dysphagia Screening (HRMC, HC)
	Patient (ED) EMTALA Process (HRMC)
	Yellow Pages Cost Reduction (HH)
PASTEplus	Cardiac CPV (HRMC, HC)
	Surgical Abdominal/GI (HRMC)
	OR Smoothing (HRMC)
	QUEST Efficiency (HRMC)
	Incoming Call Strategy (CHP/CHIS)
JADE	IHRMMA (HH)

5.1-2 Primary Types of Teams

Types	Method	Frequency	Flow	Participants
This Week at Heartland	Paper/ Intranet	Weekly	One-way	E, L, P, V
Team Huddles	In-Person	Each Shift	Two-way	E, L
CEO Lunches	In-Person	Monthly	Two-way	Meeting Participants
Unit Employee Meetings	In-Person	As planned	Two-way	Unit Employees
Results Review	In-Person	Monthly	Two-way	Leaders
Cross-Functional PI Teams	In-Person	As planned	Two-way	Team Members
Educational Sessions	In-Person/ Intranet	Ongoing	Two-way	E, L, P, V
Leadership Meetings	In-Person	Monthly	Two-way	Leaders, PALS, Med Directors
Employee/ Volunteer Rounding	In-Person	Daily	Two-way	E, L, V
Patient Rounding	In-Person	Daily	Two-way	All Employees
Code of Conduct	In-Person/ Intranet	Annually	Two-way	E, L, P, V
Physician Dept. Meeting	In-Person	Monthly	Two-way	Physicians Support Staff Admininstration

Key: E=employees; L=leaders; P=physicians; V=volunteers
5.1-3 Key Employee Communication Methods

(5.1-4) supports high-performance work and workforce engagement through the alignment of key activities throughout the employee, volunteer, and medical staff workforce life cycle The PMP is comprised for four key processes: Organizational Inputs; Setting Expectations; Supporting Performance; and Acknowledging Performance. Based on inputs obtained from the SPP and SBA, organizational processes and strategic objectives, performance expectations are identified and sustained through identified Scope of Service, CC's, Individual Goals and Measures and Job Descriptions. Performance is supported through the prioritized AP and goals deployed from

5.1-4 Performance Management Program

5.1-5 HH Learning and Development Process

HH's operational plans which serve as one element of the annual performance evaluation for employees, physicians and volunteers. The remaining portion consists of behavioral, technical and functional competencies that support both a health care service focus for patients and customers and the service standards described in 3.2. Individual Education Plans (IEP's) are used when specific performance issues are identified. Leaders are evaluated using LEM, a transparent on-line evaluation manager system in which goals are aligned throughout all of leadership. The transparency encourages shared learning from those achieving high service and engagement results. Each strategy has measurable goals used to monitor outcomes. Each leader reviews progress toward goals with their one-up at their monthly RR allowing ongoing coaching.

The fourth element of the PMP is Acknowledging Performance. HH has implemented a Total Rewards Program that encompasses compensation, benefits and recognition approaches designed to reinforce high-performance work in an environment that supports and maintains a health care service and health improvement focus to achieve organizational goals. Compensation is broken down into three levels: employee, leadership and physician. Volunteers do not receive direct compensation. Employee compensation includes salary ranges set at a competitive level that allows for recruitment and retention of high quality employees. Ranges are evaluated twice a year and, as the market moves, ranges are adjusted and employee salaries are increased based on the market. Leadership compensation is impacted through high performance and market changes with individual, customer service, quality, safety and financial performance as the basis for incentive pay. Physician compensation includes base pay, with incentives based on productivity, quality outcomes, financial, and patient satisfaction. Additional key mechanisms for acknowledging performance for all workforce segments are HH Values programs, leadership rounding, and rewards.

5.1b(1) HH's workforce and learning needs are assessed using the inputs described in 5.1-5, ensuring alignment with organizational AP, PI and technology changes. The learning and development process is managed by the Education Resource Center (ERC). HH's operational and strategic plans, strategic challenges, CC's are aligned through SBA and

budgeting process and are presented to the ERC, which designs, delivers, and evaluates the learning and development process to ensure that it is effectively meeting the workforce learning needs at all locations.

HH conducts a comprehensive process to orient and assimilate all new employees, volunteers, and physicians into the organization. Each receives education on their first two days of employment covering organizational purpose, MVV, safety and security, compliance and ethics, COC, RespectCounts and patient rights/safety. Upon completion of this orientation, all employees, volunteers, and physicians receive job specific and department-level orientation. Ongoing job specific requirements such as licenses and certifications are validated and verified at their primary source prior to expiration. Annually, physicians are re-credentialed and have their skills validated through the Medical Staff Process.

Employee and physician education addressing key organizational needs begins with the annual strategic planning and deployment processes (2.1 and 2.2). As technology changes, new innovations and organizational improvements are identified. A plan is developed for the content, delivery method, and resources needed for education deployment and execution. Examples include ELMeR, Integrated Human Resources Material Management and Accounting (IHRMMA), obesity sensitivity, Spanish classes and IV pumps.

Input from employees, volunteers, physicians and managers are systematically gathered using a variety of data points from the KMP described in 4.2. Organizational learning and knowledge assets are incorporated into training as content experts conduct and facilitate educational sessions and new knowledge is identified and evaluated to determine if training would add to HH's process to share that knowledge across the organization (6.2a).

Step	Process
1	Identify and Define Job Description & Core Competencies
2	Conduct Behavioral Interviews & Activity Vector Analysis
3	Provide Orientation & Networking Pathway (first 6-12 m)
4	Provide Annual Evaluation
5	Develop Individualized Development Plan

5.1-6– Leadership Life Cycle

Opportunity	Description
Leadership Development Series	Core Curriculum & Electives
Leadership Development Institutes	Quarterly group education around service excellence leadership "must haves"
Health Care Advisory Board Fellowships (HCAB)	2 year programs: (1) Off site reward for high performers, (2) On-site joint development for senior leaders and physician partners
Functional & Technical Sessions	Targeted & Specific to role
Physician Leadership Academy	Core Curriculum & Electives Peer Review

5.1-7 Key Leadership Development Opportunities

As part of the People Plan, HH developed personal leadership attributes, PI, and innovation knowledge throughout a leader's or employee's life cycle as shown in 5.1-6. These steps allow for complete alignment of organizational expectations and culture to the capacity, capability, motivation and self-identified learning opportunities. Each leader and employee receives education and information from HH's organizational wide compliance function on ethical health care and business practices at the time of hire and annually thereafter. To ensure HH has leaders ready and able to embrace and achieve strategic challenges, each leader is placed on a Leadership Development Grid that details their behavioral and results expectations and has proven to be a useful tool in customizing development opportunities for each leader. This tool allows HH to identify its highest potential leaders for coaching/ mentoring assignments or promotions, as well as identifying leaders who do not or cannot meet behavior or outcome expectations for which remedial plans are implemented to affect desired changes.

Leadership and employee development opportunities within the People Plan provide each individual with a series of avenues for continued personal and professional development as shown in 5.1-7. These classes are facilitated both internally with certified content facilitators and externally by content experts as necessary. Transitional plans are implemented for departing employees, volunteers and physicians to ensure proper transfer of knowledge and consistent service levels.

Education and training are delivered via many avenues including the classroom, self-study, e-learning, role-playing, group interactions, train-the-trainer, qualified evaluators, super-users, mentoring, just-in-time training, and on-the job training.

5.1b(2) The reinforcement of new knowledge and skills begins at hire through orientation and incorporates the four types of knowledge important to HH in maximizing its potential, 4.2b (3), along with the KMP methods to collect and transfer knowledge in these areas. In addition to KMP, employees, volunteers, and physicians are provided the opportunity to apply new knowledge and skills on the job with the assistance of identified and competent preceptors and mentors. Additional educational programs that reinforce learning include mock-surveys, codes, drills, random audits, fairs and annual competency reviews.

Selection of the appropriate reinforcement tool is based on the needs of the learners. All leaders have access to a designated

education specialist to discuss learning needs for their staff and help evaluate their processes. Individual employees may identify their own learning needs for incorporating into their development plan for ongoing evaluation and measure through the PMP process. Exposure to lost knowledge from departing or retiring employees is minimized through ongoing cross-training, debriefing meetings and work shadowing prior to the departure of the employee.

5.1b(3) The ERC evaluates the effectiveness of education and training for leaders and employees through the use of the four levels of the Kirkpatrick Model and associated measurement activities. HRMC and HC clinical education specialists and non-clinical education specialists aligned with service lines and process to provide data evaluation, timely educational support, design expertise and continuity in meeting organizational goals. The evaluation phase of the HH learning and development process (5.1-5) serves as the basis for the assessment of effectiveness and achievement of the desired behavior, skill and/or knowledge and efficiency in delivery, timely training and development opportunities. On an annual basis, information from these evaluations provides key inputs into the SBA and SPP. Real time feedback from evaluations is assessed and incorporated into the next training session.

HH evaluates the effectiveness of education and training for physicians through processes including peer review, focused professional practice evaluation, ongoing professional practice evaluation, adherence to standards, ongoing continuing medical education, and board certification/recertification. Appointment to the Medical Staff is for a period of one year and reappointment occurs every two years. The focused professional practice and ongoing professional practice evaluations occur every 6 months. Information from these evaluations and processes provide development opportunities for physicians and is assessed. monitored and incorporated into the SBA.

5.1b(4) HH has a process that identifies the systematic approach to leadership development and succession planning, using both qualitative and quantitative data collected on each leader. Proactive identification assists the organization in matching leaders with a development experience when one is identified in the organization. This process supports HH's desire to develop and promote internally, with 68% of current leadership having been promoted within. Opportunities for development are fostered throughout HH such as a leader with hospital experience may benefit from an experience in CHP/ CHIS or the HC. For employees seeking career progression, HH provides preference in the hiring process and career planning services. Employees seeking a different position in the organization are provided the first opportunity through the internal posting of all jobs prior to an external search. Examples include access representatives seeking to clarify a career path and PCTs interested in a more specialized clinical career. Support is also available to those planning to accomplish more defined career goals, i.e. LPNs bridging to RN, radiology technologists training to become nuclear medicine technicians, and respiratory therapists becoming registered. The main sources for career progression are Stepping Stones, Growth & Development Assistance, and

beginning or re-energizing a career via learning basic skills through School at Work (SAW) (5.2-3).

Volunteer career advancement opportunities exist within the Project Youth Scholarship Program. This exposes youth from HH's service area to HH and the health care field to promote and generate interest. Scholarship dollars are awarded for hours students volunteer, monies held in escrow and paid upon acceptance into a health care field of study. Physicians have leadership opportunities through medical staff election, medical director appointments, Health Care Advisory Board (HCAB) Fellowship and PII.

5.1c(1) HH assesses workforce engagement and satisfaction data through a third party survey vendor that provides questions in 12 areas with the 4 key drivers (5.1-1) of HH's workforce engagement. Annually, HH conducts employee, physician, and volunteer surveys, and quarterly, an internal survey for HRMC to measure support and ancillary services. Additional measures of workforce capability, capacity, and retention are measured and reported on the BSC.

Survey results are analyzed to determine if needs and issues vary among segments of the employee population, i.e., by shift, job code, length of service, gender, etc. The results of the survey are shared and discussed with all employees at departmental meetings. HH's leaders develop AP that are monitored by the one-level-up leader. The leader's survey scores based on employee engagement measures for their area of responsibility, and effectiveness in addressing key issues and identified needs feed into the leadership development process and the annual leadership PMP.

In addition to survey results, the following assessment methods and measures are used to determine employee well-being, satisfaction and motivation:

- Exit Interviews
- Employee, Physician and Volunteer Focus Groups
- Dispute Resolution
- Coaching/Counseling
- Individual Education Plans (IEP)
- Retention/Turnover Rates
- Workers Compensation Data
- Health Risk Assessments (HRA)
- Employee, Physician, Volunteer Suggestions/Concerns
- Employee and Physician/CEO Lunches and Dinners
- Leadership Rounding
- CEO Forums

Data from these assessment methods are collected, analyzed, and used as inputs into the annual SPP, SBA (2.1), People Plan and within measurement scorecards to track performance.

5.1c(2) The HR Department, as part of the annual planning and the compliance process described in 1.2b(1), monitors and reviews the data from the above sources for trends and strategic challenges. If the data shows that segments of the workforce population are uniquely affected, they may be identified for further analysis and/or become the focus of a work team. Results are shared with SL as inputs to the SBA, strategic initiatives and operating plan. These results are also reviewed along with business results through the monthly RR (5.1a(3)) and BSC processes (2.1b(2), 4.1a(1)). Examples of improvements include: safety programs of ergonomics and lifting along with increases in mileage reimbursement, life and disability coverage for part-time employees.

5.2 Workforce Environment

5.2a(1) HH's workforce and physician management focuses on "the right people are in the right place at the right time" to support and accomplish HH's long-term strategic objectives, (2.2a(4)). HH's Labor Management program ensures that HH has the employee capacity to meet patient and community needs. This is accomplished through an automated productivity system report that leaders receive on a bi-weekly basis showing overall productivity for their areas measured by a range of 95-105%. To support leaders in managing their productivity, employee competencies, skills, and staffing levels, HH employs a labor coach to assist in the review and organization of work. Capability of the workforce is an ongoing process throughout the employee, volunteer and physician's workforce life cycle. HH's targeted selection process identifies specific behaviors, motivations and knowledge (competencies) critical to job success for each job role at HH. These competencies are embedded in the job description and the interview and selection scoring tools used in individual and team interviews. All individuals involved in the hiring process are educated in the use of the process.

5.2a(2) Employees, volunteers, and physicians are recruited using systemic processes including role specific methods that encompass traditional advertising in local, regional and national mediums, as well as targeted media such as minority publications, professional organizations, internet, job fairs, direct mail, service clubs/organizations and employee/ physician referral programs. Specific recruitment plans and approaches include input from both the hiring manager(s) and incumbent employee(s), which allow for greater breadth and diversity of the sourcing and selection of candidates and representative of the region's diversity, P.1-3. Relationships with local partners provide an ongoing pipeline for "hard to fill" clinical employees as indicated in 5.2-1. Interviews are conducted using behavioral-based criteria aligned with job

Partner	Talent Pipeline
MWSU	BSN, Med Tech, PT, Coder, IT
HTC	LPN, Paramedics, Radiology, Ultrasound, Surgical Tech
NCMC/ PVCC	ADN, LPN
AHEC	Medical Students, Dental Students, APNs

5.2-1 Recruitment Partnerships

descriptions for key stakeholders and position competencies. Peer and team interviews are conducted to ensure greater involvement and ownership into decisions.

5.2a(3) HH's workforce is organized around service lines and process areas (6.1-2, 6.1-3), which generates a synergistic energy that is focused on providing services to those in HH's service area. This structure allows HH's MVV to fulfill and understand customer relationships. Partnerships with physicians, volunteers and community hospitals allow HH to leverage both the high level of quality care and the cumulative technology and innovation, which maximizes HH's CC's. These activities and management of HH's workforce allows HH to respond to the changing landscapes of health care and business focus, such as leasing employees in hard-to-recruit areas to regional hospitals in HH's region and supplying faculty for the continuation of a paramedic program at the local

technical college.

5.2a(4) HH prepares its workforce for changes in both capacity and capability by deploying a team approach to maximizing standardization and process improvements while systematically monitoring and examining the proper levels of productivity through HH's Labor Management Program, (5.2a (1)). When capacity and/or capability requirements change, learning and development are deployed consistent with the process illustrated in 5.1-5. HH's staffing and scheduling system allows for a competency database to assist employees in finding matches for skills when changes in capacity occur, minimizing reductions of employees, volunteers and physicians and allowing HH to remain flexible to redeploy employees where needed.

5.2b(1) HH identifies, monitors, and improves workplace health, safety, security, and ergonomics through the multidisciplinary work design structure described in 5.2a(3). 5.2-2 depicts specific committees, measures and annual goals

Committee	Key Measures	Target	FY '09
Safety Mgmt.	▪ 5% reduction in patient-transfer related injuries from 3-yr average	▪ 5% fewer	7.4-23
	▪ 5% reduction in slip, trip, fall events than 3-yr average	▪ 5% fewer	7.4-24
	▪ 5% reduction in patient inflicted (new measure)	▪ 5% fewer	AUR
Fire, Safety, Risk (Life Safety)	▪ Fire extinguisher signage in place	▪ 100%	▪ 100%
	▪ Employee understands role in fire response plan	▪ 95%	▪ 92%
Medical Equipment	▪ Non-Life Support Equipment inspections completed on time	▪ 90%	▪ 96%
	▪ Life Support Equipment inspections completed on time	▪ 100%	▪ 100%
	▪ Medical equipment uses can explain the process for verifying medical equipment has a current inspection	▪ 100%	▪ 100%
	▪ Medical equipment uses can explain the process for requesting medical repair or inspection	▪ 100%	▪ 100%
Utilities Mgmt.	▪ Illuminations, Generator Testing	▪ 100%	▪ 100%
	▪ Building Maintenance Plan, PM Completion rate	▪ 100%	▪ 100%
Emergency Mgmt.	▪ Employee knows result of Community Disaster Drills	▪ 90%	7.5-9
	▪ Employee knows result of Code Black	▪ 100%	7.5-9
	▪ Employee able to tell today's national threat level	▪ 90%	95%
Security	▪ Physicians with appropriate ID	▪ 95%	▪ 94%
	▪ % of time security will respond within 3 min.	▪ 85%	▪ 100%
Hazardous Materials Mgmt.	▪ Employees know location of MSDS sheets	▪ 100%	▪ 100%

5.2-2 HH EOC Committees, Key Measures and Goals

	E	P	V
Touchstone	X	X	X
Stepping Stones	X	X	X
Growth & Development Assistance	X	X	
Sharing Success	X	X	
Wage Differential Option (WDO)	X	X	
36/40 Arrangements	X		
RN Career Development Programs	X		
Employee Incentive Program	X		
LifeCare®	X	X	
Convenience Services	X	X	X
Employee Assistance Program	X	X	
Wellness Programs	X	X	X
School at Work (SAW)	X	X	
Recognition Program - Center Stage Awards ▪ MVP Award ▪ Service Awards ▪ Model Leader Award ▪ Award of Excellence ▪ Outstanding Performance Award ▪ Cheerful Change	X	X	X
E = Employee, P = Physician, V = Volunteers			

5.2-3 Key Reward and Benefit Programs

as approved by the EOC Steering Committee, and monitored on the BSC (4.1a(1)). This steering team is comprised of representatives from each committee listed in 5.2-2. They provide oversight and feedback regarding the work performed and recommendations made at the committee level. Each committee, comprised of employee representation from all entities, targets the measures identified through the development of standards, data collection, segmented trending and reporting. With the diversity of workplace settings within the organization, the metrics are segmented, allowing senior leadership the ability to effectively monitor and respond to developing trends within the workforce.

Emergency conditions and basic employee response introduced in general orientation are linked to both the SPP (2.1a(2)) and specific Emergency AP at the department level to ensure role proficiencies within the work unit for anticipated emergency conditions including those described in 4.2b(2) regarding continuing access to data and information. National Incident Management System (NIMS) drills are conducted internally and externally with community emergency response agencies to evaluate the overall community's preparedness in responding to various natural or man-made disaster scenarios utilizing the process described in 6.1c.

5.2b(2) HH's benefit offerings are available to both full and part-time employees and physicians. Greater than 90% of eligible employees are enrolled in both the health and dental plans. Based on annual employee feedback, changes have been made to the health insurance plan and additional benefits have been offered, including on-site fitness and a child care learning center (August 2010) and Paid Time Off program. 5.2-3 shows a listing of key reward programs that support HH's high-performing and engaged workforce. The Touchstone Program assists employees in 2 ways. One unique benefit is assistance to those employees who have experienced an unexpected financial hardship. Another benefit is scholarship assistance for employees' dependents with the focus on "if we help our

employee's dependents, we are helping the employee." Employee wellness is a cornerstone to HH's approach to social responsibility and health improvement. HH's Wellness Connections Program offers a full-scale wellness program for all employees. As a part of the new hire process, employees are encouraged to complete a HRA that identifies health risks in 12 areas. Following the assessment. and annually, each employee receives one-on-one counseling from a health coach to develop an individual health and wellness plan. Recent activities reinforcing HH's commitment to healthy communities and employees include Community Pound Plunge, a smoke-free campus and based on tobacco cessation and body mass index (BMI) benefit discounts.

6 Process Management

6.1 Work Systems

6.1a(1) HH's three CC's determined the need for its four entities which are HH's major business lines and provide a framework for delivery of its products and services (P.1-6). The SPP supports how innovation and design of the work systems begins (2.1-1) and how possible opportunities are deployed via the SPP step 8 (6.1-1) illustrates that SBA data and inputs feed the PIM by identifying improvement opportunities. The SBA uses the VOC to identify strategies and opportunities for improvement. These are then prioritized during the PII selection process. Then, based on criteria, it is determined if projects are to be a PIT focus (PASTE) team for continuous improvement, a Six Sigma team (PASTE*plus)* with the goal of breakthrough changes or design/redesign of non-technology processes; or a JADE team for innovation or design of new technology. Each type of team is designed to improve one or more of the 6 key work processes (6.1-2. 6.1-3) which support the 4 work systems. Improvement of the 6 key work processes, supports the success of the 5 strategies set forth to achieve HH's MVV. Based on the internal and external needs of the 4 entities to deliver, innovate and sustain the CC's, the BOD and SL ensure that all key work processes (6.1-2, 6.1-3) will be delivered with internal resources and expertise if possible. If the expertise and capacity is not available or achievable in the required time frames internally, outside resources may be utilized with BOD approval, which currently are provided internally. When new processes and/or sub processes are identified to further support the 4 entities, process owners work through the SPP and PIM to identify resources required to maintain the process within HH.

