

# Moving Towards Improving Organizational Performance-Best Practice Model for Transparency



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# Objectives

- Relate the organizational challenge to meet the requirement for performance measurement, and informing our partners, collaborators, employees.
- Discuss the methodology for developing and managing scorecards.
- Describe how cycles of learning supported sharing organizational knowledge.

99 Acute  
165 Skilled/Resident Care  
24 Inpatient Adult Behavioral Health





# Community Memorial Healthcenter

- Mission
  - To provide excellence in the delivery of healthcare
- Vision
  - To be a national leader in healthcare through continuous improvement in all we do.



# Community Memorial Healthcenter

## Values

- Integrity at all levels.
- Compassion and service towards others.
- Teamwork that revolves around respectful and collegial relationships among physicians, employees, patients and volunteers.
- Ethical behavior.
- Excellence in our processes and outcomes.
- Professionalism.



# About CMH



- Service close to 85,000 patients-residents & families in three county area
- Poverty rates/ unemployment 13.9%
- Majority Medicare/Medicaid patients
- Surgical Volume: 5,800/yr



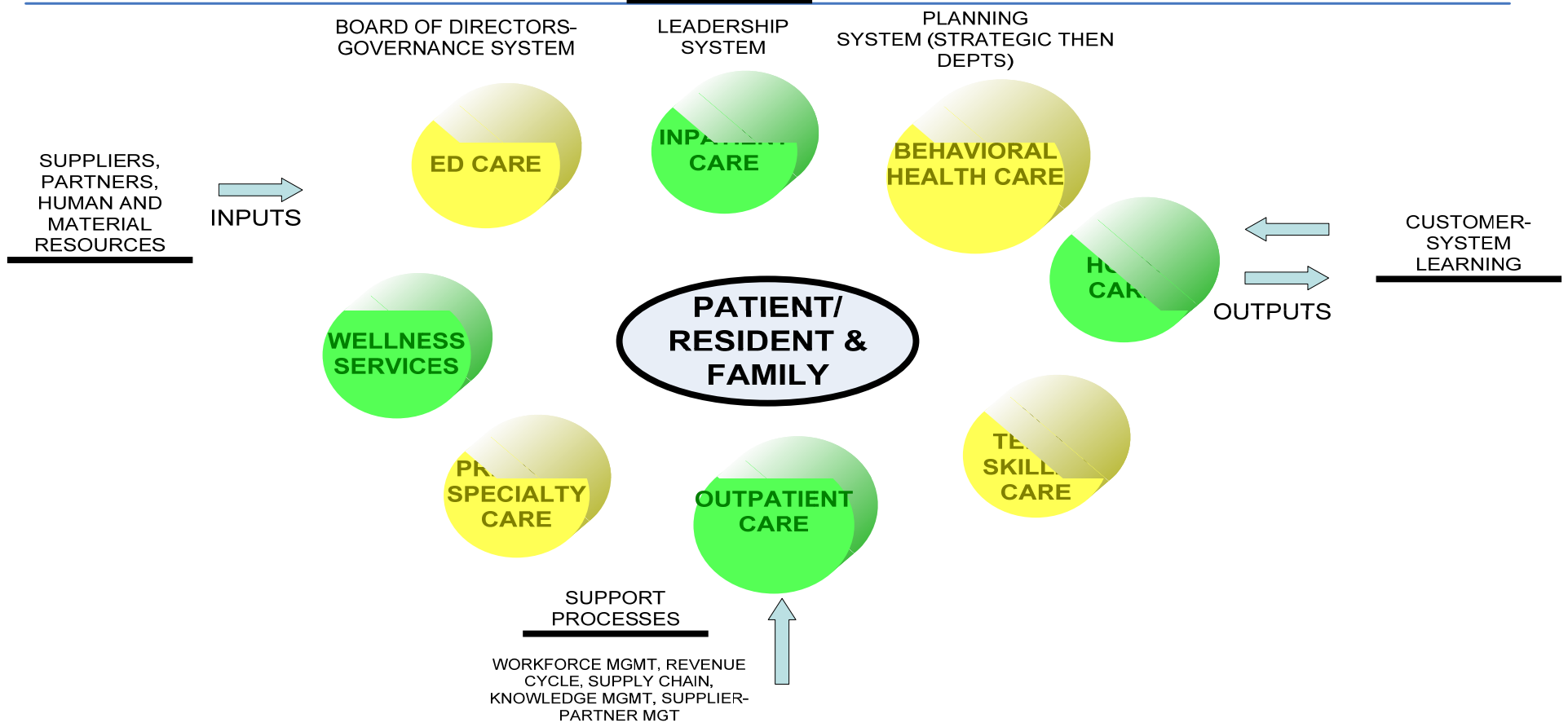
# CMH Work System Design

**WORK SYSTEM: COMMUNITY IS IN OUR NAME, AND AT THE HEART OF WHAT WE DO!**

**6.1.a (1)**

JULY 7, 2009

**SYSTEM TRIAD**



**Figure 6.1.a.(1) Work System Design & Innovation**



# Core Competencies & Key Work Processes

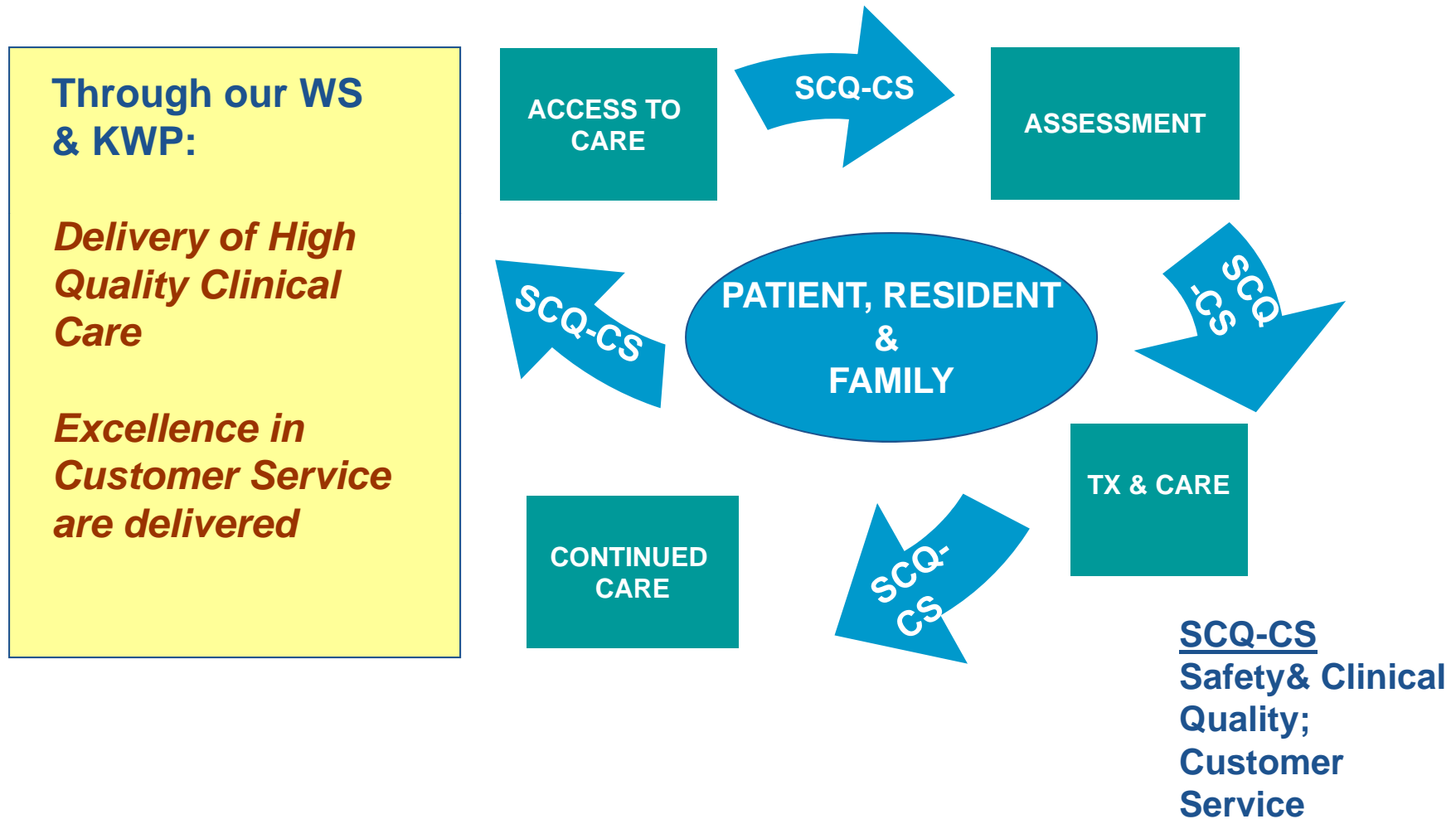


Figure 6.1.a (2) Work System & Key Work Processes Relate to Core Competencies



# CMH Key Work & Requirements

*Figure 6.2.b 1 Key Work Processes & Key Work Requirements*

Key Work Processes	Key Work Requirements
Access to Care	Safe Care Effective Care Efficient Care Timely Care Equitable Care Patient Centered Care
