

## SSM Health Care is first to earn Baldrige site visit

*by Sister Mary Jean Ryan*

Last year, during one of the most challenging years ever faced by health care organizations, SSM Health Care (SSMHC) employees devoted considerable time and effort to applying for the Malcolm Baldrige National Quality Award (MBNQA), as well as the Missouri Quality Award (MQA). This effort entailed hosting two site visits involving more than 25 facilities in four states.

Challenges to the health care industry last year included the effects of the Balanced Budget Act of 1997, declining reimbursements, a growing uninsured population, the government's focus on Medicare regulation and the cost of programs required to avoid fraud penalties, Y2K expenses, and nursing and other health care staff shortages.

With all these challenges, why did we take on the Baldrige effort? Basically, we believed the Baldrige application process would be the fastest way for us to improve patient care. We wanted to make systemwide improvements more rapidly--to get better faster. We also wanted to measure our processes against the most exacting standards in the world--the Baldrige criteria. And we wanted the feedback that the site visit process would give us. Our goal was improvement--not an award.

### ***What we learned***

What did we learn? We learned of strengths we hadn't fully appreciated, and we learned of areas needing improvement that had not previously been identified. We received the invaluable perspective that only an external team of trained experts can give. We also gained a better understanding of how we operate as a system. This learning and these insights occurred while we prepared to apply, during the application process itself and through feedback.

Having submitted our first official application and received our first site visit, we're certain we made the right decision in going for the Baldrige. It caused us to focus attention and resources systemwide in a way never before possible. It elicited excitement and energy among employees and built a strong momentum for improving patient care that appears to be unstoppable.

### ***Mission statement***

SSMHC, sponsored by the Fran-ciscan Sisters of Mary, is one of the largest Roman Catholic health care systems in the country. Based in St. Louis, SSMHC owns, operates and manages 20 acute care hospitals and three nursing homes in Missouri, Illinois, Wisconsin and Oklahoma. Our mission statement reads: "Through our exceptional health care services, we reveal the healing presence of God."

In 1990, SSMHC became one of the first health care organizations in the country to implement continuous quality improvement (CQI) throughout its entire system. At the time, total quality management (TQM) had been implemented in several business and manufacturing industries, but was new to health care.

SSMHC saw quality improvement as a way to live out our mission and values--to provide exceptional health care to all those we serve. We believed CQI could provide a structure to operationalize our values every day in every corner of our system.

Our five-year implementation plan called for CQI to be introduced in four phases:

1. Quality improvement teams.
2. Quality policy and planning.

3. Quality in daily work life.

4. Quality as integral to who we are.

Looking back, I'm certain this framework helped us stay on the quality journey despite chaos present within the health care industry during those years. After about four or five years of implementing CQI, however, we reached a plateau. We were making small, incremental improvements in many places throughout the system. But there was growing disillusionment about CQI within the health care industry and within our own organization.

Some employees and physicians questioned whether CQI was really helping us make the needed changes. Incremental improvements weren't enough; we had to find ways to make more significant systemwide improvements.

### ***Self-assessments***

We began to work through some self-assessments, participate in the Institute for Healthcare Improvement Breakthrough Collaboratives and develop a relationship with Wainwright Industries, a Baldrige winner. We also visited GTE Directories, another Baldrige winner. We saw that significant or breakthrough improvements were indeed attainable.

Interaction with MBNQA winners convinced us that applying for the Baldrige Award was the best way to reach a higher level of quality improvement. So, in 1995 we began the next leg of our quality journey.

Although health care organizations weren't yet eligible to apply, we were confident that the category would receive approval and funding from Congress. In the meantime, I encouraged our hospitals to apply for quality awards within their states, since many state award programs use criteria identical to the national award. I urged them to use the award criteria and feedback from the application process to improve.

Since then, 10 SSMHC facilities and two teams won state or other quality awards or recognition. All the hospitals and teams learned from these experiences. For example, the staffers at St. Francis Hospital & Health Services in Maryville, MO, say feedback from their MQA application taught them about collecting and using data and about linking key processes throughout the organization.

We found that the state award application process not only gave the hospitals valuable feedback and helped them analyze their work in new ways, but also generated excitement about getting better.