6.1a2 HH's CC's were determined by the BOD to support the overall MVV. As the sole community provider, HH has taken a broad view to encompass a holistic approach to providing for the health of the community. This approach requires a high level of community participation and collaboration. The CC's were selected for their relevance to fulfilling the Mission through meeting the needs of the community and conceived to be symbiotic in nature and therefore, achieve and sustain long-term community-wide health. Providing a local health care insurance company (CHP/CHIS) designed to lower health care cost and promote wellness and prevention is beneficial for both the community and the delivery of health care. CHP/CHIS's, HF's, and HC's input into preventing disease and improving health coupled with HRMC & HC's role in healing/treating those who become ill at a state-of-the art local facility,

strengthens the community. The strategic initiatives and subsequent APs are developed for each CC and corresponding entities through the SPP. For example, CHP/CHIS was formed in 1994 at the request of business owners in the community, who wanted to better understand rising health insurance premiums and how they could lower costs. At the time, no insurer was interested in partnering with HH and sharing data, so HH decided to offer an insurance product as a vehicle for accomplishing health improvement and decision making by fact. Over the years, CHP/CHIS has developed a value added product by providing wellness services and data analysis as a part of the insurance product. However, due to its small size, CHP/CHIS struggled to remain financially viable in a highly competitive market. After thoroughly analyzing the situation and weighing various options, the CHP/CHIS BOD instructed administration to pursue options that removed risk, but still provided a vehicle for promoting health improvement and appropriate resource use. Following the PASTE process, a solution was presented to the BOD and approved. CHP/CHIS would partner with an insurance company that had the same Vision/Values as HH and while providing wellness, prevention, case management and data sharing services using HH's proven model. CHP/CHIS is in the process of implementing the solution at this time and expects full transformation into a health and productivity management (HPM) company within the year.

A Key Work Process model was developed in 2003 to define HH's 6 key work processes system-wide (6.1-2, 6.1-3). Each of these 6 processes is aligned to one or more specific CC's. The 6 key work processes are designed to meet the 5 strategies, which are in turn designed to meet the 3 CC's, i.e., Delivering Services is one of the key processes supporting the CC of delivering health care. The key care delivery processes were developed and since revalidated as the key work processes in the continuum of care necessary for achieving successful outcomes. The key process definition also enables an understanding of performance in the major aspects of delivering care and services and a focused attention on improving those areas that have the highest impact on the success of services' outcomes and sustainability of organizational performance.

6.1b(1) To effectively deliver customer value and organizational success, each of the 6 key work processes (Level 1) and the 23 key sub-processes (Level 2) are aligned and work in conjunction with one another to systematically deliver, enable and sustain each of the 4 entities (6.1-2, 6.1-3). Through HH's relentless focus to its CC's, the 4 entities are systematically executed via the consistent deployment of its key work processes and sub-processes across the organization. By utilizing the PIM to continuously strive to improve quality and efficiencies of the key work processes while driving down cost, each of the entities remain profitable and sustainable, contributing to HH's organizational success. By improving the health of the community through the efforts of HF and CHP/CHIS, the overall severity of illnesses of the population will be lowered, thus less costly to care for in both the HC and HRMC settings. HC and HRMC work collaboratively to ensure recruitment and retention of top-notch physicians and staff. In addition to the talent, the entities collaborate to provide leading

edge facilities, equipment and services to meet community health care needs.

6.1b(2) Through the VOC process (3.1-1), requirements and expectations for external and internal customers, employees, suppliers, partners and collaborators are gathered and incorporated into the key processes and measures (6.1-2, 6.1-3). In the listening and learning process (3.1-1), customer needs are identified and assessed during the SPP (2.1) and aligned with 1 of 3 methodologies comprising the PIM (6.1-1). The SBA (2.1-2) solicits feedback from key stakeholder groups to help identify the need for design and innovation within the 4 work systems. In the JADE methodology, customers, partners and suppliers are again asked to participate in the innovation and design (6.1b(3)). At the detail level, process requirements are identified during the JADE Phase 1 and PASTE*plus* phases 1 and 2. The underlying principle of the PIM is meeting customer and process expectations/ requirements. Meeting key customer expectations ensures value is added and increases the likelihood of organizational success. Integration is essential to the attainment of performance excellence. Key requirements of the VOC determine the key process requirements, which necessitate employee commitment, capability and competence to execute (5.2a). In each of the methodologies, a critical first step is translating customers' needs into process performance requirements. This is accomplished by assessing what outcome measures reflect how well the customer requirements are being met. Key process measures also identify focus areas within the process to enable attainment of even higher levels of organizational performance. JADE represents Six Sigma design principles and statistical tools used to identify key customer's needs, expectations and priorities and translate these into Critical-to-Quality (CTQ) design/redesign services and processes that meet CTQ's, and achieve Six Sigma level performance.

Process owners of key work processes are responsible for determining requirements by initiating the VOC methodology. Process owners also research regulatory and accreditation requirements and maintain awareness of the imminent operational changes that will impact/change key requirements. Imbedded as part of the PIM are patient safety, regulation, accreditation and payer requirements.

A JADE team, which designed and implemented the IHRMMA for all entities, is an example of listening to the VOC for both identifying the need for the IHRMMA and for the key requirements of the system design.

6.1c HH utilizes NIMS, the post-911 national model for disaster preparedness, which provides a comprehensive uniform structure and promotes collaboration and clear communication both for internal emergencies and when multiple organizations are required to collaborate in a community or nationwide disaster situation. All aspects of systematic and effective disaster readiness are covered under this model including prevention, management, continuity of operations for patients and the community, evacuation and recovery phases. TS is included in the disaster planning to

ensure uninterrupted access to key information and communications (4.2b(2)). HH conducts internal drills and participates in community-wide simulations to ensure all emergency readiness functions are prepared and evaluated to operate smoothly when an actual disaster occurs. HH staff participates in community, regional and statewide emergency planning.

HH ensures continuity in the event of emergency by focusing on the 4 elements of business: logistics, planning, operations and finance. A Command Center is established and assignments are given. HH allocates resources and leadership to deploy each element. With all elements, leadership observes, surveys and inventories all aspects affecting the community, facilities, customers and employees for gaps for which resolutions are drafted and implemented, as appropriate. In December 2007, the preparation was put to the test during a severe ice storm which led to a week-long activation of the disaster plan. The emergency response was effective and successful both within HH and in the community. HH was recognized for its superior response in meeting the community's needs. HH experienced learning and real-time cycles of improvement. For instance, "Camp Heartland" was formed to care for the children of the employees during their work shift. This unanticipated need first presented for 1-2 children but rapidly grew to nearly 100 children from infants through adolescents necessitating childcare 24/7 for several days to enable employees to continue to work, ensuring patient care needs were met while also satisfying employees' needs. Within that cycle of learning and a high performing culture, teams quickly implemented a child security plan to protect the children at Camp Heartland and secure appropriate resources to care for them, such as childcare volunteers, cribs, food, and entertainment. The high demand and excellent employee reviews of Camp Heartland demonstrated added support for developing an on-site childcare facility.

6.2 Work Processes
6.2a(1) PIM provides a disciplined approach for designing, innovating, managing, and improving HH services and associated key work processes. In SPP step 5, key support and business processes are identified and validated in conjunction with key health care delivery processes. They are designed, improved and managed using the PIM methodologies, (6.1-1). During the SPP the BOD approves the operational plans including PII team selection and allocation of resources based on recommendations made considering internal expertise and capacity. If internal expertise and capacity are not available within the required time frames, the BOD may approve use of external resources (6.1a (1)). Although PIIs are primarily selected during the SPP, the PIM Phase I "Identify and Define Opportunity" and "Assess Opportunity" may also be initiated whenever a need emerges in order to encourage ongoing innovation and improvements (6.2b(1)). New technology, organizational knowledge and agility are incorporated into the work processes, the SBA and implemented using the PIM. During design, outcomes, cost, cycle time, and efficiency factors are assessed prior to implementation and re-assessed through in-process measures.

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                        SBA

                 PII Selection Process

   ┌──────────────┐  No  ┌──────────────┐  No  ┌──────────────┐
   │ PII – Continuous│─────▶│ PII -Six Sigma│─────▶│ PII- Six Sigma│
   │ Improvement    │      │ Process       │      │ Process Design/│
   │ (WOT,PIT,etc)  │      │ Improvement   │      │ Redesign       │
   └──────────────┘      └──────────────┘      └──────────────┘
         │ Yes                 │ Yes                 │ Yes
   ┌──────────────┐      ┌──────────────┐      ┌──────────────┐
   │ PASTE        │      │ PASTEplus    │      │ JADE         │
   │ Continuous   │      │ Six Sigma    │      │ Black Belt   │
   │ Improvement  │      │ Black Belt   │      │ Support      │
   │              │      │ Supported    │      │              │
   └──────────────┘      └──────────────┘      └──────────────┘
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P- Problem
A - Analysis
S - Solution
T - Transition
E - Evaluation

Phases
I. Pre-Assess Opportunity
II. Define Opportunity
III. Analyze Root Cause and Defects
IV. Select Solution(s); Reduce Variations
V. Implement
VI. Evaluate/Control Defects and Variations

Phases
I. Identify and Define Opportunity
II. Develop Design Concept
III. Optimize Design
IV. Verify Design
V. Implement and Evaluate

6.1-1 HH Performance Improvement Model

in order to provide the best and safest care. HC has both operational and governance groups that discuss key requirements in partnering with HRMC to deliver high quality care. Health care delivery is measured, in part, through the medical record audit, the outcomes reports from clinical process improvement teams, and CMS demonstration projects, among others. Productivity is measured through cost/case, length of stay, clinic productivity and profitability. Finally, an annual survey of physicians is conducted to ascertain physician satisfaction with key processes and validation of the key requirements.

Owners of support processes focus on efficiency and effectiveness in design solutions, which include automation and outsourcing. One example is the design of a state of the art Computerized Physician Order Entry (CPOE) system in which the physicians enter their orders directly into the electronic pharmacy medical record system eliminating rework, billing errors, and transcription errors resulting in safer, more efficient care.

During JADE Phase II the project team interviews key internal and external customers to incorporate organizational knowledge and document CTQ's. Key stakeholders, which include suppliers, partners and pertinent internal leaders, are interviewed or asked to participate in the project as extended team members. Throughout the JADE phases, outcomes and cycle time are incorporated during process design by reviewing and validating CTQ's. The quality function deployment (QFD) tool is used to document the prioritized or weighted needs of the VOC and transform into the weighted technical specifications or requirements of the processes essential to meeting the CTQ's. JADE Phase II activities address technology, agility and patient safety during concept development. A Failure Mode Effect Analysis (FMEA) is conducted for a process or group of process steps that potentially impacts patient safety. The team identifies ways to reduce or eliminate risks identified and "mistake proofs" manual processes. By "mistake proofing" or eliminating the possibility for errors during the design phase, the potential cost of inspections, auditing and rework is avoided. JADE Phase III addresses process prototype testing to ensure design requirements are met. If the prototype test indicates requirements are not met, the process is adjusted and retested before full implementation. Phases IV and V reinforce implementation and ensure design requirements are met. Activities include aggressive monitoring of design specifications immediately after implementation and continued monitoring until design and solutions are stabilized, documenting post implementation issues and resolving root causes, monitoring of project results in PSC, and the transitioning of project results to appropriate Leader's RR.

HH has both formal and informal structures in place that facilitate physician partnership, essential for the success of the organization; i.e., the traditional Medical Staff Committee structure exists as well as the QMB and SPP. Both structures provide an avenue for establishing reciprocal key requirements

6.2b(1) Embedded within Phase V of the PIM methodologies are defined implementation/change management principles and methodology including a transition/implementation step. Approval for identified implementation and/or change is obtained from the identified key stakeholders and process owner, and standardized where possible to facilitate spread and ease of implementation and management. Standards/policies and procedures are developed and deployed through education and training. Education on the change is rolled out to all stakeholders in an organized and systematic fashion. Smooth implementation is achieved through collaboration and clear communication of performance and expected results. An overarching example of an organizational PII is the implementation of the EMR, known as ELMeR, requiring the coordination and collaboration of employees, physicians and external vendors to implement successfully across the organization.

During day-to-day operations, in-process measures are used to drive performance in the key work processes (6.1-2, 6.1-3). Each of the 4 entities has structures in place to routinely review results and respond to changes appropriately, e.g. weekly operations meetings with leadership. BSC, entities, RR, and individual RR sessions are routinely used at all leadership levels to ensure performance is meeting expectations set forth in the design of the process. Key measures are monitored in the PSC and reviewed at the Performance Management Council (PMC). The PSC are available on-sight for review, which include Levels 1 through 3 outcome and in-process measures. The PMC, comprised of each of the key process owners, provides oversight of the key processes to ensure customer requirements and performance expectations are being met. PMC ensures interdepartmental

collaboration is occurring and recommends PASTE teams when needed for under-performing processes within their scope and resources. Information on key process performance is elevated to the O's & A's to highlight significant improvements or lagging performance. Recommendations are made to O's & A's when resources or PASTE*plus* team approval is needed to address cross-functional or resource intensive issues. At PMC knowledge and learning related to the key processes is shared so that collaboration and organizational improvement occurs (4.2a).

For all Level 2 processes, key performance measures include in-process and outcome measures monitored by the key process owners to ensure key requirements are achieved. Leaders incorporate these measures into their RR and review with the appropriate one-level-up SL to confirm successful measures or discuss root cause issues behind goals/measures not achieved. Key process owners conduct weekly rounds in which they dialogue with customers to obtain specific feedback regarding process performance as well as early indications that customer expectations are changing. Supplier and collaborator input is obtained throughout the year, P.1b(3-4). For instance, HH key supplier has scheduled routine on-site meetings with SL to review supply needs, supply chain requirements, new contracts and standardization opportunities. That information is used to manage the key processes. The RR Process (4.1b) is used to evaluate, identify, revise and or reprioritize plans; to ensure that the organization continues to meet its defined objectives within the established operating and capital plans. **6.2b(2)** In addition to the design of health care delivery processes using PIM, expectations for HRMC and HC patients are addressed on a daily basis through the use of the PCT described in 5.1. When a patient arrives, the PCT meets with the patient and family to develop the plan of care; expectations are clarified and synchronized, and an individualized treatment plan is produced to identify special needs of the patient. Special patient needs are emphasized and noted during the admission process and with each plan of care review. An in-depth medical, social and family assessment of the patient is conducted and included in the individualized plan of care. Important aspects of the care plan and health care service delivery processes are discussed daily (for IP services) with the patient during the Diagnosis and

Core Competencies	Strategies	Key Work Processes	Key In-Process Measures/Item#

3) Community Health Improvement — Employer of Choice		**L1** Manage Workforce
		L2 Design Work Systems
		  Talent Acquisition
		  Learning and Development
		  Motivate and Retain Staff
		Outcomes:
		▪ *Capacity/7.4-18*
		▪ *Days for Approved/posted to accepted (w/out PRN) /AUR*
		▪ *Capability/7.4-18*
		▪ *Employee satisfaction/7.4-1*
			▪ TAT: background checks/reference beginning to offer extended/AUR
			▪ Organizational orientation completed within 30 days/AUR
			▪ Days approved to post 7.5-24
			▪ DART/7.4-23
			▪ OIR/7.4-23
			▪ Retention rate/7.4-19

Exceptional Customer Service		**L1** Provide Exceptional Customer Service
		L2 Develop Customer Knowledge
		  Manage Customer Relations
		  Determine Customer Satisfaction
		Outcomes:
		▪ *Customer Satisfaction/7.2-1*
		▪ *Member satisfaction/7.2-6*
			▪ Customer requirements/7.2-2 thru 7.2-6
			▪ Complaints per adjusted day/7.2-11
			▪ IP complaints closed by discharge /AUR
			▪ OP complaints closed within 7 days /AUR
			▪ Internal satisfaction/7.18
			▪ Average days to close grievances/7.5-33

2) Individual Health Improvement — Learn, Grow, & Innovate		**L1** Enhance Growth
		L2 Conduct Strategic Planning Process
		  Assess Operational Plan Performance
		  Manage Organizational Knowledge
		  Grow Products and Services
		Outcomes:
		▪ *IP Market share/7.3-12, 7.3-13*
		▪ *OP Market share/7.3-16*
		▪ *Variation of performance to plan/ AUR*
		▪ *Overall time to market/AUR*
			▪ Performance of new business/ 7.3-19
			▪ Provider growth/7.5-29

1) Delivering the Best and Safest Care — Benchmark for Quality		**L1** Deliver Services
		L2 Access
		  Assess Needs
		  Identify Problem
		  Deliver Services
		  Follow-up
		Outcomes:
		▪ *Assessment completed and plan developed*
		▪ *Mortality/7.1-2*
		▪ *CMS composite scores/7.1-6*
			▪ CMS: in process measures/7.5-1 thru 7.5-6
			▪ Patient assessments/7.5-10
			▪ Initial assessment completed per standard/AUR
			▪ Diagnostic Testing TAT/7.5-14
			▪ VAP/7.1-12
			▪ CLAB/7.1-13
			▪ Complication ratio /7.1-4
			▪ HC door to departure (cycle time)/7.5-16
			▪ Radiology no-shows/7.5-15

		L1 Deliver Administrative Services
		L2 Manage Support Services
		  Manage Partners
		  Manage Facilities and Equipment
		  Model Social Accountability
		Outcomes:
		▪ *Provider satisfaction/7.5-28*
		▪ *Physician satisfaction/AUR*
			▪ Bed TAT/AUR
			▪ Quality of Food/7.5-26
			▪ TS: ELMeR uptime/7.5-19
			▪ Internal fill rate/7.5-25
			▪ External fill rate/7.5-25
			▪ Preventive maintenance on medical equipment completed/7.5-31
			▪ Charitable contributions/7.6-7
			▪ Help desk resolve time/7.5-20
			Accuracy of order entry/7.5-23

High Value, Available Service		**L1** Manage Financial Performance
		L2 Manage Revenue Cycle
		  Manage Expenses
		  Provide Financial Solutions
		Outcomes:
		▪ *Operating Margin/7.3-4*
		▪ *Total Margin/7.3-3*
		▪ *Days cash on hand/7.3-7*
		▪ *Supply expense p/CMI adj discharge/AUR*
			▪ A/R days/7.3-8
			▪ Point of Service collection/AUR
			▪ Average clean claim TAT/AUR
			▪ Contract Savings/AUR
			▪ Timely charging/7.5-34
			▪ Charging accuracy/7.5-34

6.1-2 Key Health Care Delivery Processes, and Measures: Key Work Process Model with Level 1 (L1) and Level 2 (L2)

Key Process Requirements
Accuracy
Effectiveness
Timeliness
Efficiency
Regulatory

6.1-3 Key Process Requirements

Treatment processes including testing and treatment, risk/benefits, anticipated outcomes, length of stay and review of the discharge plan in order to validate agreed upon expectations. Patient preferences and needs are incorporated into the plan of care through all of these interactions and is used to manage the patient's treatment throughout the episode of care. Needs which remain unmet but don't require continued care in that particular episode are incorporated into the discharge and follow-up plan. These follow-up items are evidenced in the discharge summary and discharge instructions.

In HC, the PCT consists of the physician, nurse, and support staff. Individualized care planning and treatment activities occur but are modified for the ambulatory setting in which the care/treatment is delivered in short episodic visits and continued into the home or other setting. CHP/CHIS delivers the same five key processes, but on a patient population basis, and HF delivers at the community level, focusing on youth needs (6.1-2, 6.1-3). These two work systems, through VOC and various listening and learning methods ensure that they are identifying and addressing their customers'/stakeholders' expectations in their service and product delivery processes.

Key process requirements, including patient safety, regulatory, accreditation and payer requirements are addressed through day-to-day management of the key health care processes by PCT. PCT monitor the individualized plan of care to assure it is being followed and track performance. The PCT leader monitors critical in-process measures on a regular basis and reviews variances with the patient care staff for immediate resolution of any variance observed. Due to the differing patient requirements, clinic in-process measures are collected post-visit and aggregated. In-process measures are established in sub-process areas that have the greatest influence on the outcomes of the process. The PCT monitor performance including in-process measures on a daily basis and take action to correct variances and identify opportunity for improvement, as appropriate. For those processes that have been improved using PASTE*plus* statistical methods, check sheets, care procedures and practices are used for control. The overall patient experience is measured via PG surveys (3.1). Results from customer feedback are used to improve the facilities, programs and processes. The innovative design of the new facilities was in response to the demand for a healthy, healing environment that included private rooms, natural light, family areas and calming décor.

Three key performance assessment approaches are also used for control and improvement of health care processes that include real time customer input. The first approach, leadership rounding, involves all leaders in the organization (1.1b(1), 5.1a (1)). The second approach is the PA interaction; an expert in patient advocacy and patient rights, this individual is available to the patient/customer and employee to advise and offer input. The third approach is the Event Management Program (3.2). The input received from these three approaches is used to

supplement the regular in-process and outcome measure review processes with qualitative information from patients

6.2b(3). HH adopted the Six Sigma approach to process management to prevent or mitigate the occurrence of defects/errors. Extensive testing is conducted (JADE Phase III) prior to the implementation of a solution to mitigate defects in production state. By eliminating defects in the design phase through FMEA and "mistake proofing" or hard wiring prevention strategies the need for inspections and audits is eliminated or significantly reduced eliminating that cost. The team develops metrics that include the first-pass rate as well as post-inspection rate. In conjunction with eliminating inspections and audits, HH leaders develop necessary or value-added inspections and audits to ensure regulatory compliance and patient safety. Necessary inspections and audits are incorporated into design and improvement solutions (PIM) to ensure regulatory compliance and measure performance. The objective of these is to inspect or audit at the point-of-service and mitigate retrospective audits. Examples of point of service auditing are the use of checklist, printed orders or mandatory fields in ELMeR, safety rounding, regulatory tracers, EOC rounds, and NPSG observation audits such as hand hygiene. All four entities utilize specific forms of inspections and auditing, appropriate for the area, to ensure compliance to standards whether patient, employee or business process related. During the respective evaluation steps in each of the PII methodologies, measures are developed to confirm solution stabilization and the effectiveness and efficiency of processes. These measures may be incorporated into the LEM to ensure alignment of goals and to maintain focus. In-process and outcome measures are proactively monitored, out-of-control processes identified, root causes are isolated and corrective AP implemented to eliminate or mitigate recurrence.

6.2c Work processes are continually being evaluated in order to improve internal performance, decrease variability and improve health care services and outcomes while being fiscally responsible to ensure sustainability. The QMB oversight, PMC oversight with O's &A's review of results, and the RR processes all serve to monitor the organizational performance in a structured, ongoing manner to ensure alignment to HH's MVV and CC's. The SBA allows leaders to evaluate, identify and define process improvement opportunities. The PMC may recommend approval of resources to address key process issues as they arise and as identified during the SBA. SL assess the opportunities, prioritizes and selects the PII using the criteria shown in 2.2-1. The PIM provides a disciplined approach for PIIs and designing, innovating, improving and managing HH services and key work processes and sub-processes.

The PII scope and resource requirements dictate whether the PASTE, PASTE*plus* or JADE methodology is used (6.1-1). The PASTE process is the foundation of the more robust PASTE*plus* model, used for the more complex PII requiring analytical skills which incorporate Black Belts. PASTE*plus* incorporates lean concepts and Six Sigma continuous improvement principles and tools to help identify and reduce process variation (i.e. FMEA, RCA, Mistake Proofing).

