Implementing an integrated leadership system to drive meaningful improvement
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“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Your biggest leadership challenge in one word
Learning Objectives

Attendees will be able to:

• Describe key components of a Leadership System and Strategic Planning Process.
• Define core components of a Lean Improvement approach and how it supports strategy.
• Describe how to use a Leadership System to engage the workforce.
• Discuss examples of how GBMC uses its Leadership System to support health equity.
“To every patient, every time, we will provide the care that we would want for our own loved ones.”
GBMC Healthcare

GBMC

a 257-bed not for profit hospital

GBMC Health Partners

employed physician group of 300+ primary care providers and specialists

gilchrist

elder and end of life care

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
OUR MISSION

The mission of GBMC is to provide medical care and service of the highest quality to each patient and to educate the next generation of clinicians, leading to health, healing and hope for the community.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
In order for GBMC to maintain its status as a provider of the highest quality medical care to our community, in the context of an evolving national healthcare system, we must transform our philosophy and organizational structure, and develop a model system for delivering patient-centered care.

We define patient-centered care as care that manages the patient’s health effectively and efficiently while respecting the perspective and experience of the patient and the patient’s family. Continuity of care with a focus on prevention and ease of navigation through a full array of services will be the rule. Our professional staff will be able to say with confidence that the guidance and medical care they are providing mirrors what they would want for their own family.

We will create the organizational and economic infrastructure required to deliver evidence-based, patient-centered care and for holding ourselves accountable for that care. This new organization will be defined by collaboration and continuous improvement. Physicians lead teams that will manage patient care.

We are moving into the future with renewed energy and increasing insight. We look forward to building relationships with both community-based and employed physicians that will form the foundation of Greater Baltimore Health Alliance. We welcome all those who share our vision of healthcare as it is transformed to meet the needs of our community and nation in the 21st century.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Our Vision Phrase

2011-2023

To every patient, every time, we will provide the care that we would want for our own loved ones.
1. The best possible health outcome.

2. The best possible satisfaction with the way the care is delivered.

3. The least possible waste (time, effort, money).

4. The most joy for those providing the care.

“"To every patient, every time, we will provide the care that we would want for our own loved ones.""
Our Improvement Journey

1965: Our Mission – Health, Healing, Hope

2010: Vision and Vision Phrase—Four Aims and Culture of Safety, Lean Improvement

2013: Began using Baldrige Framework for Excellence

2015: Achieved Maryland Performance Excellence Gold Award

2017: Baldrige National Application and Design of Critical Systems

2019: Baldrige National Leadership Category Best Practice

2020: Baldrige National Award Recipient

2022: Continued Use of the Baldrige Framework
Baldrige Leadership Questions

How do senior leaders

- Lead the organization?
- Deploy the vision and values?
- Personal actions reflect a commitment to those values?
- Communicate and engage with the workforce & key stakeholders?
- Communicate the need for organizational change?
A bad system will beat a good person every time.

W. Edwards Deming
OUR JOURNEY TO THE DEPLOYMENT OF A STRONG LEADERSHIP SYSTEM

- Living our values is not enough.
- Most discussions on leadership begin & end with personality traits.
- How do you implement measurable change with results and avoid a “Fire Fighting” approach?
CREATING A LEADERSHIP SYSTEM THAT DRIVES ACTION
How we LEAD...Leadership System

1a. Understand Stakeholder Requirements
2. Set Direction & Communicate
3a. Enroll & Build Commitment
3. Align Goals & Cascade
4a. Foster Improvement & Innovation
4. Develop Action Plans
5. Implement Action Plans
6a. Recognize & Reward
6. Achieve Results
7a. Build Accountability
7. Develop & Mentor
5a. Learn, Analyze, Refine, Share
People Hate Change.
People Hate to be Changed.
1. Engage the person in a **dialogue** about the **need** for change.

2. **Invite questions** or concerns about the change.

3. Ask for a **commitment** to working on the change.

“**To every patient, every time, we will provide the care that we would want for our own loved ones.**”
Think about a difficult change you were responsible for in the past three years. How would you rate its success:

- 1 – Excellent - Most stakeholders were on board; the change was implemented, sustained and improved.
- 2 – Good – Many stakeholders were on board; the change was implemented and mostly sustained.
- 3 – Fair - Some stakeholders were on board; the change was implemented but not sustained.
- 4 – Poor - Most stakeholders were not on board, and the change was not implemented.
Case Study
Integrating Leadership and Strategy
Leadership and Strategic Planning Integration

1. Develop & Mentor
   - Build Accountability
   - Recognize & Reward
   - Achieve Results
   - Learn, Analyze, Refine, Share

2. Set Direction & Communicate
   - Role Model Vision & Values
   - Understand Stakeholder Requirements
   - Enroll & Build Commitment

3. Align Goals & Cascade
   - Develop Action Plans
   - Foster Improvement & Innovation

4. Develop Action Plans
   - Review MVV, FA; Gather input from ALL stakeholders
   - Implement Action Plans

5. Implement Action Plans
   - Cascade Strategic Objectives, Budgets & Action Plan Goals & TTIs

6. Foster Improvement & Innovation
   - Develop Individual KPIs
   - Gather Qualitative & Quantitative Internal & External Data

7. Complete Stakeholder Survey & Begin Budget Process
   - Develop Strategic Objectives
   - Analyze Inputs & Identify Strategic Outputs