In 1996, SSMHC began to prepare as a system to apply for the MBNQA. We formed seven systemwide teams to look at the criteria for the seven Baldrige categories and compare the criteria with what we were doing as a system. The teams used the Baldrige criteria, feedback from state quality award programs and internal self-assessments, spending about a year identifying system processes that should be improved.

The seven teams recommended four areas as opportunities for improvement:

- Leadership processes.
- Communication strategies.
- The strategic and financial planning process.
- The CQI educational process.

### ***Leadership plan developed***

This study led to the development of a cohesive leadership plan for executives across the system, strengthening of our strategic and financial planning process, introduction of a sharing conference,

and improvement of our CQI model and educational program to allow teams to make changes more quickly. These are but a few examples of the significant systemwide improvements SSMHC made as a result of measuring processes against the Baldrige criteria.

We began the application process itself in September 1998 using seven category writing teams, each led by a member of system management, which drafted processes for each category and sent the drafts to entity contacts for review and feedback.

The application was then redrafted by a final writing team and put into final form by an editor. All the writing and editing were done by SSMHC employees. We believed it was important for system management and our employees to prepare the application since this was how we could best learn about our processes--how they are integrated and how well they match up to the Baldrige criteria.

To prepare our system for an MQA or MBNQA site visit, I visited 25 entities in four states from January through April of last year. I met with senior and middle managers to give them an update on the application process and talked with employees in their randomly selected departments. I asked our employees questions similar to those a Baldrige examiner would ask.

### ***Morale and commitment boosted***

These readiness visits were an opportunity to listen and learn from employees. The talks boosted morale and commitment throughout the organization, thus providing value beyond their intended purpose.

Because the criteria for the MBNQA and MQA are the same, we decided to apply to both award programs. SSMHC was one of three health care organizations selected for MQA site visits in September 1999. Six examiners spent four days visiting our corporate office and nine facilities in three states.

Shortly after these site visits, we learned that SSMHC was the only health care organization in the nation selected to receive a Baldrige site visit. The Friday before the Baldrige visit began, we found out we'd won the MQA. The timing couldn't have been better to energize us all.

### ***Eight examiners for four days***

Eight MBNQA examiners, six with health care backgrounds, visited us for four days in October. They went to nearly all of our hospitals and nursing homes, as well as to physician practices and health care business-related offices.

We received excellent feedback reports from both the MQA and MBNQA programs. We scored in Band 4 in both, which indicates we have effective approaches to many of the areas to address but that deployment varies.

The opportunities for improvement identified by MQA and MBNQA were similar. One major theme emerged--that our information and analysis processes need to be improved. We must better track, measure, analyze, compare and integrate data across the system.

Key themes of the feedback included suggestions that we:

- Improve the link between human resources planning and future oriented financial and strategic planning.
- Develop a consistent process for using comparative, competitive and benchmarking information to systematically identify improvement priorities and set stretch goals.
- Review additional data at the system level.
- Better analyze the relationships among clinical, operational and financial performance.
- Develop a systemwide approach to process management in the long term.
- Enhance strategies for dealing with managed care markets.

- Better measure the impact of our Healthy Communities projects.
- Develop a systemwide patient complaint management system.

The feedback report called out the following areas as our key strengths:

- We are a mission and values driven organization that links its mission and values to employees' daily work through a systemwide program.
- We have established a strong leadership system that includes a stated philosophy, expected behaviors and a 360-degree evaluation process. And we use a role model process for leadership.
- Our strategic and financial planning process includes systemwide capital allocation planning and a mission effectiveness analysis tool.
- We have a strong and well-established CQI culture that encourages innovation, sharing, learning, and both internal and external benchmarking. Our corporate office has a customer-supplier relationship with the entities it supports.
- Standard software and system-wide processes support information sharing and rapid assimilation of financial results.
- Focus groups are used to determine employee satisfaction.

The MBNQA application process created a wonderful enthusiasm and confidence among employees that enabled us to take in stride the significant challenges mentioned earlier in this article.

SSMHC built up a momentum for making process improvements that is keeping us focused on giving better care to our patients, regardless of the obstacles being experienced throughout the health care industry.

Will we apply again for the Baldrige Award? Most certainly. We don't want an ounce of that momentum to be lost. SSMHC is moving forward--taking advantage of the opportunities for improvement uncovered for us by the MBNQA examiners and presented in the feedback.

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