Improvement or design of key and sub-processes and outcomes is achieved through the use of interdisciplinary teams who follow the PIM and focus on achieving best practice. Monitoring of performance occurs at Level 1 on the BSC, Level 2 are outcome measures on the PSC and BSC while Level 3 and 4 process measures are on the PSC.

Upon completion of PIM activity, the team develops a storyboard and present during the annual HQC celebration and recognition event (5.1a(2)). Improvements and lessons learned are shared throughout the organization through the KMP (4.2). Improvements made, or lessons learned, as the result of risk management events or root cause analyses are spread through HH via learnings from PII teams are communicated within the team process with relevant areas and recorded in the KMP log (4.2b). Activities of PIIs are placed on the HH Intranet to facilitate communication, education and sharing of lessons learned. Organizational learning and innovation have been an outcome of these opportunities and have resulted in additional improvement initiatives for different business units. For example, the success realized in the Cardiopulmonary Vascular (CPV) PASTE*plus* Team with development of labor standards, optimal skill mix and techniques to manage daily labor productivity is being replicated in other service lines. In addition, the improvements in supply utilization, vendor pricing contracts, minimizing par levels on hand and maximizing supplier rebates/discounts are being replicated throughout the service lines as well. The next phase is to expand the supply chain improvements throughout the organization and into non-clinical areas. On an annual basis the overall effectiveness of the PIM is evaluated and any opportunities for improvement and additional skills required to meet the needs of the organization are identified, reviewed and considered for approval by the PI Oversight Group. Over the past 4 years, the PIM has also gone through several cycles of improvement and refinement. The most recent is the incorporation of lean tools into each of the methodologies.

7 Results

In the following section are key measures that demonstrate how HH is meeting its Vision to be the best and safest place to receive health care and live a healthy and productive life (P.1-1). Best and safest is exemplified in the measures utilizing CMS and AHRQ patient safety indicators for HRMC and HEDIS measures for HC. In addition, healthy community impact is reflected in the HC and HF measures. Overall HH is providing exceptional care and services for the community with exceptional outcomes.

7.1 Health Care Outcomes

7.1a HH demonstrates exceptional performance inHealthGrades comparative data base ranking in the top

2004	2005	2006	2008	2009
8 out of 13 Patient measures met or exceed HealthGrades Best Hospitals	7 out of 13 Patient measures met or exceed HealthGrades Best Hospitals	9 out of 13 Patient measures met or exceed HealthGrades Best Hospitals	7 out of 13 Patient measures met or exceed HealthGrades Best Hospitals	8 out of 12 Patient measures met or exceed HealthGrades Best Hospitals

7.1-1 Patient Safety

meeting or exceeding HealthGrades Best Hospital scores on the majority of the patient safety indicators included in the comparison as depicted above. In 2008 HH is recognized as being in the top 0.5% of hospitals in the nation for sustaining exceptional performance for 5 consecutive years.
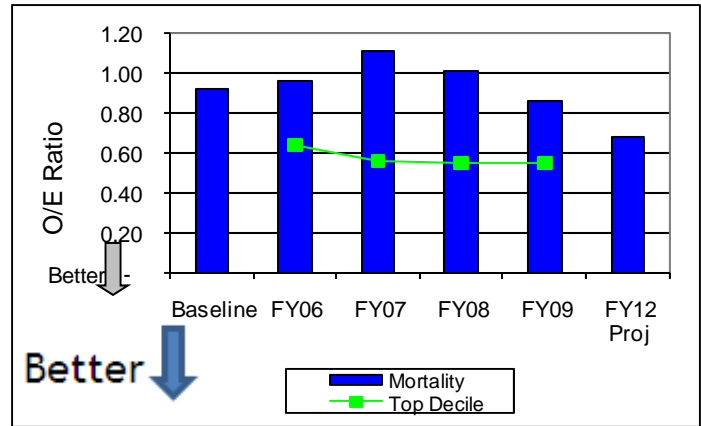
7.1-2 Mortality Ratio

Health care organizations are expected to monitor patient mortality and complication rates. HH is participating in QUEST, a 3-year national collaborative focused on reducing mortality, improving quality through evidenced based care, increasing transparency and reducing cost at the same time. The CA database is used to calculate the observed / expected mortality ratio; (O/E) a ratio of 1 is the expected rate, below 1 is better than expected. The comparative is top decile performance within CA. HH has significantly reduced the mortality ratio since the collaborative started in 2007.
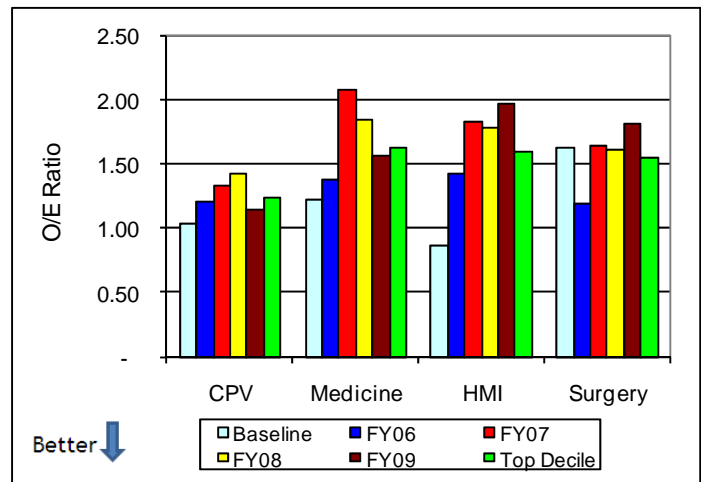
7.1-3 Mortality Ratio by Service Line

The mortality ratio is segmented by service line and the comparative is the top decile within CA. The mortality ratio within the CPV and Medicine Service Line has decreased significantly through focused efforts of PII teams. CPV and medicine are performing below the comparative. Note: the W&C service line rarely experiences patient mortality, so it is excluded. It is included in the overall morality ratio accounting for the ratio differences noted in the segmentation.
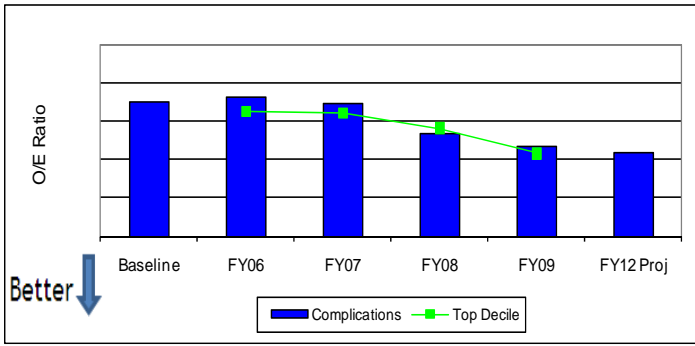
7.1-4 Complication Ratio
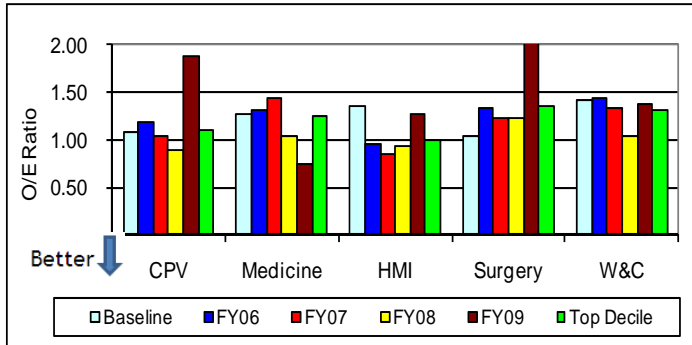
7.1-5 Complications by Service Line

The HH patient safety indicator of complication rate is an index of 20 individual safety measures using AHRQ definitions and obtained through CA. This reflects the observed/expected complications from CA. The comparative is top decile. HH focuses on prevention and has improved performance on the BSC quality/patient safety index. The complication ratio is segmented by service line and the comparative remains the top decile within CA. The FY09 ratios exceed top decile in 4 of the 5 service lines and has
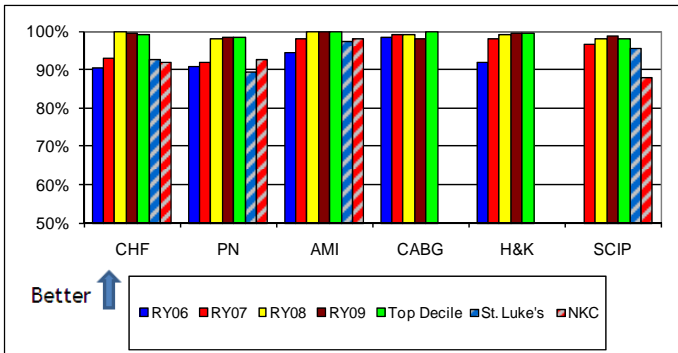
7.1-6 HRMC HQID Core Measures Composite Scores
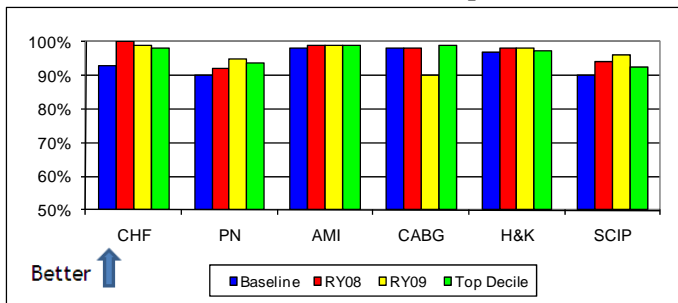
7.1-7 HRMC HQID Core Measures Appropriate Care

significantly decreased in Surgery as a result of focused PI efforts. Medicine experiences zero complications. HH participates in the CMS HQID project and TJC core measures

for 6 patient populations. The HQID composite scores (7.1-6) for these measures represent the consistency of performance of all individual measures within each population. For HQID ACS (7.1-7) the measures represent the "all or none" score reflecting the percentage of patients who received all recommended evidence based care within each population. For both measures HH is performing equal to or better than top decile in the nation 5 of 6 measures. Regional data is unavailable for 7.1-7. FY12 projection for overall performance is 96%.
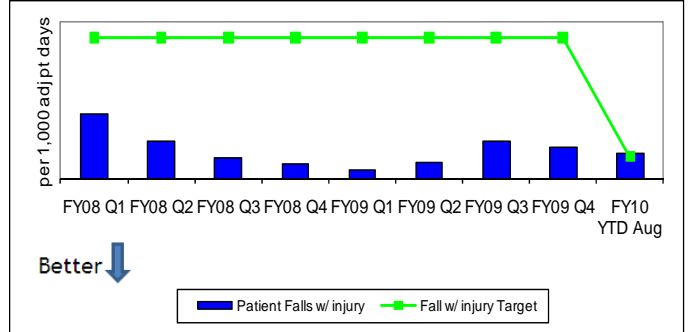
7.1-8 Patient Falls with Injury per 1000 pt days

Falls with injury (7.1-9) has declined as a result of focused efforts to improve patient safety. HH rate of falls with injury is well below the target. This rate is reported on the BSC and PMS for HRMC and HC.
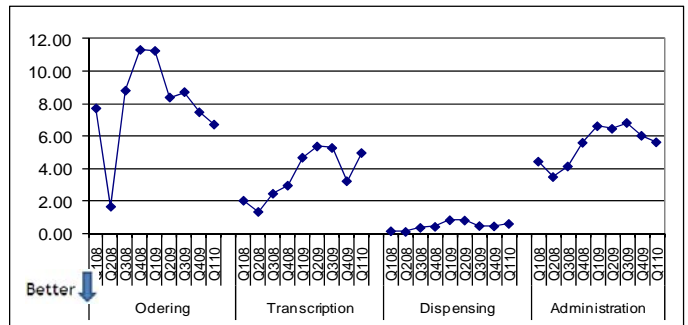
7.1-9 Medication Errors per 10,000 Doses

The metrics are segmented results by the 4 sub-processes of the medication management process. Through focus on evidenced based protocols and the optimization of ELMeR improvement has been achieved in 2 of 4 areas in Q209 and Q309. Electronic auditing features have increased data capture causing artificially inflated error rates post-ELMeR. Continued focus on targeted high risk medications identified through the IHI benchmarking will drive further improvements as well as CPOE planned to go live in FY11.
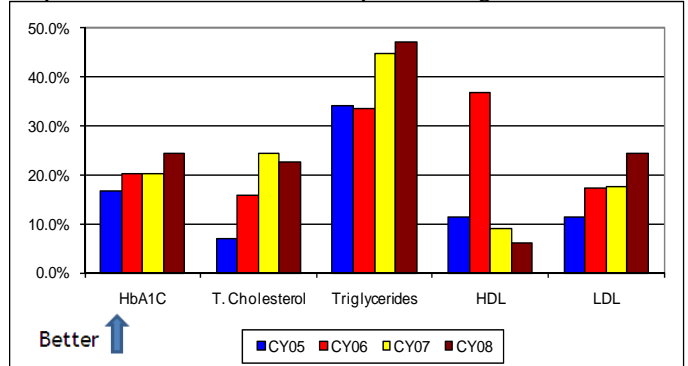
7.1-10 Medical : Diabetes % Improvement in HbA1c and Lipid Profile

31

HH diabetic patient's test outcomes have steadily improved in all key diabetic indicators year over year indicating better health management.
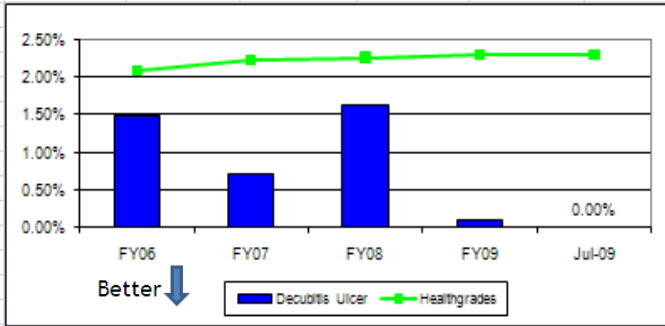
7.1-11 Medical Decubitus Ulcer Rate

HH consistently remains in the top 15% of performance in the HealthGrades national comparative database for prevention of decubitus ulcers and recently was recognized as one of 24 hospitals in the nation (top 0.5%) to maintain this level for 5 consecutive years. Implementation of ELMeR allowed for alerts / reminders for staff to implement appropriate care plans to prevent decubitus ulcers.
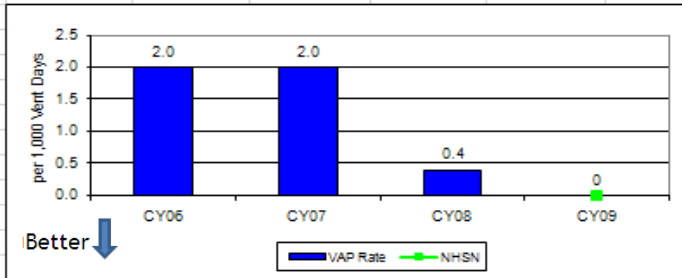
7.1-12 CPV VAP Rate
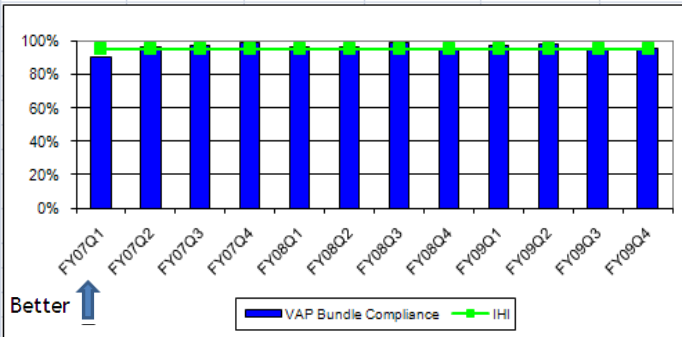
7.1-13 CPV VAP Bundle Compliance

VAP is exclusive to the ICU and is an important indicator of patient safety. Using standardized evidenced based protocols (care bundles) as part of the IHI collaborative. HH is meeting NHSN top decile comparative of zero in CY09 to date. At the time of printing, there has been zero VAP since September 2008 (12 months). Adherence to the VAP care bundles or standardized protocols is closely correlated to VAP outcomes and shows HH compliance to evidenced based guidelines, reaching the goal of 100%.

7.1-14 W&C's Services: C-Section Rate

C-section rates remain markedly better than the ACOG evidenced based goal since 2006 demonstrating excellence and reliability in care delivery.
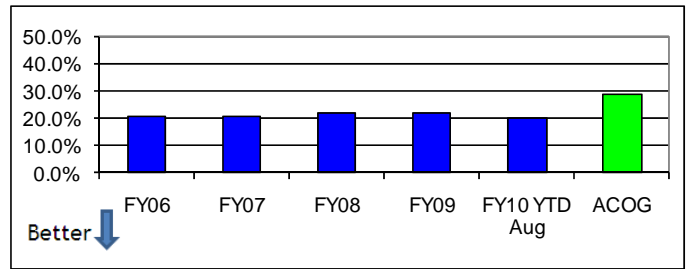
7.1-14 W&C's Services: C-Section Rate
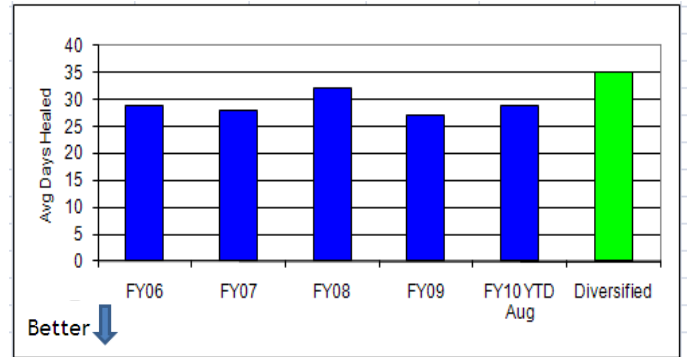
7.1-15 Medical Services Wound Care Days to Heal
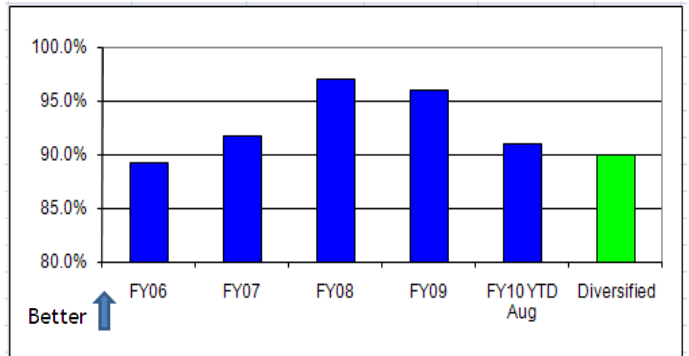
7.1-16 Medical Wound Care Percentage of Patients Healed

HH participates in the MEDLINK national comparative database for wound management which includes 300 Diversified Wound Care Centers. The care provided by the physicians and nursing staff in the Wound Care Clinic remain consistently better than the comparative. HH is the best performer in the database. The marked improvement in FY09 and since FY07 respectfully is a result of PI efforts including refinement of care protocols.
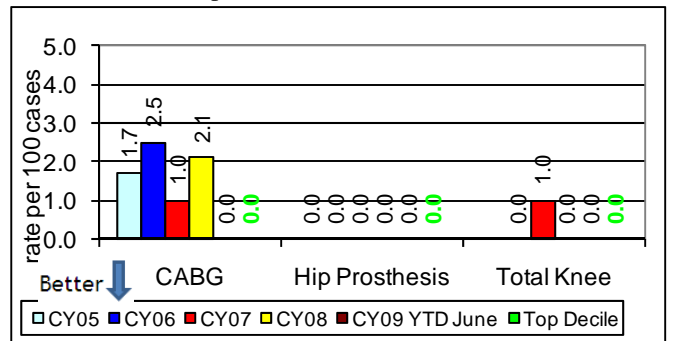
7.1-17 Surgical Services Surgical Site Infections

Two of 3 populations monitored closely for infections equal top decile performance with zero infections CABG is in the top quartile in the nation and HH is focusing efforts to improve.