Assessment	
Treatment & Care	
Continued Care	



# Critical-Success: Pillars

Strategic planning, action plans:

- Quality
- Finance
- People
- Growth
- Governance



# Tool Box PI Model

Ref: 4.1 How do you measure, analyze and improve?





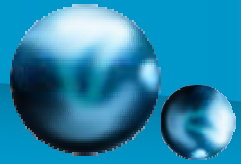
# Measurement, Analysis, Knowledge Management

- 4.1.a (1) How do you use data and information to support organizational decision making and innovation? **GAP**
  - Information not always timely
  - Unit scorecards not used across all Departments
  - Availability of information difficult across all entities off campus
  - Making decisions based on data very silo based, integrated at the Senior level



# Data Management-Opportunities

- Collection/Transfer of organizational knowledge
  - Departments were not equally informed
  - Staff not connected to Strategic Objectives
  - Collection/transfer of workforce knowledge slow, incomplete



# Measurement, Analysis, Knowledge Management

- 4.1.a (1) How do you use data and information to support organizational decision making and innovation? **GAP**
  - How we deploy to work groups sharing information
    - Bound by meetings, email, delegation
  - Provide access to data based on Strategic Action Plans to all levels of employees
    - Only shared at staff meetings, not all staff have email.



## Measurement, Analysis, Knowledge Management

- 4.2.a.(2) How do you make needed data and information available? How do you make them accessible to your workforce, partners, collaborators. **GAP**
  - Information clustering of key performance indicators
  - Communication of relevant information to appropriate staff members



# Challenge-Innovation

- Data management, tracking, reviewing
- Best in class methodology
- Associate Pillar concept with analysis/results
- Decrease cost
- Increase reliability