8. Finalize Capital & Operating Budgets, Annual Action Plans & TTIs
   - Plan Development

9. Use, Review & Learn
   - Evaluate & Improve SPP

10. Use, Review & Learn
    - Cascade Strategic Objectives, Budgets & Action Plan Goals & TTIs

11. Use, Review & Learn
    - Enroll & Build Commitment

12. Use, Review & Learn
    - Develop Action Plans

13. Use, Review & Learn
    - Implement Action Plans

14. Use, Review & Learn
    - Review MVV, FA; Gather input from ALL stakeholders

15. Use, Review & Learn
    - Understand Stakeholder Requirements

16. Use, Review & Learn
    - Role Model Vision & Values

17. Use, Review & Learn
    - Build Accountability

18. Use, Review & Learn
    - Recognize & Reward

19. Use, Review & Learn
    - Achieve Results

20. Use, Review & Learn
    - Learn, Analyze, Refine, Share
Alignment through the Strategic Planning Process

- Better Health
- Better Care
- Least Waste
- More Joy

Strategic Challenges
Strategic Advantages
Success Factors
Strategic Opportunities
Strategic Objectives (Long-term Goals)
Annual Goals (Short-term Goals)
Strategic Deployment

- Strategic Objectives
- Annual Goals
- Local KPIs
- Performance Review Process
DAILY LEADERSHIP

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
“To every patient, every time, we will provide the care that we would want for our own loved ones.”
How we LEAD...Leadership System

1. Understand Stakeholder Requirements
   - Review MVV, FA; Gather input from ALL stakeholders

2. Set Direction & Communicate
   - Role Model Vision & Values
   - Align Goals & Cascade
   - Enroll & Build Commitment

3. Develop Action Plans
   - Foster Improvement & Innovation

4. Implement Action Plans
   - Learn, Analyze, Refine, Share

5. Achieve Results
   - Recognize & Reward

6. Develop & Mentor
   - Build Accountability

7. Learn, Analyze, Refine, Share
   - Build Accountability

1a. Recognize & Reward
2a. Build Accountability
3a. Align Goals & Cascade
4a. Foster Improvement & Innovation
Leadership and Recognition Integration

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Creating a Culture of Recognition

- Symbolic Awards
- Thank you Notes
- Standing Item on Team Agenda
- Celebrate Success – Social Media
Peer to Peer Nomination Criteria

• Connects to our Four Aims

• Fosters Joy

• Empowers staff to provide public appreciation of each other

“With every patient, every time, we will provide the care that we would want for our own loved ones.”
Benefits of Peer to Peer

• Fosters teamwork
• Surprise monetary award - $450/$50
• Creates excitement
• Highlights role model examples
Leading for Health Equity
A bigger commitment to Baltimore City
GBMC Pathways:
An In-Home and Neighborhood Approach to Creating Health Equity
Health Disparities and Interventions

**Diabetes**
- Equitable Access to Healthcare
  - Transform practice to PCMH
  - Growth with community outreach and engagement
  - Increased referrals
  - Health and wellness screenings

**Hypertension**
- Food Insecurity
  - Increase through community partnership
  - 25% of patients – 10 lbs/wk at $0.25/lb

**Obesity**
- Transportation Barriers
  - Contract with LYFT
  - 12.5% of new patients; $30/ride; 4/year

**Food Insecurity**
- Community partnerships
- Increase awareness of accessing legal services
- To help stabilize families
- To improve/identify aging in place
- To address social determinants of health

**Transportation Barriers**
- Contract with LYFT
- 12.5% of new patients; $30/ride; 4/year

**Housing Instability**
- Community partnerships
- Increase awareness of accessing legal services
- To help stabilize families
- To improve/identify aging in place
- To address social determinants of health
**Project impact**

**OVERALL SUCCESS OF PROJECT**

- Improve the health and well-being of the people who live in the targeted communities
- Improve quality metrics within 2 years
- Reduce hospital and ED utilization

**KEY DATA METRICS**

- 100% of all obesity patients; will receive body mass index screenings
- 84% of hypertension population; will have controlled blood pressure (140/90)
- 30% of diabetics – A1c >9% - those at risk – education/clinical support
- 100% of all patients will receive SDOH screening at initial visit
- 100% of all patients will receive a depression screening
- Effectiveness and collaboration with community partners beyond two years
COST SAVINGS

• Payors – spend $ upfront through a per member per month model, it will drive value and reduce waste

• In the next two years, Jonestown and Elder Medical Care (EMC), we will continue to see a reduction in an overall total cost care to Baltimore City/region
  • Average baselines according to Agency for Healthcare Research and Quality:
    • Inpatient stay for hypertension is $7,400
    • Diabetes averages between $6,700 for uncontrolled; $27,000 for a lower leg amputation, respectively
    • Each person served by EMC ranges from $11K-$14K annually
Commitment is what transforms a promise into reality.

- Abraham Lincoln
WHAT WILL YOU COMMIT TO TODAY?

- Talk about a change at your next staff meeting and use the enrollment process.

- Write down one daily metric you can begin using for improvement.

- Implement a new recognition habit.

- Explore opportunities to address health disparities
Questions

What has resonated with you today?

What needs further clarification?

What do you want to know more about?
THANK YOU
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