32
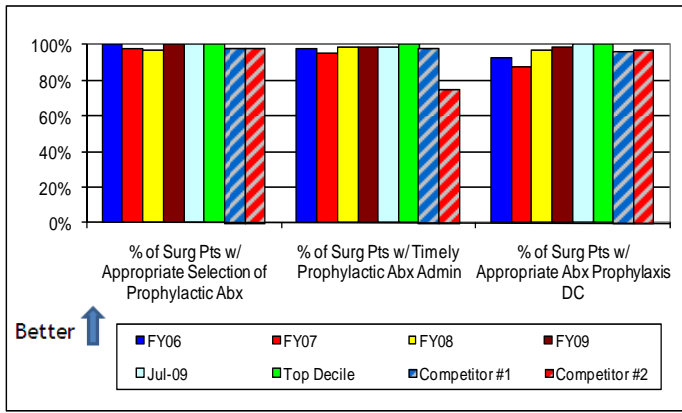
7.1-18 Surgical Services HQID SCIP

HH participates in the CMS HQID project and TJC's core measures. One focus is surgical care improvement including antibiotic management to prevent post surgical infections. These three key measures indicate HH is consistently performing at or better than the top decile in the nation.
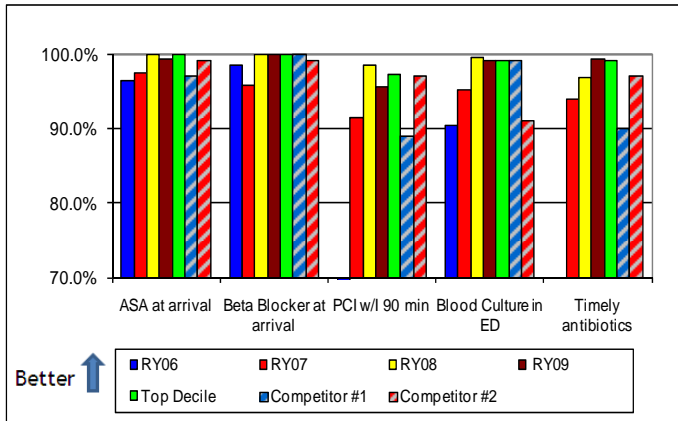
7.1-19 Emergency Services Key Performance Measures for AMI and PN

Five key ED indicators for AMI (2) and PN (3) quality and efficiency of treatment demonstrate HH performs better than regional competition and the nation in the HQID project and TJC core measures.
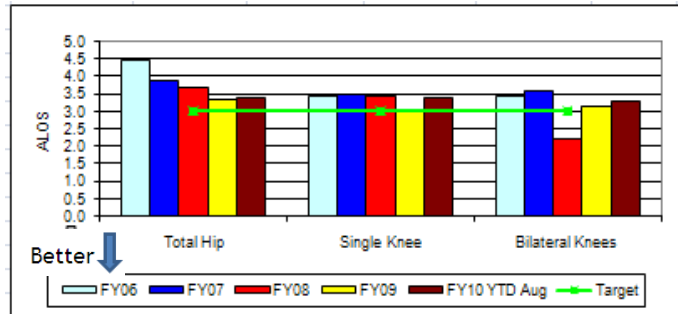
7.1-20 HMI Length of Stay

Length of stay is a key indicator of HH's ability to effectively manage and efficiently treat its patients while reducing complication and mortality ratios improving quality. The PCT ensures excellent results by using interdisciplinary care plans in case management. HH performance remains at top decile.
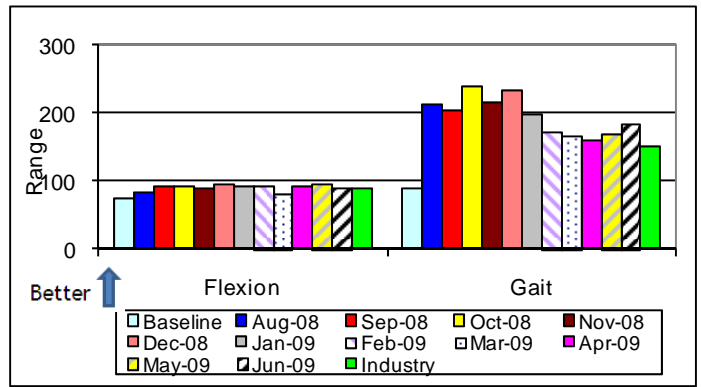
7.1-21 HMI Outcomes

Flexion indicates a patient's ability to flex the joints and gait is a patient's ability to walk. HH HMI outcomes for total knee replacement patients indicate marked improvement in both flexion and gait which is meeting or exceeding industry standards.
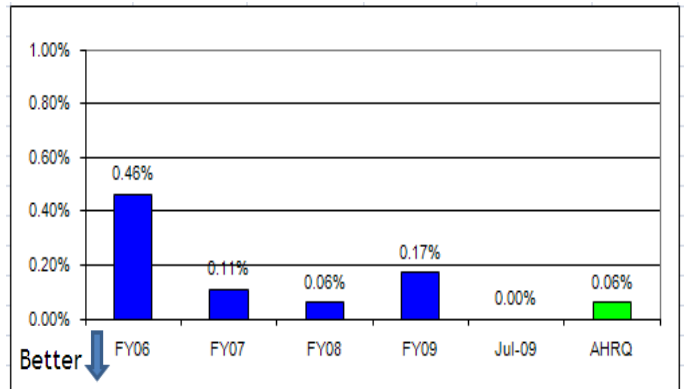
7.1-22 W&C Newborn Birth Injury (Trauma)

HRMC participates in the AHRQ measures for patient safety. Birth Trauma is one indicator monitored by AHRQ which is also used by HealthGrades, an independent comparison company which has ranked HH as being in the top 15% of hospitals in the nation for five years and most recently in the top 0.5% of hospitals in the nation for sustaining that level of performance for five consecutive years. HRMC has markedly reduced the incidence of newborn injury during birth with zero in FY09 to date, performing better than the AHRQ database comparative.
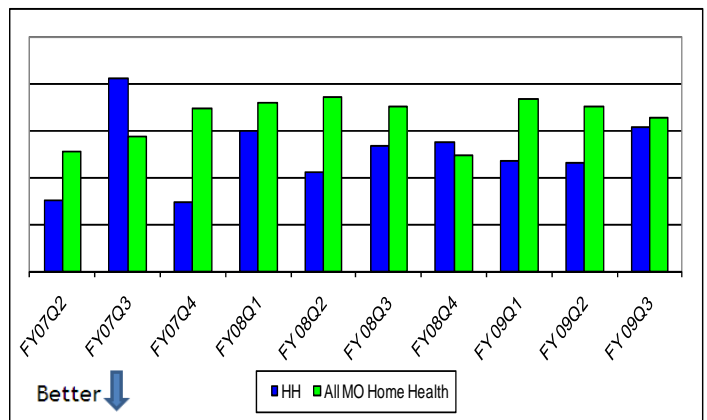
7.1-23 Home Services: Percentage of Falls

HH Home Health patients consistently have fall rates well below the MO Home Health agency comparative in 8 out of 9

most recent quarters, demonstrating very reliable, safe care is provided.
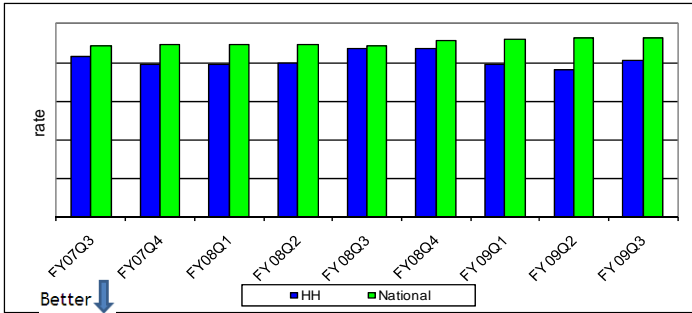
7.1-24 Home Service: Hospitalized Patients

HH Home Services' hospital admission rates consistently run well below the national comparative as a result of effective care management in the community.
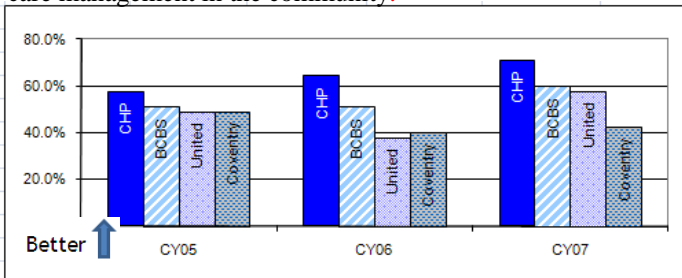
7.1-25 CHP/CHIS: Overall HEDIS and Competitors

HEDIS data offers dynamic comparative data for plans to compare their performance to that of their competitors. When comparing CHP/CHIS performance to the other health plans offering health insurance in NW Missouri, CHP/CHIS's overall HEDIS performance continues to improve each year, and surpasses that of the competition in the area.
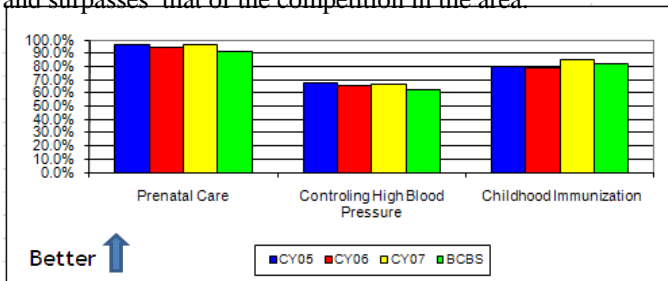
7.1-26 CHP/CHIS HEDIS Preventive Care Measures

Examples of CHP/CHIS's performance in reference to individual HEDIS measures compared to competitor. When calculating NCQA health plan accreditation scoring, CHP/CHIS continually scores in the top decile nationally for the above measures. In calendar year 2007 the plan scored in the top decile for two-thirds of the HEDIS measures eligible for accreditation scoring.
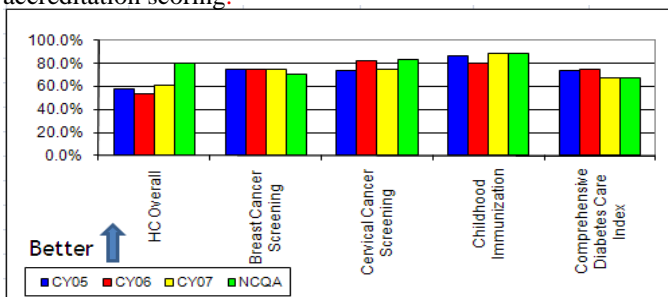
7.1-27 HC HEDIS Preventive Care Measures

Overall HC HEDIS performance has improved. Compliance in reference to several domains of care have now met or surpassed the 75th percentile comparative as a result of focused efforts to increase health screenings and other preventive care to improve the health of the community.
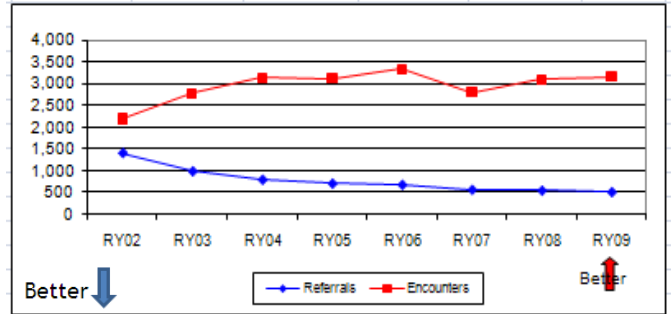
7.1-28 HF Dental Clinic: SJSD Referrals

HH funds an award winning youth Dental Clinic. HH's partner, SJSD, provides school nurses to inspect each student's oral health annually. Problematic cases of Medicaid and uninsured students are referred to the clinic. Once the customer relationship is established, students become regular patients. As the clinic becomes more successful, school referrals decline because oral health is improving. Further, growth of all youth Dental Clinic encounters is growing as relationships and improved access in the region yield more total encounters This is one way HH has partnered with SJSD
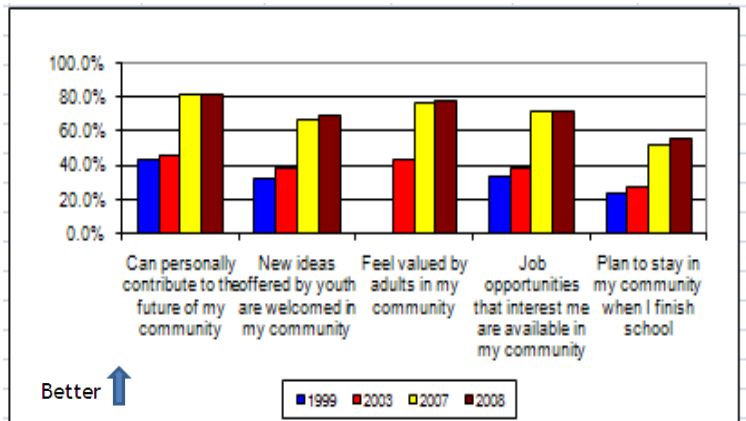
7.1-29 HF: Youth Response to Social Accountability
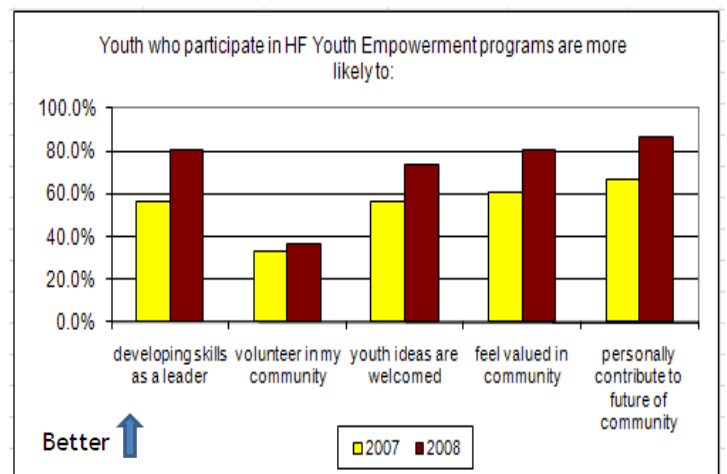
7.1-30 HF: Youth Response to Building Leadership Skills

HF's focus is improving health in large part through supporting youth development. Measures through the America's Promise Study reflect youth who participate in the emPower Plant continuum of learning activities are more likely to demonstrate behaviors that research shows strongly correlate with social accountability and individual success, HF was named the only America's Promise Partner in the nation for its unique and innovative programming which addresses all 5 of the America's Promise focus areas for improving the health and behaviors of youth across the nation. Results in 2007 and 2008 show significant improvement in youth's socially accountable behaviors.

Activity	Pre	Post	Improvement
Pull Ups	2.81	3.67	30.6%
Vaults	8.9	11.14	25.1%
Sit Ups	28.44	38.16	34.2%
Step Test	1.9	3.8	100.0%
Pole Climb	35.9	42.0	16.8%
Flex Arm Hang	0.01	0.02	27.3%
Pacer	30.1	38.4	27.6%

7.1-31 Physical Improvement Through Project Fit
Youth who participated in Project Fit showed significant improvement in physical fitness in 2009.

7.2 Customer-Focused Outcomes
7.2a(1) 7.2-1—7.2-5 compares PGs mean score equivalent of the 75th percentile and a unique index of 7 past national health care Baldrige recipients who are PG customers. The PG 75th percentile represents the strongest performers in health care.
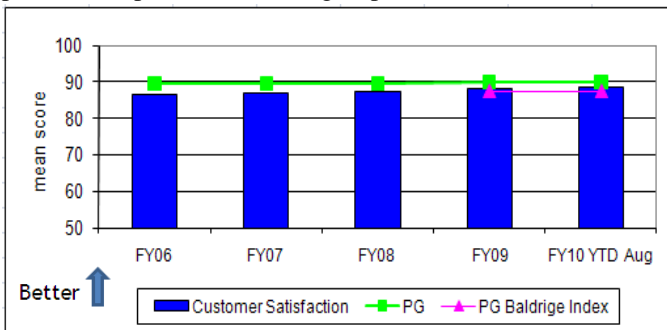
7.2-1 Customer Satisfaction
HH patient satisfaction scores are evaluated from the unit/clinic level and rolled up to the organization level and reported on the BSC. This composite index includes IP, OP, ED and HC patient satisfaction. FY12 projection is the 90th percentile. 7.2-2—7.2-6 relate to 3.1-2. for the key customer requirements of safety, comfort, courtesy and efficiency and the key drivers of specific PG question and customer segment. Further patient group and unit segmentation is AUR.
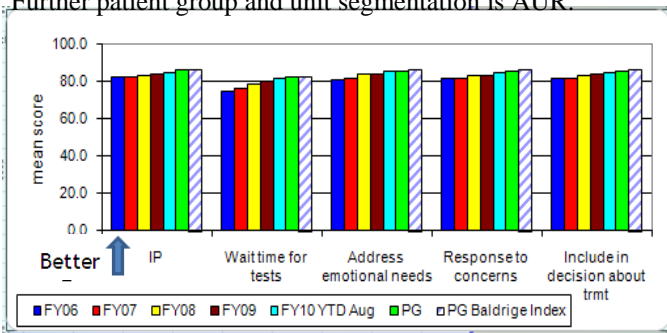
7.2-2 Customer Satisfaction—Inpatient & Key Drivers

IP overall is within 2 mean points of both comparatives and has steadily improved each of the key drivers from FY06 to FY09.
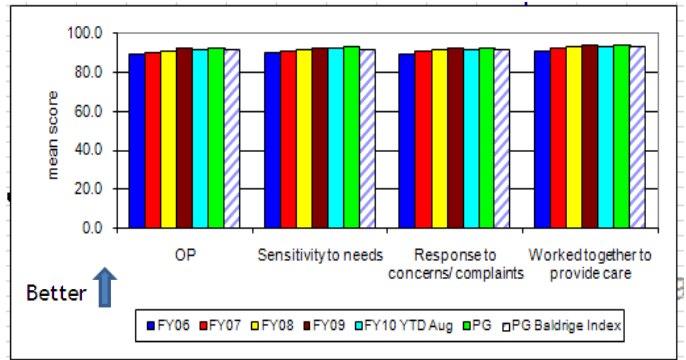
7.2-3 Customer Satisfaction—Outpatient and Key Drivers
OP overall FY09 is above the Baldrige composite and .5 mean points from the PG 75th percentile comparison. All the drivers are above the Baldrige composite and "sensitivity to needs" and "response to concerns" meet or exceed the PG comparison

OP steady improvement, well into the upper quartile, is helping OP growth and patient engagement with a very large customer base.
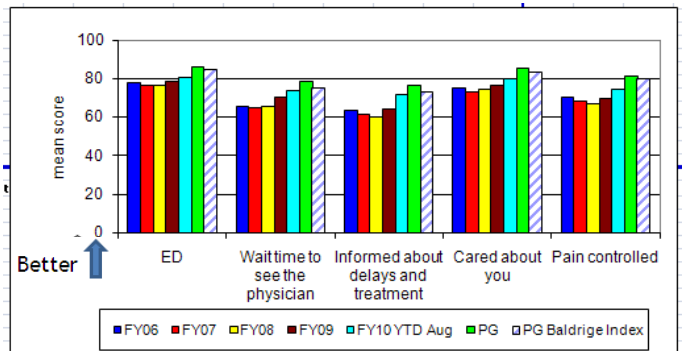
7.2-4 Customer Satisfaction—Overall ED & Key Drivers
ED customer satisfaction has been identified as a top priority for HH due to lagging results. Aggressive actions have been taken since 2006 including changing the physician provider group, leadership and staff development, PII addressing ED throughput and other satisfaction drivers. These actions are expected to improve results in the coming months.
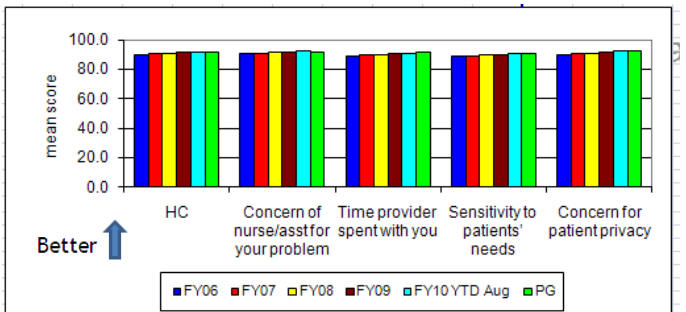
7.2-5 Customer Satisfaction—HC Key Drivers
HC has consistently performed near the 75th percentile comparison in overall satisfaction and with every driver. Consistently achieving the upper quartile is supporting growth and building positive relationships with the large patient-customer base.
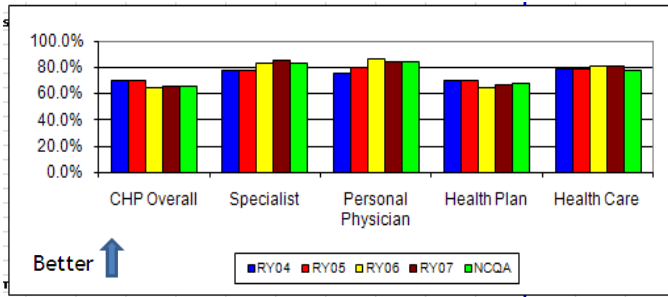
7.2-6 CHP/CHIS Member Satisfaction: Overall & Priorities

CHP/CHIS priorities and drivers relate to NCQA comparisons, the mean scores posted range from the 70th percentile for the Health Plan to above the 90th percentile for Specialists and Health Care. The Personal Physician category is at the 75th percentile. All the priorities strongly address member key requirements for access, good service and health improvement.
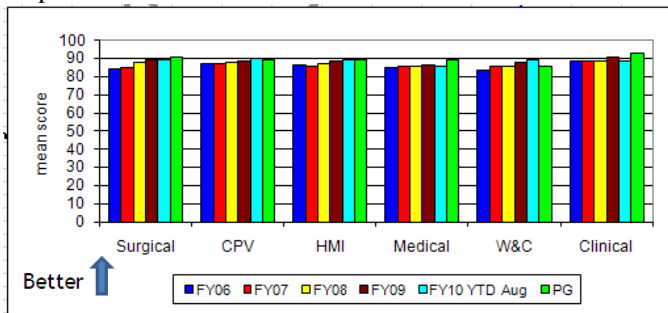
7.2-7 Customer Satisfaction—By Service Line

HH service line results demonstrate growth in satisfaction in all 5 service lines from FY06 to FY09. W&C is exceeding the PG comparison.
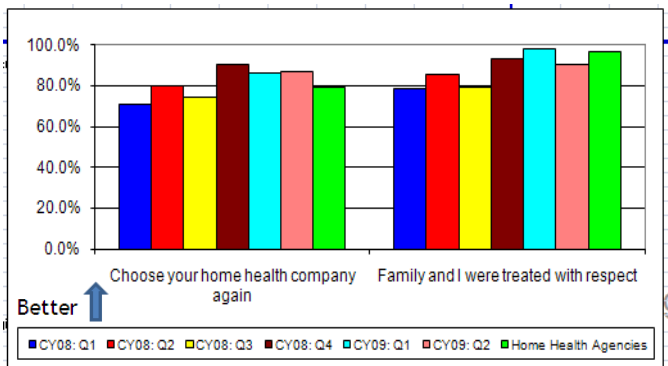
7.2-8 Customer Satisfaction—Home Services

Home services participates with the MO Home Health Assoc. patient satisfaction process and compares well above the norm in repeat business and being treated with respect.
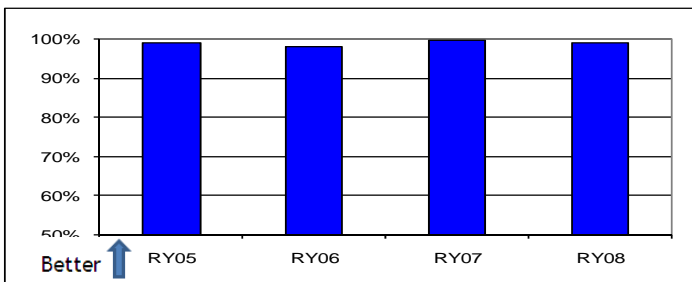
7.2-9 HF: emPowerU Satisfaction

Student and teacher satisfaction of emPower Plant customers indicate extremely high satisfaction levels while growing participation rapidly. The social and civic improvements the students learn are a requirement for the next generation of healthy community advocates and changes agents.
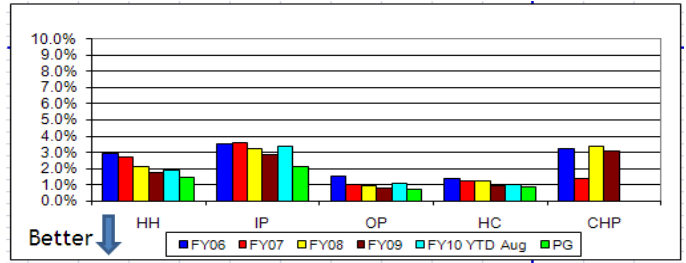
7.2-10 Dissatisfaction (Scores of Poor and Very Poor)

PG reports HH steadily improving by reducing dissatisfaction in all areas from FY06 to FY09. Likewise CHP/CHIS results from NCQA improved from FY06 to FY09.
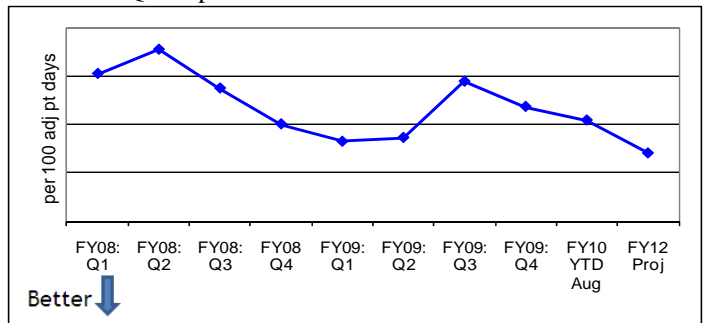
7.2-11 Complaints per 100 Adjusted Patient Day

HH internal performance with respect to complaints received rapidly improved beginning Q2 FY08 because of a new monitoring and tracking process to improve timely patient complaint closure. Because of rapid problem solving for patients there were fewer second complaints from the same patient. Effective problem solving is essential to relationship building with patients.
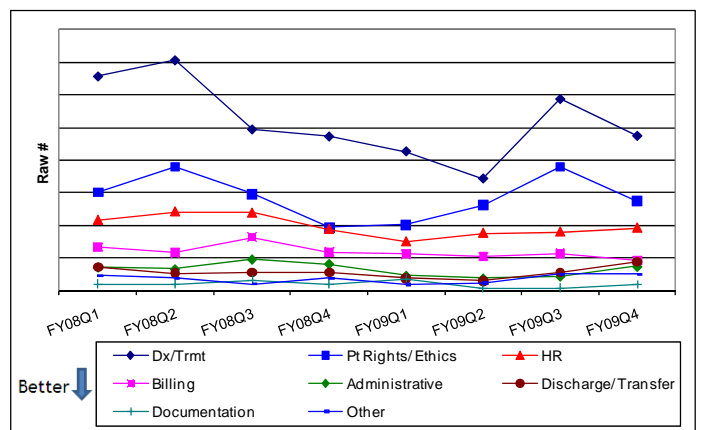
7.2-12 Complaints by Category

HH complaints are segmented into multiple categories. Beginning in FY06 improved documentation and reporting created better data capture and more documented comments to allow better problem solving.

