

Our Journey With The Baldrige Criteria Baylor Medical Center At Plano



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Rationale

Baylor Regional Medical Center at Plano's vision is to be distinguished as the premier provider of patient-centered care. As a young organization, leadership believed that Quality Texas could provide an avenue to fulfill that vision by utilizing the Baldrige Criteria as a framework for improvement. Recognizing the magnitude of this task, BRMCP chose to approach this journey as a marathon, not a sprint.

Assembling the Team

Our philosophy is that the only individuals who could adequately write our story were the people who lived it. Therefore, the hospital leadership was divided up into the six Baldrige category workgroups. Two project champions, the Director of Healthcare Improvement and the Administrative Resident, were selected to oversee the process and writing of the application. Baylor Plano's President, was the Executive Sponsor. Her leadership was essential to set the expectation that ownership would be shared by the entire management team. Each workgroup was responsible for writing their category response under the direction of an assigned team leader. These team leaders are considered content experts of their respective category. A consultant was hired who had a rich understanding of the Baldrige principles and Quality Texas process, to guide the team down the right path.

Introducing Baldrige and Instilling Ownership

To introduce Baldrige to our leadership team, a one day kick-off event was held to introduce the Baldrige principles, Quality Texas process, and the benefit of this journey. This day was also used to develop a high-level outline of responses for each category. Thereafter, teams met independently and with the consultant and project Champions on a regular basis to construct their category. A total of eight sessions were held during the entire application process.

Involving Stakeholders

From a structural perspective, a key strategy was the deliberate decision to involve key stakeholders in our journey. A three-pronged approach was undertaken enlisting the Board of Trustees, Medical Staff and Hospital personnel.

The Board of Trustees' Quality Committee assumed oversight responsibility. The Quality Texas process is a standing agenda item for the Committee. Each meeting includes a status report of progress, direction is sought and commitment is reconfirmed. The full Board of Trustees routinely receives progress reports from the Board Quality Committee. In preparation for the annual Board retreat, members received a draft copy of the application. They were encouraged to read and be prepared to discuss the strengths and weaknesses of the application. Their feedback was incorporated into the final version of the application.

In addition to the medical staff members participating on the Board, all physicians received a copy of the Organizational Profile in the medical staff newsletter. Senior and mid-level managers participated in category workgroups; all additional hospital personnel received a copy of the Organizational Profile in the hospital newsletter. Providing a copy of the Organizational Profile in these newsletters exposed over 1,800 members of our staff to the process. These publications provided a venue to inform and educate, but more importantly, validated the content of our Organizational Profile. Staff was encouraged to comment if there were any significant omissions or inaccuracies.

Next Steps

To hardwire the process, an Operational Improvement Committee has been chartered. Our charter is below this article. This committee is composed of senior leadership and category leaders. On an ongoing basis, they will work on gaps identified by internal assessment and written feedback from the application process. As subject matter experts, they will serve as internal consultants and educators of the Baldrige process. Members will prepare and update their section of the application. During future site visits, they will function as the survey team.

Lessons Learned

Leadership sets the tone. Our President messaged early and often that “this is not about winning an award” and “this is a marathon not a sprint”. Although it may sound trite, it was key to recognize that this is not a quick fix, that we were committed to using the structure the Baldrige criteria provides to improve our organization.

Involve key stakeholders. A conscious decision was made not to have a couple people writing the application in isolation. Our philosophy was that a wide range of individuals were essential to accurately and completely tell our story. As we progressed they “owned” the process and became invested in the success.

Be prepared to be humbled. Many times over the past year, we have found ourselves saying, “you don’t know, what you don’t know”. Having structured focus discussions surrounding the Baldrige criteria with the senior and mid-level management team provided significant opportunities to evaluate current status, identify gaps and set the course for future development.



OPERATIONAL IMPROVEMENT COMMITTEE CHARTER

Purpose

- BRMCP aims to improve processes at the facility through addressing system gaps found through the Baldrige Process.

Specific Responsibilities

The specific responsibilities of the Operational Improvement Committee include:

- Address gaps that have been identified through the Baldrige Process both:
 - Prospectively- gaps identified internally
 - Retrospectively- gaps identified by Baldrige Surveyor Team
- Serve as resource to educate staff of Baldrige Principles and Survey Process
- Function as category leads during Baldrige Process
- Maintain/ update information within the application

Commitment

- Committee will meet each month with a minimum of ten meetings each year.

Members

- Lead sponsor to each category within the Quality Texas application
- Executive Sponsor
- Quality Texas Facility Leads