- ASP model
- Structure, reports constructed Nov 2009-Jan 2010



# ScoreBoard-Scorecards

- Features
  - Cascade data by Organization, Pillar
  - Reflect, track measures
  - Viewing access to all Departments
  - Over 5,000 indicators
- Progression
  - Added reports by pillar
  - Linkage between reports to reduce resource requirements
  - Added organization by Senior Leader Group



# System Implementation: Feb-March 2010

- Pilot Professional Services Organization
  - Radiology
  - HR, Education, Wellness
  - Q/PI
  - Lab
  - Pharmacy
  - HIM
  - Specialty Clinics
  - Acute/Out-Pt Rehabilitation



# Steps

- Developed Scorecards-Pillars
  - Focused on MBOs developed from Strategic Objectives
  - Performance tied to outcomes
    - Example Rehab-Documentation
  - Finance-against budget
  - Problem prone indicators
- Q/PI developed in system
  - Made import sheets per Dept for 12 months



# CMH Performance Excellence View

## System View

<https://cmh-sh.spiderstrategies.com/cms/spring/authenticate>



# Efficiencies

- Departments can access 24/7
- Quality data email to send all data
- Link KPIs from 1 area to another
- Laptop/projector at every meeting
- Time-0.5 FTE
- Flexibility of viewing/presenting information
- 1 import sheet/dept for data entry



# Cycles of Learning

- Working on Department specific KPIs for Pillars
- Scorecard Workshops for all Directors
  - Reinforce on how to select, express, use benchmarking
  - Use systems view, connect to Strategy for employees
  - Use financial data to manage expenses
  - Common view



# Cycles of Learning

- Departments are tracking KPIs that cascade to Strategic Objectives
  - Goals, Target
  - Process Measures
  - Stretch goals
  - Add, archive over time
- Employees, partners, collaborators view access



# Discussion & Questions



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