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7.2a(2)
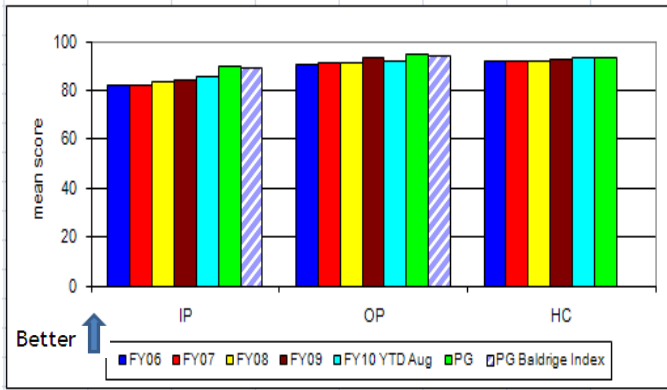
7.2-13 Customer Satisfaction: Willingness to Recommend
OP compares well to the PG75th percentile and Baldrige index and HC is very close to the PG target in "willingness to recommend".
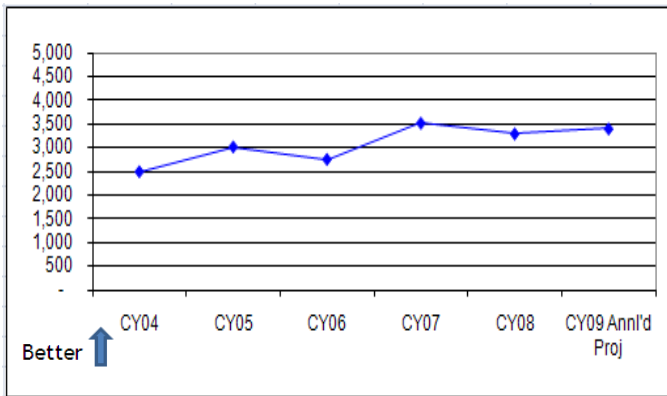
7.2-14 Regional Referrals
While niche competitors have introduced OP services, HH has improved its OP market share in the SSA as reflected in the increased referrals seen since FY04.

7.3 Financial and Market Outcomes
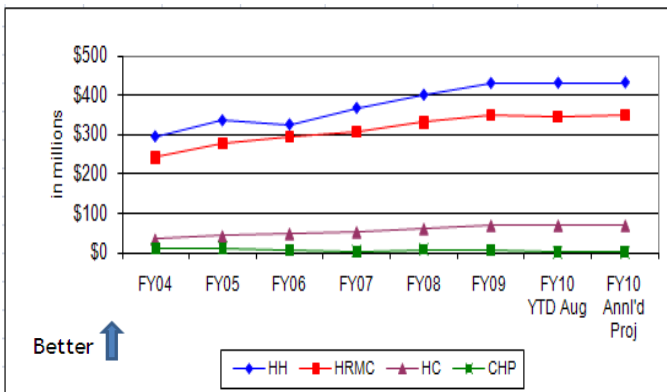
7.3-1 Net Revenue
Net revenues are the indicator of the funds actually received and available for operations of the HH organizations. HRMC and HC are continuously improving and managing the revenue cycle aggressively. CHP/CHIS, as noted, is partnering while continuing to provide vital disease management and health promotion services. HF has experienced growth in total net assets since FY05.
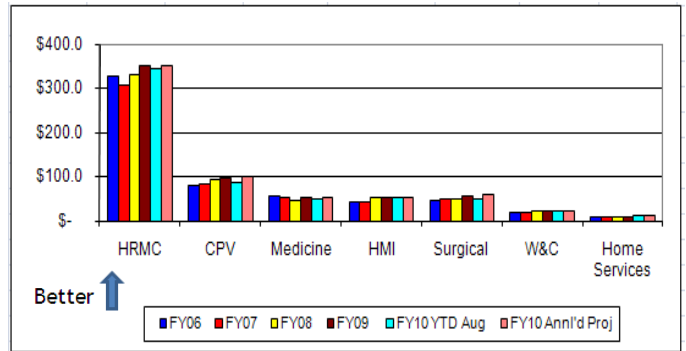
7.3-2 HRMC Net Revenue (in millions)
HRMC performance in key service lines have consistently improved, contributing to the aggregate HRMC performance. In a stable payer mix market an increase in net revenue is the result of higher activity and improved documentation captured within the EMR.
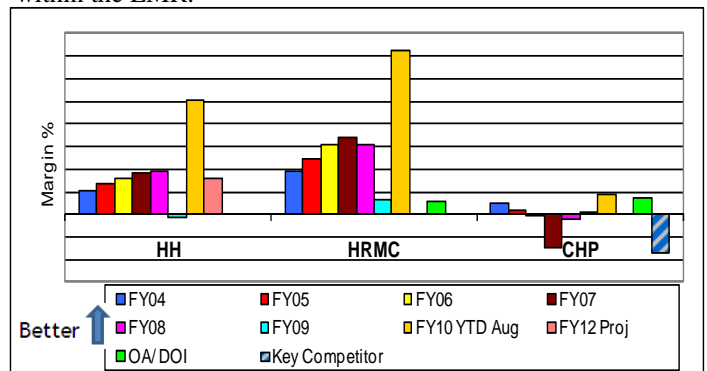
7.3-3 Total Margin
HH performance reflects steady improvement in total financial margin each of the last 5 years. HH FY09 operating margin reflects top decile performance. HRMC outperforms the comparative and HH's competitors. CHP/CHIS margins led to exploring an innovative approach with Aetna which will lead to improved community access and eliminate this operating loss.
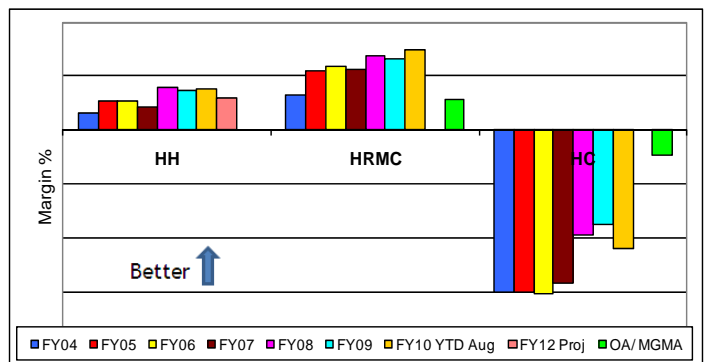
7.3-4 Operating Margin
HH performance reflects top decile outcome for the national bond rating agencies. The superior financial results outperforms competitors. HC performance is due to planned rapid market growth and will perform at benchmark within 2—3 years as planned.
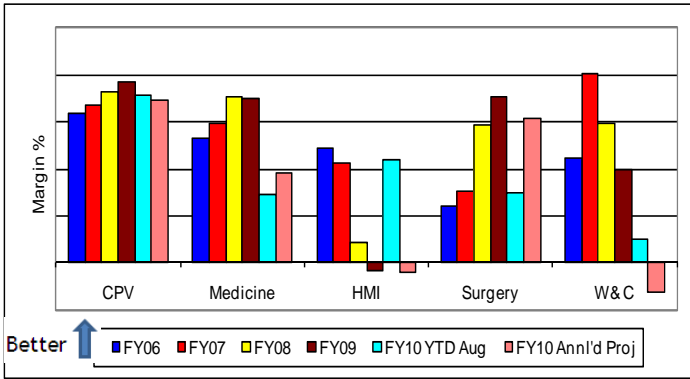
7.3-5 Operating Margin by Service Line
HRMC operating margin by service lines demonstrate the power of PII teams initiatives in CPV, Medicine and Surgery for FY09. In FY09 HMI & Surgery have assigned PII teams for FY10.The W&C result dropped due to reduced state payments which lead HH to create the FY10 pilot with the state Medicaid program.
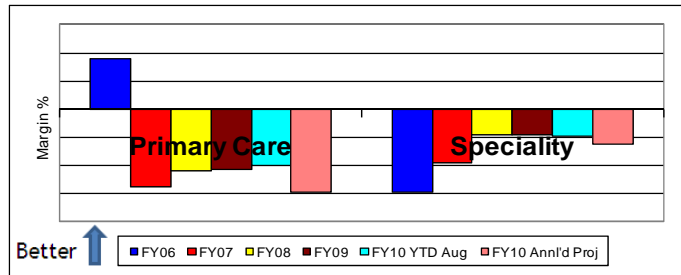
7.3-6 HC: Operating margin Segmented by Primary Care and Specialty
HC Specialty performance has improved due to the market share growth from regional clinics. Primary Care is the result of 9 new physicians/providers as planned to capture more market share. Due to the HC PII there was no erosion of margin. The HC EMR will bring both to benchmark in 2 years as planned.
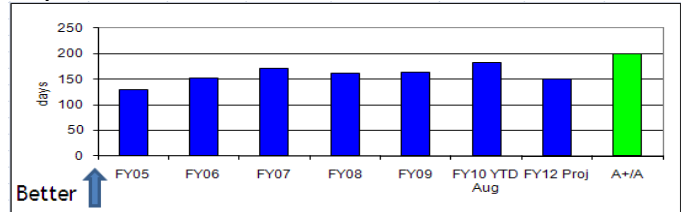
7.3-7 Days Cash On Hand (DCOH)
HH has an improving trend for cash, exceeding the current bond rating requirements. HH is now establishing performance benchmarks to upgrade the bond rating to A+. HH received a positive stable bond rating this year.
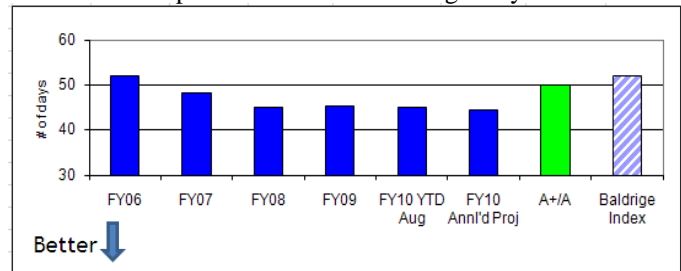
7.3-8 Accounts Receivable (AR) Days
An indicator of HH performance in collecting its revenue is AR. HH outperforms the AR standards required by its bond rating and the Baldrige index.
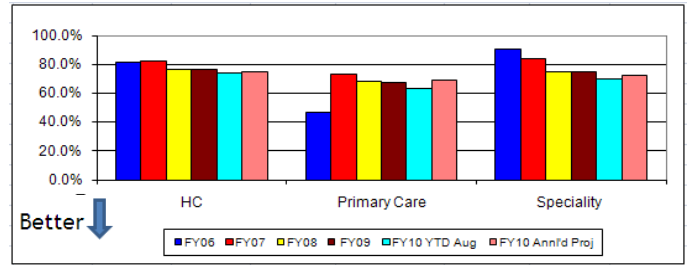
7.3-9 HC—Labor Expense as% of Net Revenue
HH has continuously improved its performance in labor expenditures expressed as a ratio to gross revenues. While revenues have increased labor expenses have declined due to aggressive productivity management. HC invested in 10 new primary care physicians in FY06 which increased labor expense in following FY.
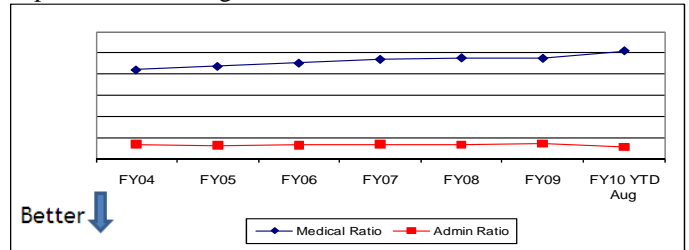
7.3-10 CHP/CHIS: Medical and Admin Ratio
A key indicator of profitability in the insurance plan is the medical ratio. It is a measure of the claims being paid and the funds available to pay them. CHP/CHIS has experienced an unfavorable trend in Medical Ratio due to declining membership and high claims experience. Through aggressive management the administrative expense has remained stable.
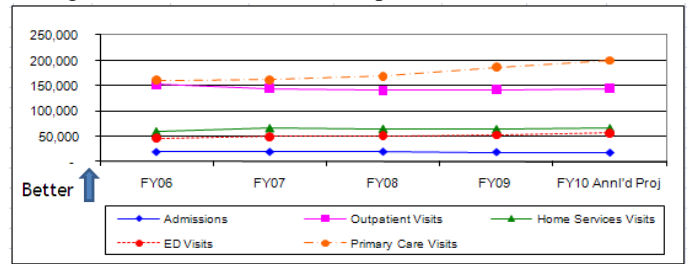
7.3-11 HH Volumes
The integrative approach used by HH has lead to improved access to the community (more primary care and home services visits) with less OP visits and expensive IP admissions.

7.3a(2)
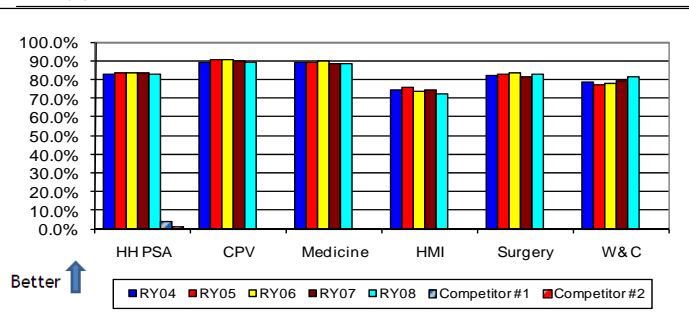
7.3-12 Inpatient PSA Market Share
HH has experienced a stable market share within a stable population size. The HMI market is the greatest opportunity relating to the business expansion plans described in 2.2.
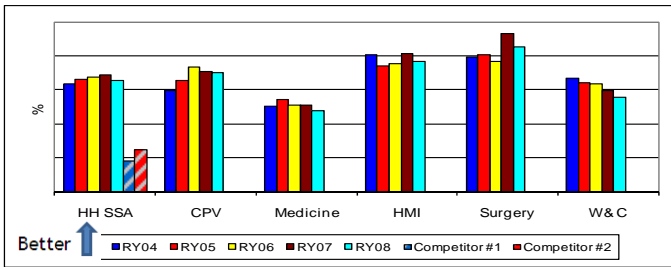
7.3-13 Inpatient SSA Market Share
There has been a slight decline from RY07 to RY08 due to our hospitalist service coverage as compared to our competitors. In response, we are expanding our hospitalist program and streamlining the admitting process. Regional referrals have shown improvement and we expected RY09 market share to be stronger.
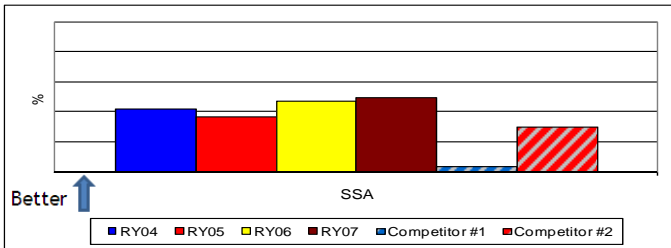
7.3-14 OP Market Share
While niche competitors have introduced OP services, HH OP market share has remained steady at xx%, while the SSA has improved xx% from reporting year '04 to reporting year '07 primarily driven by significant increase in regional referrals. 7.2-14 (omitted).
7.3-15 (omitted).
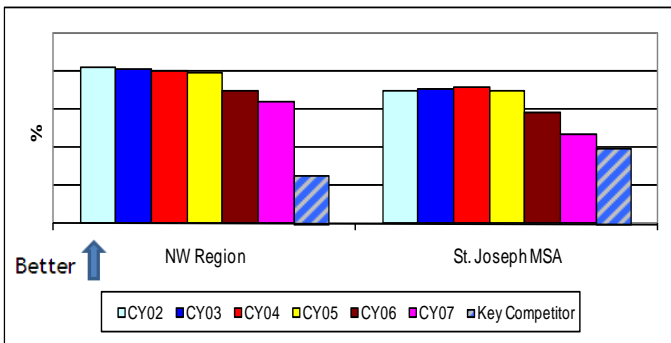
7.3-16 CHP/CHIS Market Share
CHP/CHIS has experienced loss of market share due to aggressive bidding processes by competitors. As in 2.1, 2.2 partnership with Schaller-Anderson is the strategy moving forward. For FY10, CHP/CHIS will implement an innovative project with Aetna.

	FY05	FY06	FY07	FY08	FY09
Moody's	A2	A2	A2	A2	A2
Fitch	A	A	A	A	A

7.3-17 HH Bond Rating
HH BOD set an aggressive target in order that HH could issue debt (bonds) at favorable interest rates and terms. HH has maintained superior financial performance resulting in consistent A ratings with both major national rating agencies.
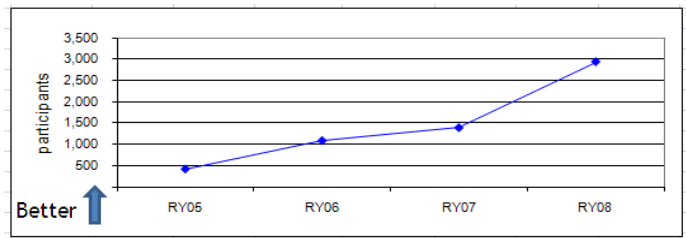
7.3-18 Foundation: emPower Plant Participation
To build healthy communities through youth development, HF raised over $10 million primarily to fund emPowerU, a research and solutions center for middle school students. Curriculum is aligned to state and national standards (both process and content in social studies and communication arts); as well as grade level expectations. The aim is for students to become better, more active citizens and positive agents of change in health, education, economics, and quality of life in their community by applying these lessons. This academic year 41 returning schools, and 14 new schools participated indicating satisfaction and growth of the program.

	Nov 08-Jan 09	1st Yr Projection
Breast Center	470	1,879
Bariatric Surgery	Sept 08-Jan 09	1st Yr Projection
Patient Informational Participants	256	1,000
Patient Consults	15	200
Procedures (Surgery & Band Adjustments)	95	400
	Jan 09-Mar 09	1st Yr Projection
Medical Weight Management	14	138

7.3-19 New Businesses
Through the VOC in the SPP, HH identified the need for and implemented 3 new businesses in 2008—2009. All 3 are expected to meet first year volumes and represent solid growth for HH. Medical Weight Management and Bariatric Surgery are expected to be symbiotic with correlated forecasted progressive growth each quarter. HH plans to become a Bariatric Center of Excellence through the Bariatric Professional Society.

7.4 Workforce-Focused Outcomes
7.4a(1)
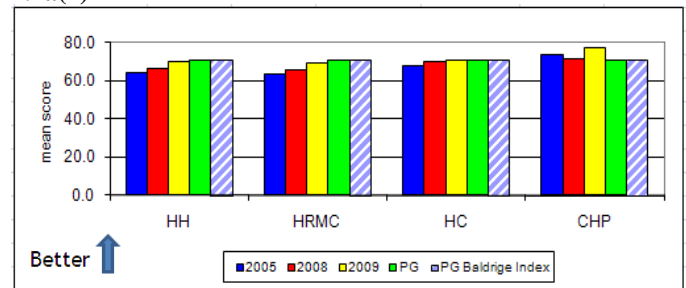
7.4-1 Employee Satisfaction: Overall Satisfaction
Annually HH surveys all employees to celebrate strengths and develop plans for areas of improvement. Overall employee satisfaction for 2009 showed a significant increase resulting in meeting the overall HH target. FY12 projection is the 90th percentile.

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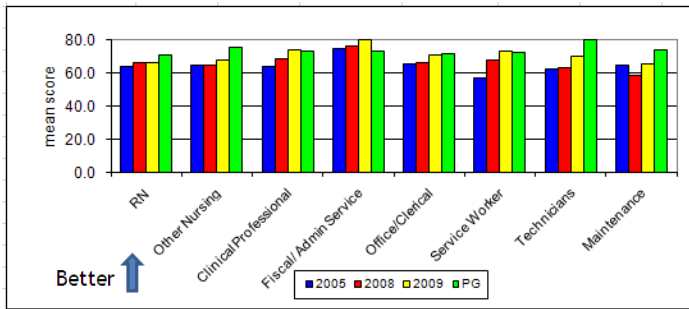
7.4-2 Employee Satisfaction by Workforce Segment
Each workforce segment showed an increase in overall satisfaction due to increased focus on listening and responding to employees, People Plan implementation, and service excellence activities.
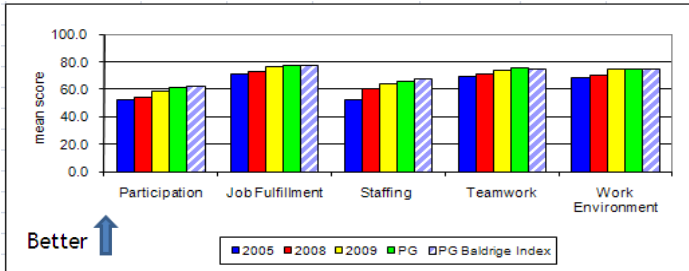
7.4-3 Employee Satisfaction: Key Drivers
Each key driver showed an increase. These increases show the positive steps taken to improve overall employee and organizational success. These key drivers allow for the execution of HH's MVV via the successful implementation of strategic and operating plan.
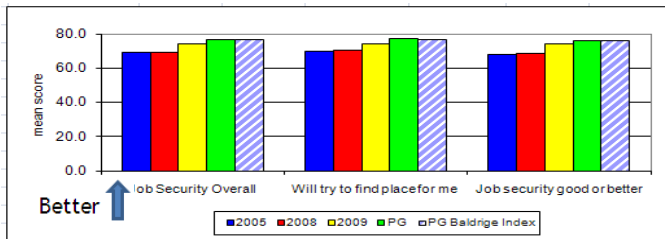
7.4-4 Employee Satisfaction: Job Security
HH performance levels are trending upward and underscores the importance given to increasing the organizational agility and flexibility in development, and alignment of staff to areas of need. This is consistent with HH's redeployment philosophy and ongoing educational efforts to ensure proper levels of capacity and capability.
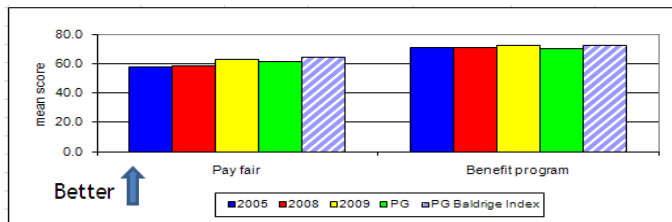
7.4-5 Employee Satisfaction—Rewards
HH's pay and benefit programs continue to be favorably viewed. HH continues to compare programs to others within relevant markets to ensure completeness and competitiveness of the offerings. Physician Satisfaction results are shown in 7.5-28.
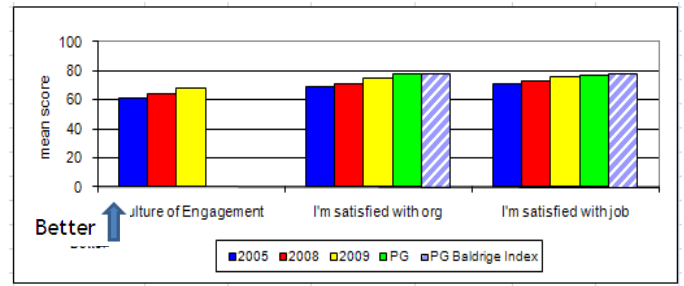
7.4-6 Employee Engagement
Annually, HH assesses and implements APs to improve workforce engagement. Analysis of the EOS in aggregate and segmented organization has resulted in the implementation of CEO lunches/forums, PTO, IHRMMA, and LEM.
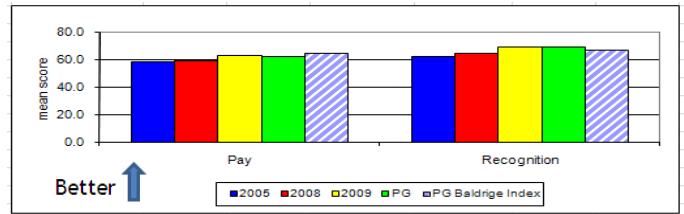
7.4-7 Employee Satisfaction: Satisfaction with Pay and Recognition
HH's overall rewards and recognition programs continue to show high satisfaction and meet the needs of employees via pay and benefit offerings that are competitive, useful, and easy to understand.
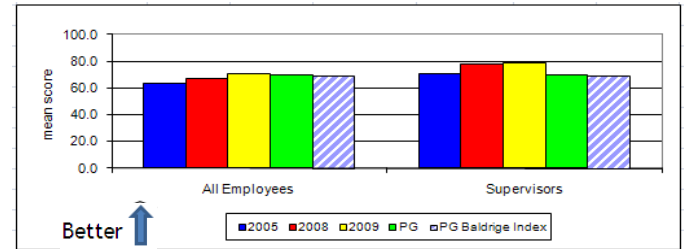
7.4-8 Employee Satisfaction: Recognition
HH's PMP continues to show value and increases the dialog, coaching and performance levels of staff. These increases exceed both the comparative and Baldrige indices. Key activities within this area include rollout of Respect Counts, People Plan – Leadership and Staff Development, and LEM.
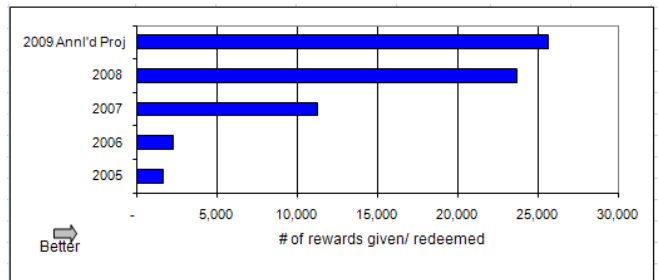
7.4-9 Recognition
Providing the tools for recognition of employees remains a major focus. The increase in overall number of rewards given continues to increase and is supported by a corresponding increase in overall program and employee satisfaction results as seen in (7.4-1).
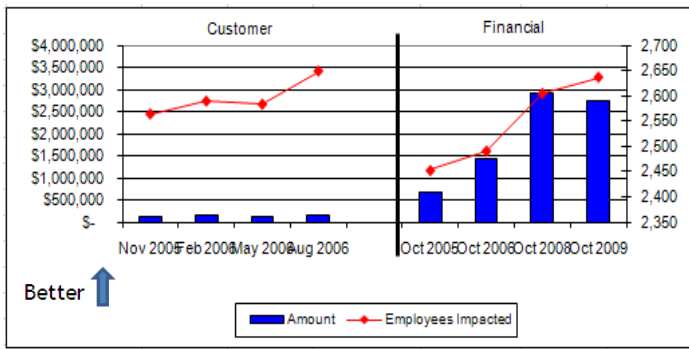
7.4-10 Sharing Success Payouts

HH's incentive payouts have two components, customer service and financial. As a cycle of improvement, we aligned overall satisfaction goals with workforce's goals and evaluations. Financial results continue to meet or exceed the targets resulting in increased payout levels and individuals impacted.
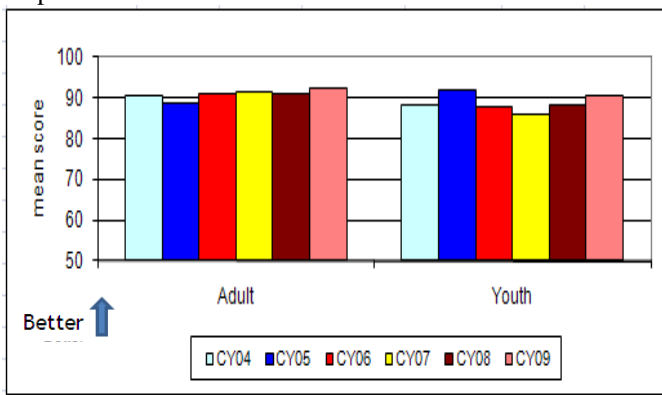
7.4-11 Overall Volunteer Satisfaction

The overall mean score for both adults and youth is 90.1 which is an indication of a very satisfied volunteer workforce. HH strives for a satisfied workforce which correlates with satisfied customers. Volunteers are seen as potential employees, therefore, satisfaction is important.
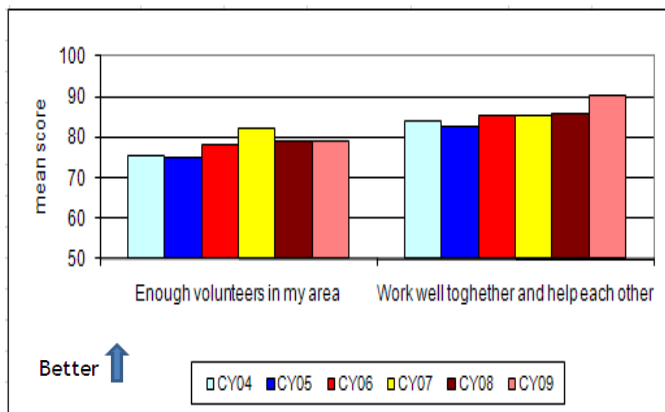
7.4-12 Volunteer Satisfaction: Staffing/Teamwork .
Satisfaction with the balance of workload and the ability to work together as a team has improved as HH has improved staffing volunteers appropriately in accordance with the work to be accomplished based on VOC.

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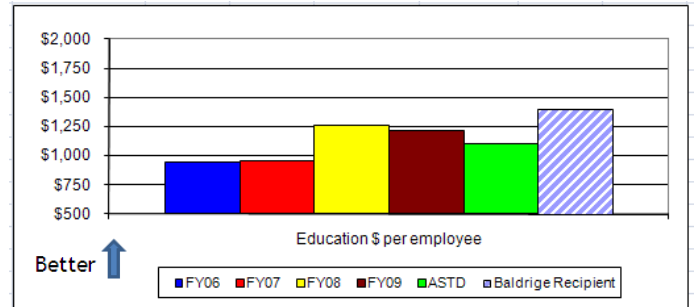
7.4-13 - Education Dollars per Employee (Internal)

HH funding of education and learning per FTE continues to increase with the People Plan implementation in the areas of development (leadership, organizational, and medical staff).
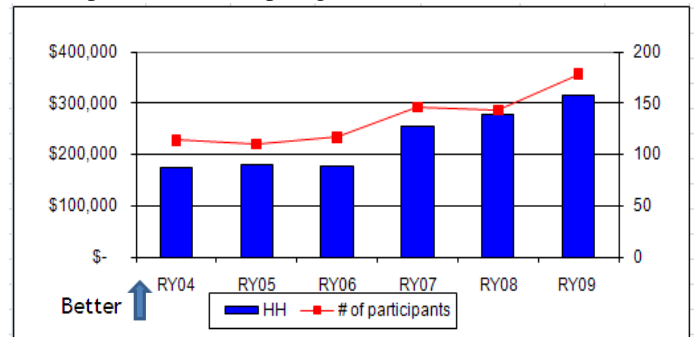
7.4-14 Educational Assistance/Tuition Reimbursement

Organizational commitment to the growth and development of the workforce continues to increase. With the additional program of SAW, we continue to focus on the educational attainment and skills enhancement of its workforce.
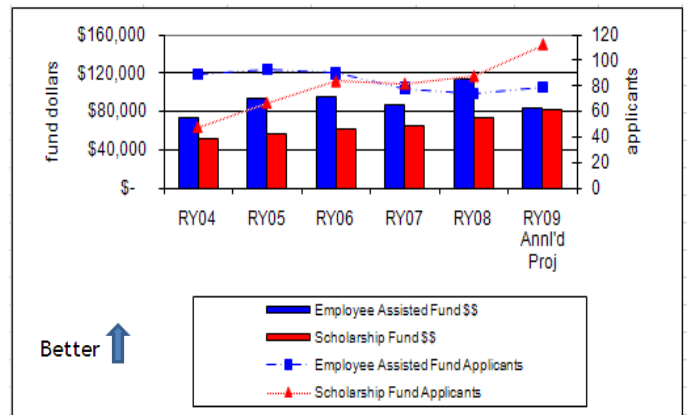
7.4-15 Touchstone Program

HH's focuses on helping employees through financial crisis assistance and scholarships. Both programs are viewed as an important benefit per the EOS. Touchstone is funded by a 50% organizational match to employee United Way donations which continue to increase. Employee financial crisis assistance is decreasing indicating employee stability. The granting of scholarships is increasing as the population raises its education level, both contributing to the health of the community.

Better
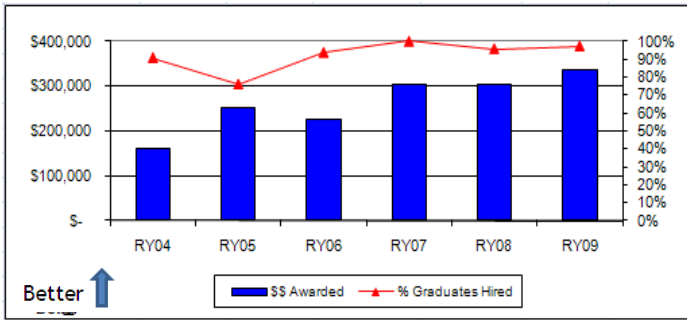
7.4-16 Stepping Stones

Stepping Stones is an academic workforce development program that offers financial assistance to students who have been accepted into one of HH's high demand professions in exchange for a work commitment following their graduation. HH receives a pipeline of new employees and participants gain valuable experience working in a hospital with a reputation for excellence.

Leadership Development		HCAB Fellows		Positions Filled Internally
2005	2	2008	31	Posted & Filled prior to 2008
2006	46	2009	98	33.6%
2007	32			Posted & Filled in 2009
2008	12			38.0%
2009	195			

7.4-17 Leadership Development and Succession Planning

As part of the People Plan, HH continues to invest significant resources into the development of its leaders. Recent partnership with the HCAB brings together its leaders with up to date and relevant research and best practices increasing the overall capability of the current and future leaders at HH.

7.4a(3)

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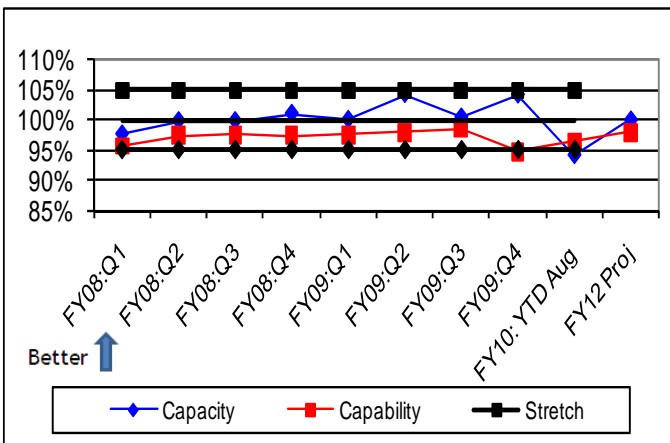
7.4-18 Capacity and Capability

Capacity reflects the balance of need and demand for the workforce. HH is on an upward trend and remains within the thresholds defined by the labor management program. Capability reflects the ability to provide trained and competent employees to meet the organizational needs. HH's positive trend indicates success in the quality of staff and the orientation, on-boarding and educational opportunities.

Better
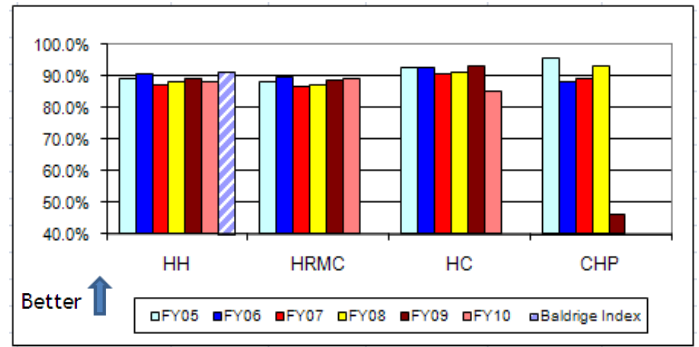
7.4-19 Retention—Segmented by Entity

The retention rates have remained stable throughout the entities because of continued focus on service excellence and aggressive labor management practices. Within CHP/CHIS, a changing business model accounts for the large decline in retention.

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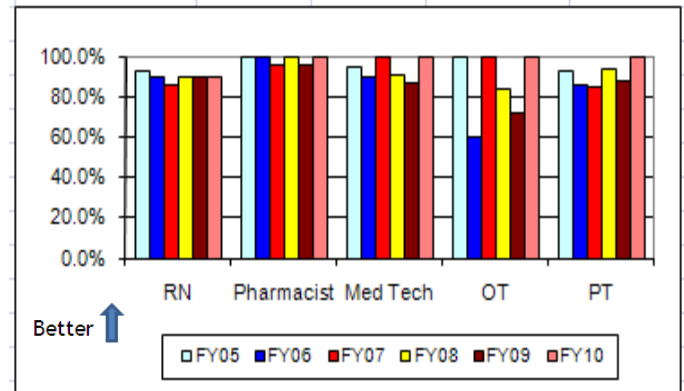
7.4-20 Retention Segmented by Hard to Fill Position

Retention among hard-to-fill positions remains a focus. Results continue to show stable and slight upward trends in areas such as RN's, Pharmacists and Med Techs. The others show some variation due to the small number of incumbents, e.g. PT & OT. HH's talent management processes support both active recruitment and retention of these key positions.

Better
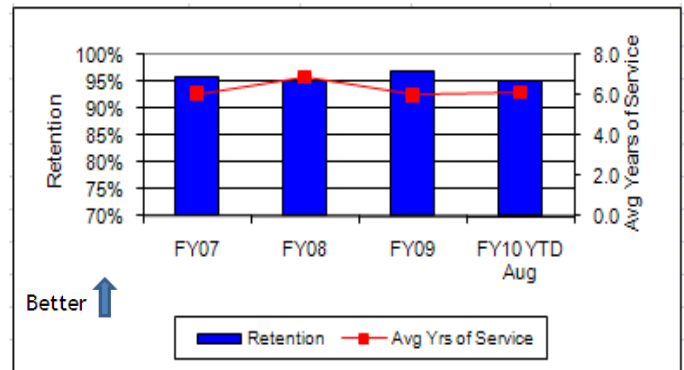
7.4-21 Volunteer Retention & Average Years of Service (adults only)

Retention rate is high and stays consistently between 95% and 100% which indicates low turnover and a satisfied volunteer workforce. Average years of service is 6+ years which shows an experienced volunteer workforce. HH strives for a satisfied workforce which correlates with satisfied customers, supporting HH strategic goal.

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	CY06	CY07	CY08	CY09 YTD
New Appointments	58	21	58	52
Reappointments	109	177	209	149
Request for Additional Priviledges	24	5	11	6
Focused Professional Practice Evaluations (FPPE)			31	32
Ongoing Professional Practice Evaluations			40	221

7.4-22 Medical Staff

Medical staff development planning is the process used in evaluating physician staffing needs by specialty in accordance with community need, strategic goals, and changes in the health care environment. The plan permits HH to develop an integrated physician recruitment/'retention/relationship management effort. Annual evaluation of the plan results in goals for the recruitment and retention processes. New appointments represent HH's growth in services, and/or volume according to the SP. Reappointments were 100% of those who applied indicating a stable, high quality medical staff is in place. FPPE reviews are per new regulations in 2008 to ensure new physicians are meeting quality of care standards. Out of the 58 new appointments, 31 were physicians; 100% had FPPE reviews completed as required.

7.4a(4)
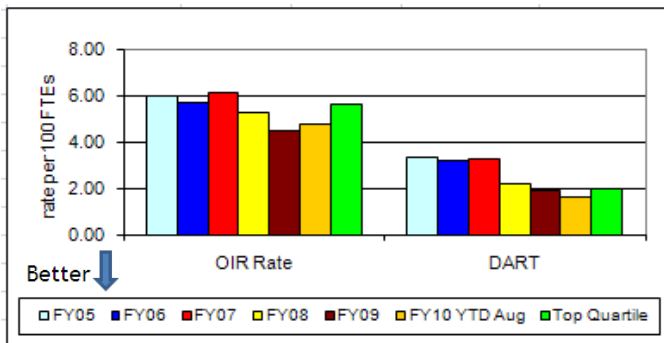
7.4-23 OIR and DART

OIR and DART are key measures of workforce safety. Aggressive PI efforts have lead to significant improvement HH is meeting or exceeding top quartile performance.
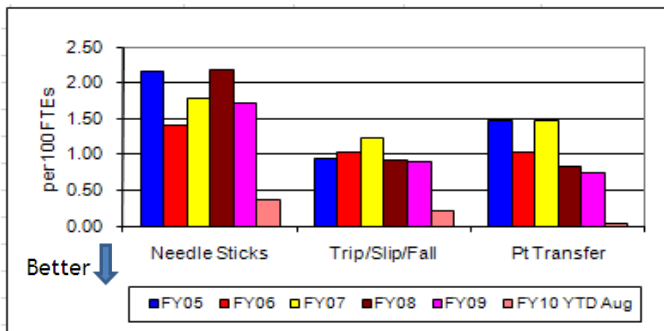
7.4-24 Employee Safety Categories

Annually employee safety is reviewed and areas of focus lead to initiation of PII activities to reduce frequency and severity. As a result of a PII begun in FY05, the EOC Steering Team and the Safety Committee focused efforts to target top quartile OSHA performance for each entity with benchmarkable metrics for OIR and DART rates.
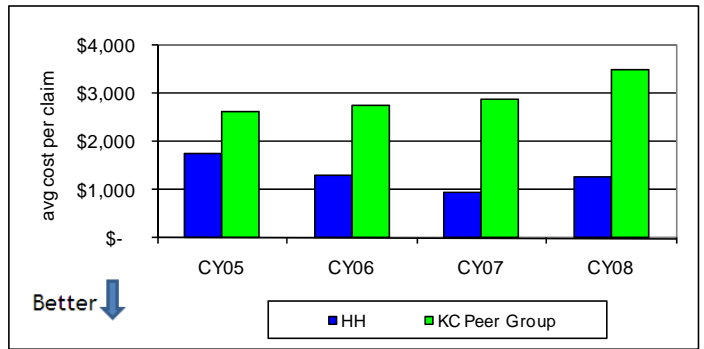
7.4-25 Worker Compensation: Average Cost per Claim

Costs per claim include the total costs of a workers compensation claim (medical, indemnity, legal, and expense). Despite rising medical, prescription, and indemnity costs, HH continues to trend below the regional peer group due to a reduced frequency of claims, lower severity of claims, and efficient and effective claims management. As a result of improvements the cost per claim has significantly improved.
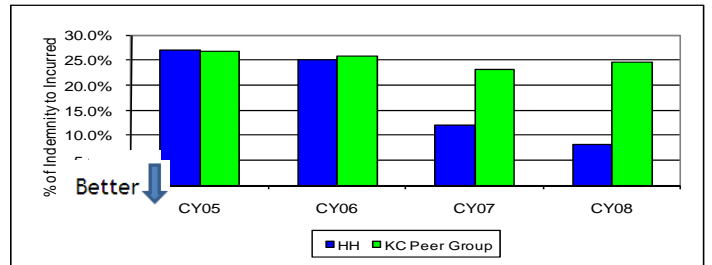
7.4-26 Worker Compensation: % of Indemnity to Incurred

Indemnity costs include temporary total disability pay and permanent partial disability pay. Improvement in communication with the injured worker by supervisors and employee health staff have resulted in decreased lost time and litigation, decreasing indemnity costs.
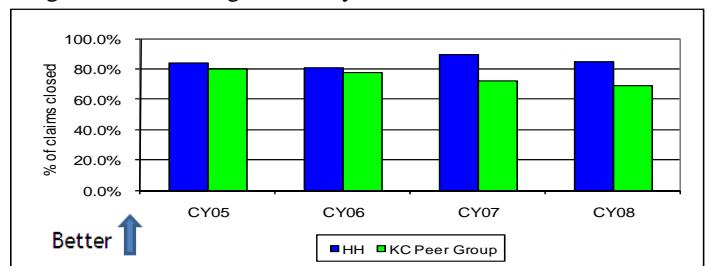
7.4-27 Workers Compensation: % of Claims Closed

The percent of all claims filed that were closed within the calendar year is consistently better than the regional peer and represents the efficiency of the claims process.
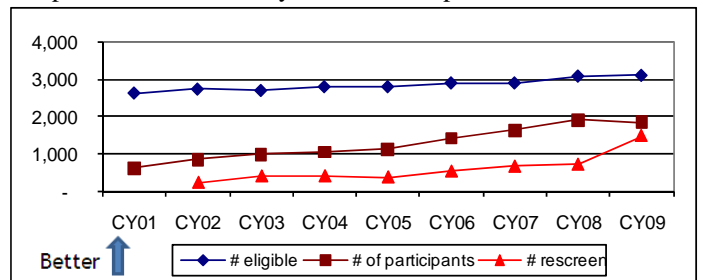
7.4-28 Wellness Connection Participation

Wellness Connections monitors employee participation in HRA's annually. With the goal of a 10% increase in participation annually, this voluntary program continues to engage members in health improvement and health risk reductions. Wellness Connections stretch goal is 80% employee participation.

HH Wellness Risk Factor Reduction			
Risk Factors present at HRA screening	2001	2008	% Improvement
Blood Glucose	26%	3%	88.5%
Stress	36%	8%	77.8%
Blood Pressure	25%	10%	60.0%
Dietary Fat	69%	49%	29.0%
Tobacco	11%	9%	18.2%
Fruit/Vegetable	94%	78%	17.0%
Exercise	67%	63%	6.0%

7.4-29 Wellness Risk Factor

HH employee Wellness Connection members measured in 2001 and again in 2008 (same employees) demonstrated significant reduction of health risk factors e.g. stress and exercise. These concepts are promoted in the market and community illustrated in HH pyramid, P.1-1)

7.5 Process Effectiveness Outcomes

7.5a(1) The following are key process and outcome measures aligned with 6.1-2. This representative sample of measures reflect the strong processes that are used to deliver the outstanding results at HH. Additional information is AUR.

Graphs 7.5-1—7.5-6 reflect exceptional performance in key process measures reported to CMS, HQID and TJC. They impact outcomes in 5 patient populations. HRMC Goal is CMS top decile performance which was achieved as well as meeting or exceeding competitors in all areas; 2 populations do not have regional competitor information available.
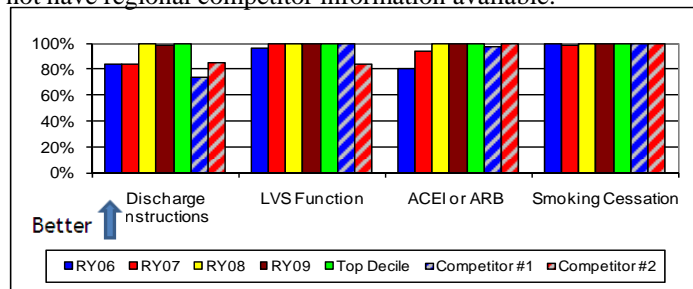
7.5-1 CMS—CHF In-Process Measures
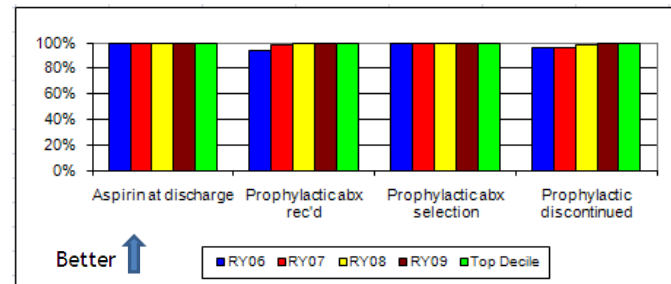
7.5-2 CMS: CABG In-Process Measures
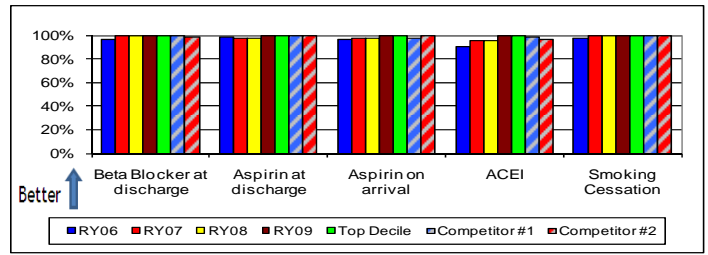
7.5-3 CMS: AMI In-Process Measures
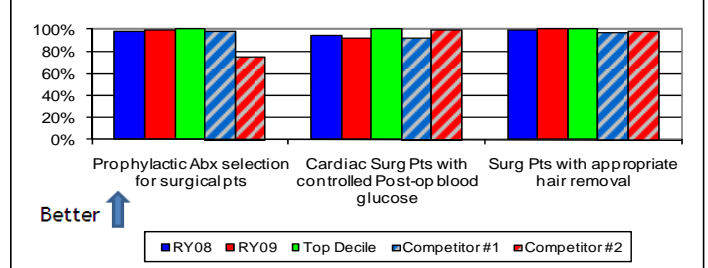
7.5-4 CMS: SCIP In-process Measures
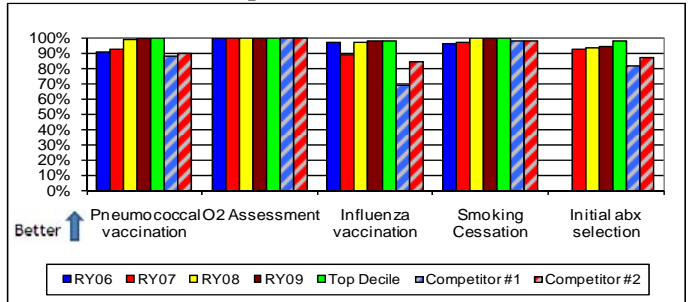
7.5-5 CMS: PN In-Process Measures
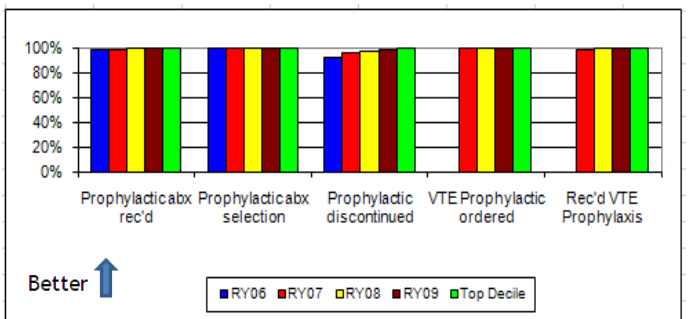
7.5-6 CMS: Hip & Knee In-Process Measures
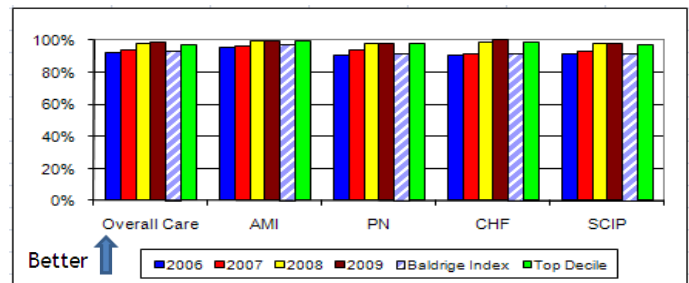
7.5-7 CMS: Overall In-process Measure Performance

The CMS populations have been rated by a new website (www.whynotthebest.org) which is sponsored by the Commonwealth Fund. HH has increased performance since 2006 in all populations. For overall care, HH is ranked in the top 1% of hospitals in 2008 and 2009.
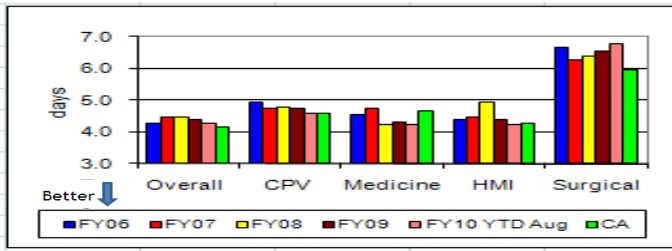
7.5-8 Patient Length of Stay

Length of stay is a key indicator of HH's ability to effectively manage and efficiently treat its patients while at the same time reducing complication and mortality ratios and improving quality.. The PCT ensures excellent results are achieved through care planning and case management. HH performance overall remains at the top decile comparative: 3 of 4 service lines are better than the comparative and one is equal to the comparative. W&C results have been consistently at 2.5 days and AUR.
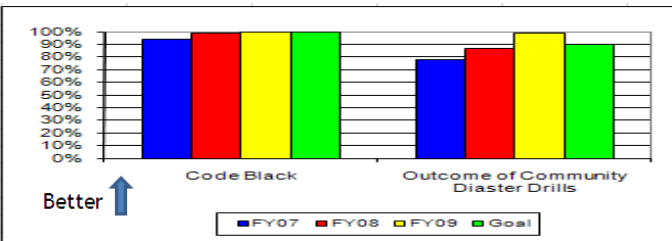
7.5-9 Emergency Preparedness

Preparing employees for emergency situations has become a priority in recent years. Employee's awareness of the national threat level remains 95% or better and knowledge of responses of code black and outcomes of community disaster drills are meeting or exceeding goal.

7.5a(2)
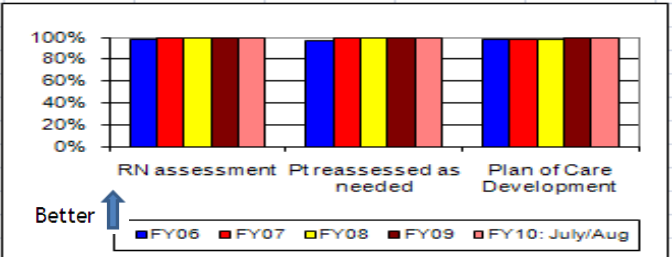
7.5-10 HRMC Patient Assessment
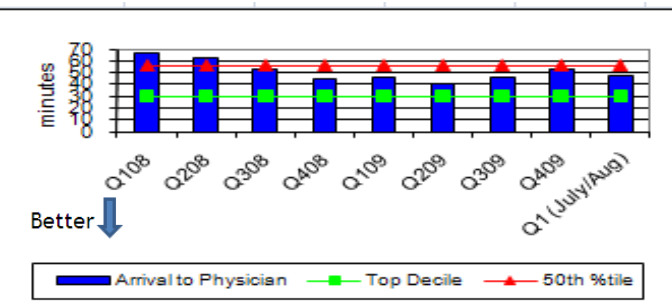
7.5-11 ED Throughput: Arrival to Physician

HH has focused efforts on improving the efficiency of the ED and recognizes the time of arrival until the physician sees the patient as a critical measure. HH has set the goal at top decile performance. HH ED throughput time has continued to improve as a result of a multifaceted improvement plan and is better than the median of 50 minutes and nearly meeting top decile performance. Improvement has been achieved despite increasing volumes.
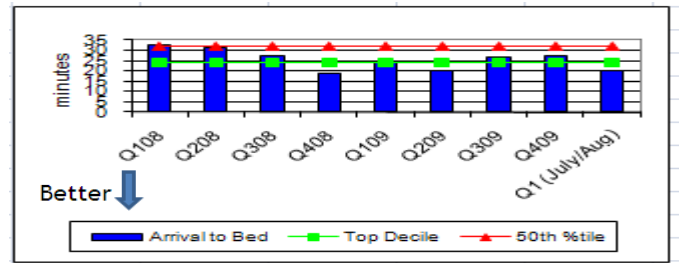
7.5-12 ED Throughput: Arrival to Bed

HH has focused on PI in the ED throughput time from patient arrival to placed in a bed based on the VOC. ED throughput is a driver of customer satisfaction. Since Q108 HH has consistently been better than 50th percentile and has reached top decile performance for 3 of the 4 most recent quarters.
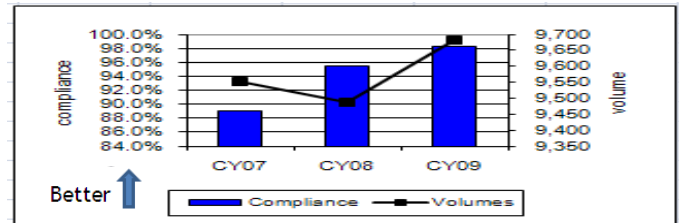
7.5-13 Diagnostic Testing: AM Lab Competition

Since auto verification of test results began in 2006, HH lab focused PI efforts on improving the completion of tests within the ordered time frames based on VOC. The dramatic improvement continued concurrently with an increase in lab volumes.
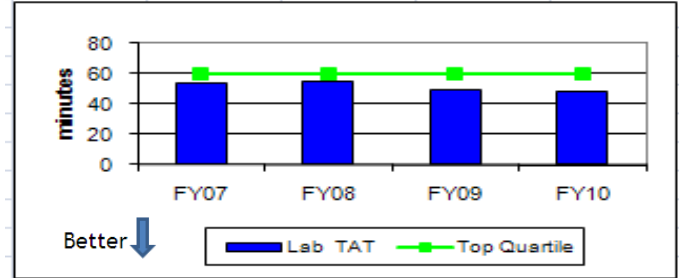

7.5-14 Diagnostic Testing: LAB Testing TAT

The TAT for lab results for the 20 most frequently ordered tests for the ED is consistently better than top quartile benchmark from IHI, reflecting highly efficient processes.
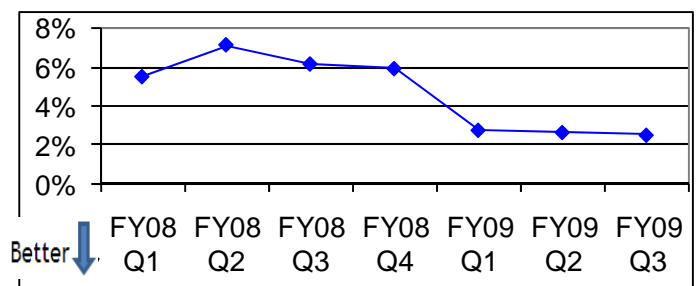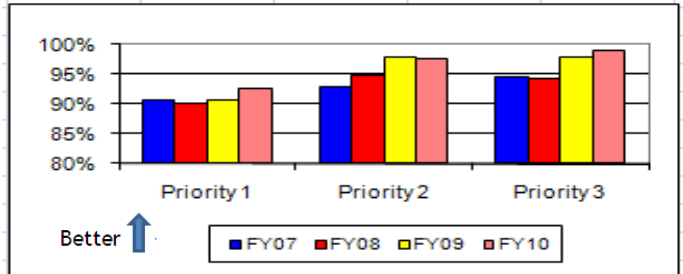

7.5-15 Radiology In-Process Measures

OP radiology recognizes through the VOC it is important to minimize "no show" appointments. Through focused PI efforts significant improvements in no show rates have been realized and improvement in wait times continues.
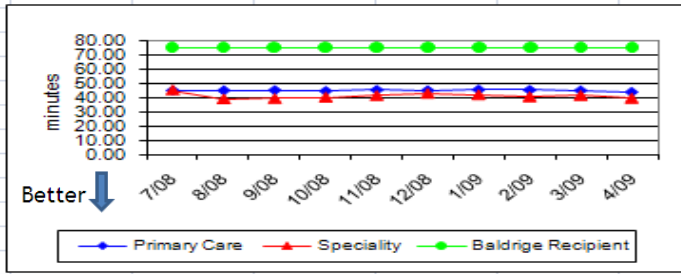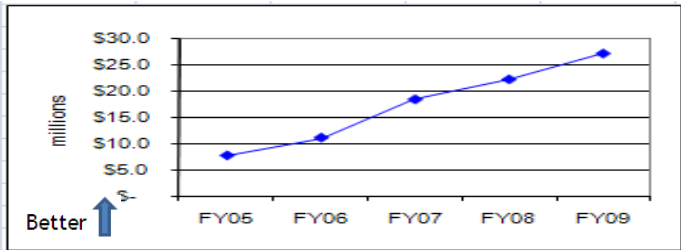
7.5-16 HC Cycle Time

HC has embraced the VOC and focuses on the timeliness of patient appointments measured from the time the patient arrives for an appointment until they are finished and departed. Both HC Primary and Specialty care practices are out performing the Baldrige recipient by nearly 50% or 35 minutes.
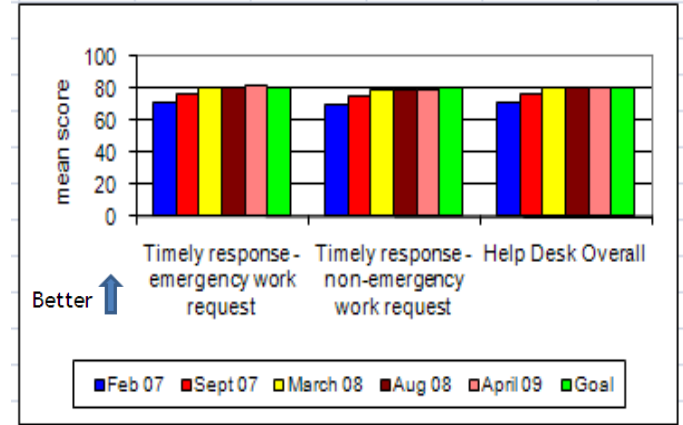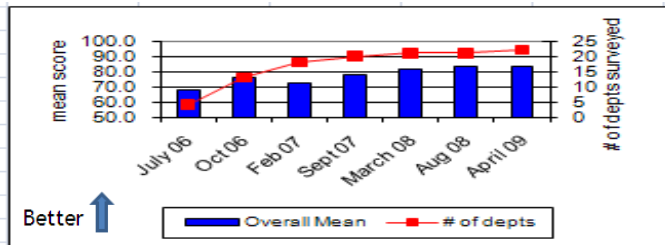

7.5-17 PII Savings

HH has an aggressive focus on performance improvement throughout the organization. Measures of dollars saved and employee involvement indicate that over 5 years in excess of $25 million has been saved through these initiatives.

7.5-18 Internal Satisfaction

At HH we recognize each other as internal customers and recognize the importance of support processes which are not directly measured in the patient satisfaction survey. The internal satisfaction survey is designed to measure how well departments that support key processes are meeting the organization's needs. The overall mean score has continued to improve as the number of participating departments has risen.
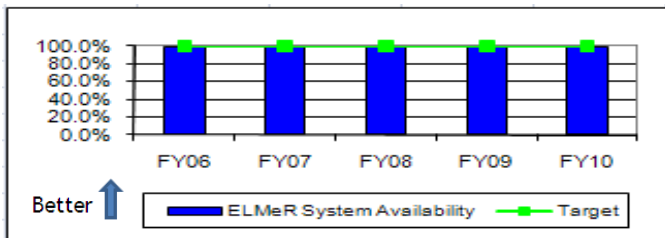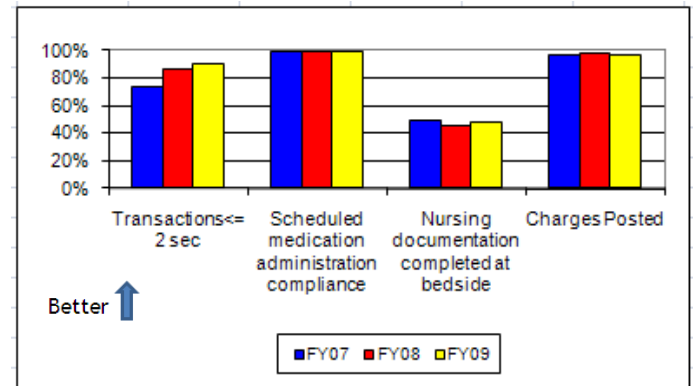

7.5-19 ELMeR Uptime

With the implementation of ELMeR it is important to users for the system to be consistently available. Goal is 99.9% uptime: HRMC is exceeding its goal for system availability.


7.5-20 TS: Help Desk Resolve Time

HH maintains a 24/7 Help Desk in order to assist users of its information systems. Goals for the priority levels 1-3 are 1, 3 and 10 business days respectively. Performance has consistently improved to maintain user satisfaction.

7.5-21 Help Desk: Internal Satisfaction

HH internal customer satisfaction survey of support services reflects continuous improvement in 3 key measures for technology services since ELMeR go live in late 2006. All 3 measures are meeting the 80% goal.

7.5-22 ELMeR Impact

Improvement in efficiency and reliability of key processes related to ELMeR implementation is reflected in these 4 measures. Speed of transactions has consistently improved with nearly 90% occurring in less than the Cerner benchmark of 2 seconds. Scheduled medications compliance reached 100% due to automatic reminders. Nursing documentation at the patient's beside has gone from 0 to nearly 50% resulting in more nursing time with the patients (meeting VOC requirements). Charges are being posted within the desired time frame nearly 100% of the time.
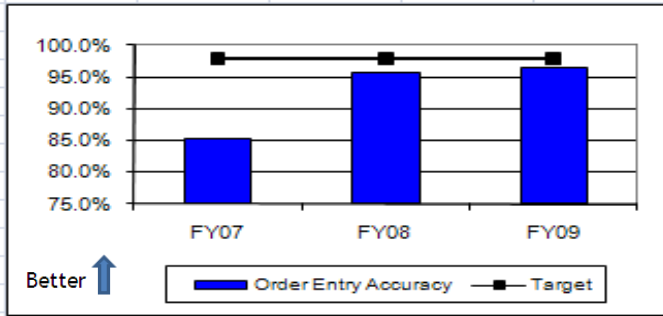
7.5-23 HIM: Accuracy of Order Entry

Accuracy rates continues to improve through design enhancements and process improvements with ELMeR.
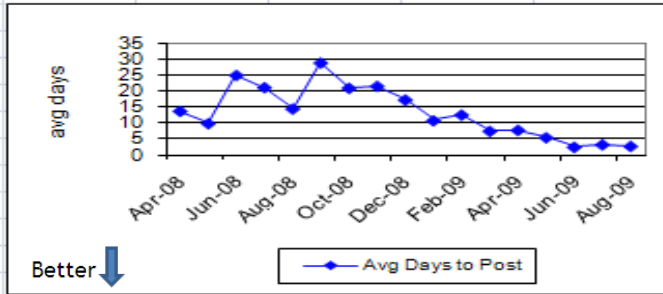

7.5-24 Manage Workforce: Days to Post

Once a requisition is approved to hire a new employee until the day the job is posted internally and/or externally is an important measure for workforce processes. The average days to close had increased to 30 but due to PI efforts is back down to less than 10 days. This ensures HR is meeting the needs of the organization in a timely manner.
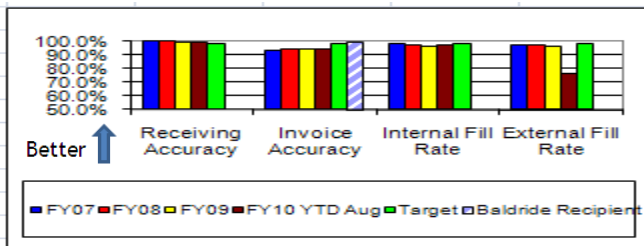

7.5-25 Supply Management

Efficiency and accuracy are key to operations and HH set its target set at top quartile performance. External fill rates have dropped due to a change in primary distributor. Invoice accuracy has improved significantly and is just below a Baldrige comparative. This is an area slated as a PPII for focused improvements in FY10.
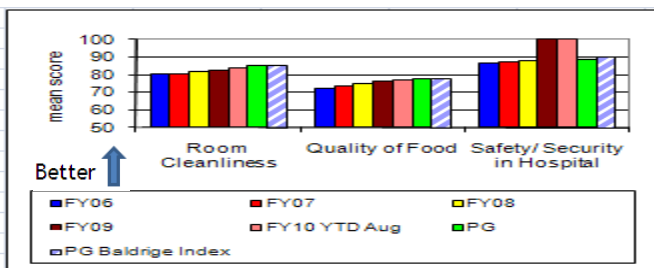

7.5-26 Hotel Services: Customer Satisfaction

The 3 key components of hotel services have continued to improve over time at HH as demonstrated through the customer satisfaction scores which meet the target and exceed

the PG Baldrige index in Security and nearly meet the Baldrige comparative for room cleanliness and quality of food. Improvements in each area are the result of departmental application of the PASTE methodology.
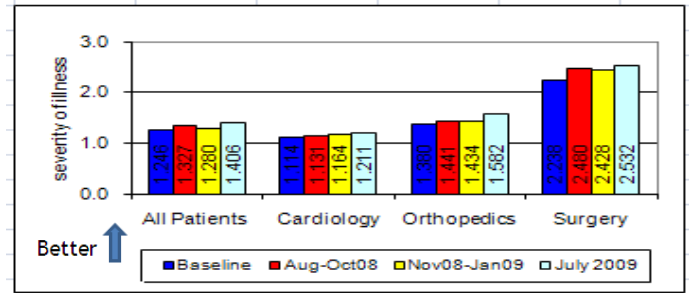

7.5-27 Severity of Illness (SOI)

Severity of illness is determined by physician documentation of the patient's condition and administrative coding of the data. This designation impacts both publicly reported quality data and reimbursements. In August 2008, HH engaged in PI to ensure accurate documentation is occurring to maximize reimbursement and optimize quality data. SOI has increased markedly in orthopedics and surgery and correlates with the PI initiative.
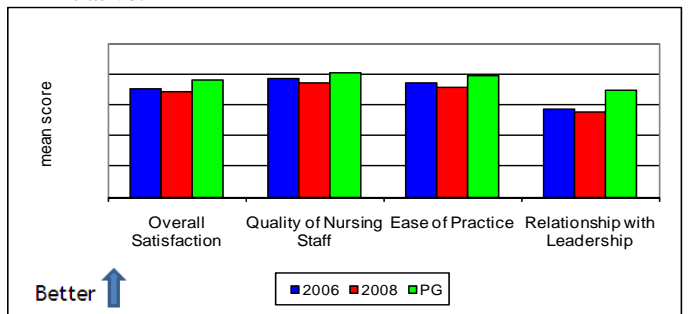

7.5-28 Physician Satisfaction & Key Drivers

Physicians are an integral part of HH and their satisfaction with key drivers is monitored closely. In 2006 PG was selected as the new measurement tool and the goal is the 75th percentile. Physician satisfaction has become a priority for SL due to the recently released 2008 stagnant scores; improvement plans are in development.
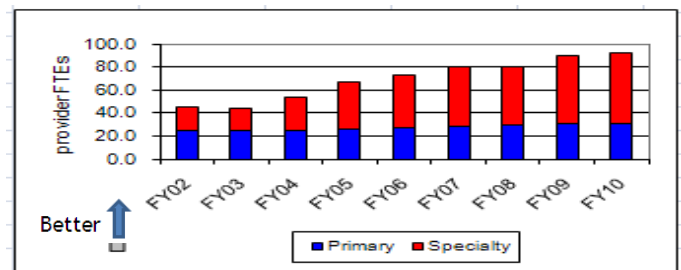

7.5-29 Enhance Growth: HC Provider Growth

HH through its annual Medical Staff Development Plan, projects the growth necessary for the PSA and SSA in physician demand as part of the SPP. HH has established growth per its plan in both primary care and specialty care. To address the VOC, recruitment of additional physicians decreases the overall time to appointment and adding sub-specialist will meet the customers' needs within the community.

47
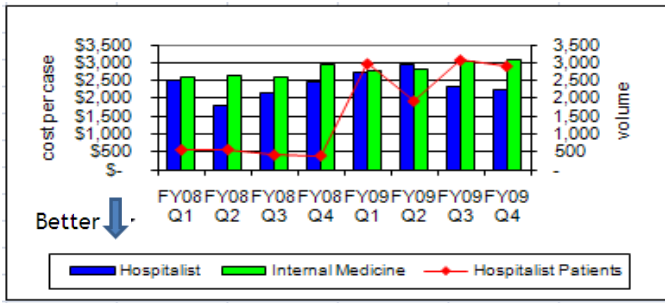
7.5-30 Physician Partnering

HH has a Hospitalist program which is comprised of employed physicians specializing in care of the hospitalized patient. The Hospitalist physicians are committed to providing exceptional, evidence based, efficient care which is reflected in the consistently lower cost per case compared to other internal medicine physicians at HH. Hospitalist's patient volumes have grown significantly as Internal Medicine physicians refer IP care to them, as intended, allowing Internal Medicine physicians to specialize in ambulatory care.
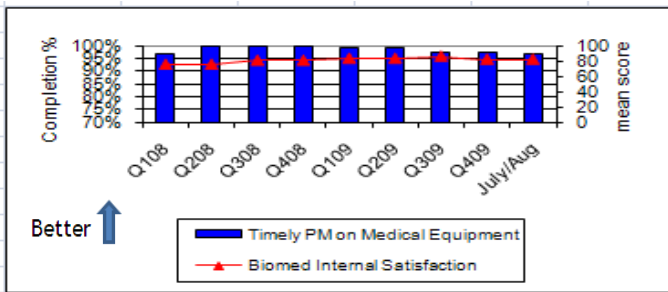
7.5-31 Manage Equipment

Biomedical services are important to keep patient equipment available and working properly for patient care. Both the timely preventive maintenance and internal customer satisfaction scores are consistently high and exceeding the goals reflecting efficient and effective processes are in place.
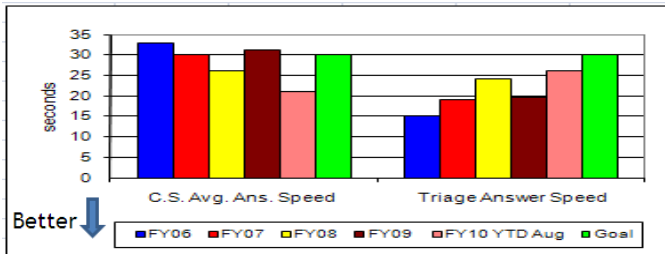

7.5-32 CHP/CHIS: Call Center

A key driver of CHP/CHIS customer satisfaction is speed of answering the phone. The call center goal is to answer calls in an average of 30 seconds. Maintaining focus and continuously striving to reduce answer time will ensure customers' needs are met.

7.5-33 Average Days to Close Grievances (omitted)

VOC concerns regarding time to resolve grievances lead to a focused effort to improve management processes. This resulted in an 88% reduction in number of days to close grievances from 56 to the goal of 7 days or less.
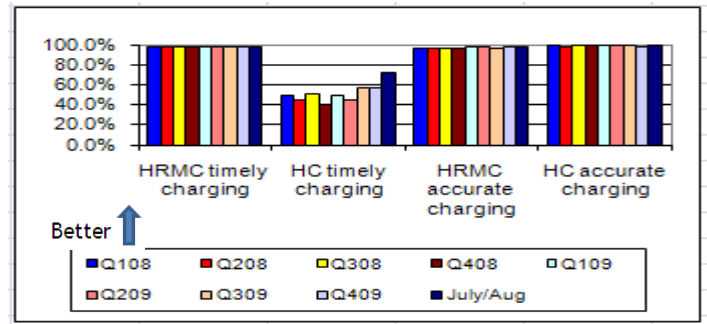
7.5-33 Manage Financial Performance

HRMC consistently meets its targets for timely and accurate charges. HC will address the opportunity of timely charging through the PII redesign in FY10.

7.6 Leadership Outcomes
7.6a(1)

	Result	2010
Strategy 1: Employer of Choice		
Capacity	7.4 -18	**Green**
Capability	7.4 -18	**Green**
Employee Satisfaction	7.4 -1	**Green**
Strategy 2: Exceptional Customer Service		
Customer Satisfaction	7.2-1	**Green**
Member Satisfaction	7.2-6	na
Complaints per 100 adj patient day	7.2-11	**Green**
Strategy 3: Learn, Grow, Innovate		
Strategic Projects Performance to Plan	32/35	na
New Projects (approved)	7.3-19	na
Strategy 4: Benchmark for Quality		
Patient Safety Index	7.1-4, 8, 9	**Green**
Mortality Ratio	7.1-2	**Green**
Evidence Based Appropriate Care Score	7.4-7	**Blue**
Supply Chain Index	AUR	**Red**
Strategy 5: High Value, Available Services		
Total Margin	7.3-3	**Blue**
Operating Margin	7.3-4	**Blue**
Days Cash on Hand	7.3-7	**Green**
Total Members (CHP)	15,658	na
Blue - Top Decile/ Stretch Goal Green - Acceptable		
Yellow - Needs Monitoring Red - Needs Attention		

7.6-1 Balance Scorecard Measures (omitted)

HH aligns performance across the organization with the key measures reflecting the organizational strategies on the HH BSC, as summarized here. AP to address members include a new partnership with Schaller Anderson. Supply Chain AP is reflected in our PII's.

7.6-2 Fiscal Accountability

HH undergoes a rigorous independent audit by the BKD accounting firm on an annual basis. There have been no significant findings since fiscal year 2006.

Key Measure	Goal	2006	2007	2008	2009
Accreditation & Licensure	100%	100%	100%	100%	100%
Patient Safety Measures	Figure 7.1 - 1 through 7.1-9				
Malpractice average claim per bid					
Malpractice cost per claim					
Hazardous Materials & Waste Management Manifests Completed	100%	100%	100%	100%	100%
DART	2.1	Figure 7.4-23			
OIR	6.0	Figure 7.4-23			
New Hire Criminal Background Checks	100%	100%	100%	100%	100%
OIG's LEI Medical Staff and Employee Match	0%	0%	0%	0%	0%
Contracts Reviewed Annually	100%	100%	100%	100%	100%
Tax Forms Filed	100%	100%	100%	100%	100%
Employees Education on COC	100%	100%	100%	100%	100%
Civil or Criminal Investigations by OIG	0	0	0	0	0
Self Reports to OIG	0	0	0	0	0
Advance Directives	> prior year	na	2,295	6,921	4,391 to date
IRB Studies	>prior year	na	na	12 (1st year of reporting)	15

7.6-3 Regulatory and Compliance Measures

HH compliance and ethics measures reported above. HH organizations are TJC accredited, DOI licensed, CMS accredited, experienced 0 audit deficiencies and monitor malpractice 100% compliance to BOD self evaluations (AUR).

7.6-4 Governance/BOD

The HH BOD conducts an annual self-assessment prior to the SBA. Any identified opportunities based on the self-assessment are incorporated into the SPP, e.g. BOD determined that to be effective in the community, the BOD must continue to set stretch goals for HH.
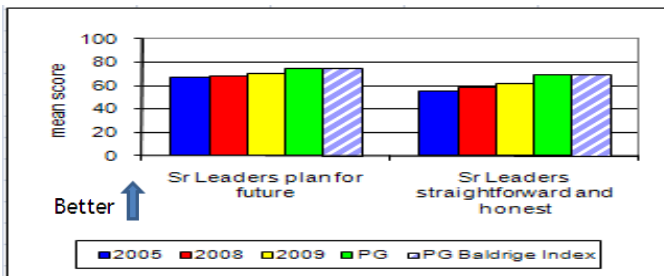

7.6-5 Employee Satisfaction: Trust in Senior Leadership

Employee trust in SL is a key satisfaction measure. HH performance has been improving and is approaching the 75th percentile due to focused PI efforts, e.g. providing leadership development opportunities via the LDI and HCAB Fellowship.
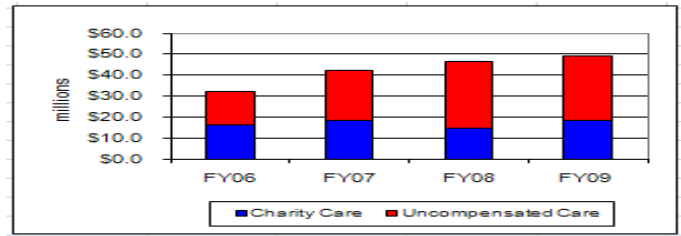

7.6-6 Charity Care & Uncompensated Care

HH provides both charitable and uncompensated care. Uncompensated care represents that portion of patient/payers which could be reimbursed (does not meet charitable guidelines) but does not reimburse HH. As HH revenues have increased and services have expanded, it is appropriate to see a corresponding increase in charitable and uncompensated care. In FY08 a policy change was made limiting charity to HH service area only.
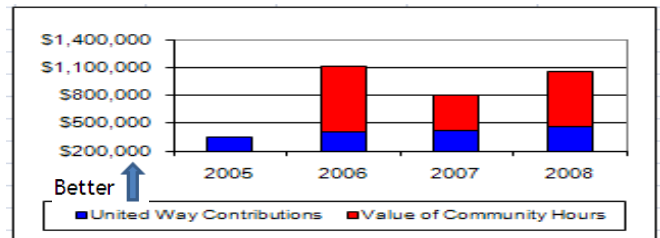
7.6-7 Community Support: United Way

HH contributions to the United Way include financial and volunteer hours. HH has improved its financial giving over the years and is the single largest employer-contributor to the local United Way and is a 75th percentile donor. HH employees have also donated many valuable volunteer hours supporting the community.
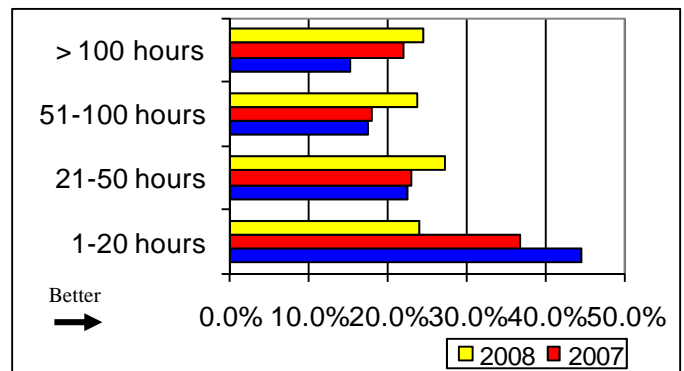
7.6-8 Employee Volunteer Hours

HH engages employee volunteerism to support the community. HH hosts many events providing opportunities to volunteer. The overall number of volunteer hours has increased and the number of hours per volunteer has also increased over time. This reflects employee commitment to improving the community.

7.6-9 AHEC

HH supports medical students by exposing them to community hospital care and rural primary care. AHEC is also a recruiting mechanism; participating students have chosen to practice in these underserved areas upon graduation from medical training. 6 AHEC students have been recruited to primary care in the region since 2000.

	2005	2006	2007	2008
Diabetes Expo	na	353	410	417
Healthy Communities Summit	600	750	2,400	na
Project Fit				
Students	5,100	5,800	6,000	10,500
Number of Participating Sites	23	27	33	43
Prostate Screenings				
# of screenings	na	328	627	661
# of PSAs above normal	na	15	15	63
# suspicious for cancer	na	7	7	4
# of new cancers found	na	2	0	
Diagnosis BPH/ Biopsy Pending	na			4
Colorectal Screenings				
# of kits sent out	na	2,520	2,162	1,637
% of kits received	na	66.1%	58.0%	64.8%
# of positive hemocult	na	118	150	206
# of diagnosed cancers	na	15	0	1
Call Center				
Inbound Volume	43,110	49,748	57,446	74,122
Follow Up Volume	20,461	48,604	77,181	79,642
emPower U	7.3-18			
WWI (Women's Wellness)	na	449	550	1,236
Pound Plunge				
Participants	na	1,200	1,500	1,500
Weight Loss	na	8,380	11,878	9,311

7.6-10 Community Programs

HH provides many community centered activities to promote wellness such as those summarized in this table. Overall community participation has increased.
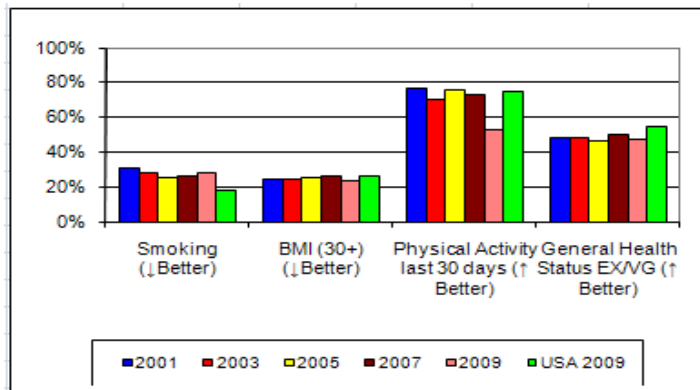
7.6-11 Key Public Health Indicators

Local public health status is measured by CDC, and funded jointly by St. Joseph Public Health and HH. Non-smoking rate is improving, yet behind the USA. BMI is at the USA rate. General Health Status has improved from 2001 to 2008.

2008 Green Initiatives	
Mercury Free	100%
Water Saved	6.3 million gallons
Energy Consumption	20% reduction in Linen Services

7.6-12 Green Initiative

HH recognizes and strives to minimize the impact it has on the community through its Green Initiative. HH is mercury free and will assist citizens with proper disposal of mercury and has

reduced water and energy consumption through PI efforts in the linen processing area. HH is committed to ongoing efforts to be environmentally friendly.

HH Recognition/ Awards	Years Recognized
Hospital Value Index	2009
Best in Value for Quality, Affordability, Efficiency & Satisfaction	
Award	
Best in Region	
Best in State	
Commonwealth Fund	
Ranked 16th hospital in nation	2009
Ranked 19th hospital in nation	2008
Award	2007, 2008
Missouri Quality Award	2000, 2005
Missouri Quality Team Award	2001,2003, 2004
Healthgrades Distinguished Hospital Award for Patient Safety	2006 - 2009
Healthgrades Patient Safety Excellence Award	2009
Healthgrades Distinguished Hospital Award for Clinical Excellence	2003-2006
Healthgrades Specialty Excellence for:	
Orthopedics and Joint Replacement	2007-2009
Pulmonary	2007-2008
for:	
Total Hip and Knee Replacement	2007-2009
Chronic Obstructive Pulmonary Disease	2002-2009
Back & Neck (except Spinal Fusion)	2007-2009
Hip Fracture	2008-2009
Community Acquired Pneumonia	2003-2008
Respiratory Treatment	2006-2008
Coronary Bypass Surgery	2005-2007
Cardiac Surgery, Vascular Surgery and Gastrointestinal Care	2006
United Way's Spirit of Community Award	2009
Excellence in Construction	2008
American Hospital Association NOVA Award to Patee Market Youth Dental Clinic	2007
Community Blood Center	
Star Club	2008, 2009
Top Hospital in Donations	2006-2008
Program	2005-2008
Primaris Quality Award for Clinical Excellence in Home Care	2008
Southern Growth Policy Board's Innovator Award for Youth Work	2008
American Heart Association Workplace Fitness Innovator Award	2008
American Heart Association Gold level Fit-Friendly Company	2008
United Way's Family Friendly Employer Award	2008
Second Harverter's Humanitarian Award	2008
Southern Growth's Innovator Award to Heartland Foundation	2008
EPA's Bownfields for Success in Cultivating Sustainable Communities Award to Heartland	2008

7.6-13 Recognition Awards

HH has a long history of achievement and recognition by government, professional and community based organizations. Such awards and recognition validates HH successes in achieving the highest quality and meeting the community needs.