

Implementing an integrated leadership system to drive meaningful improvement





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Your biggest leadership
challenge in one word

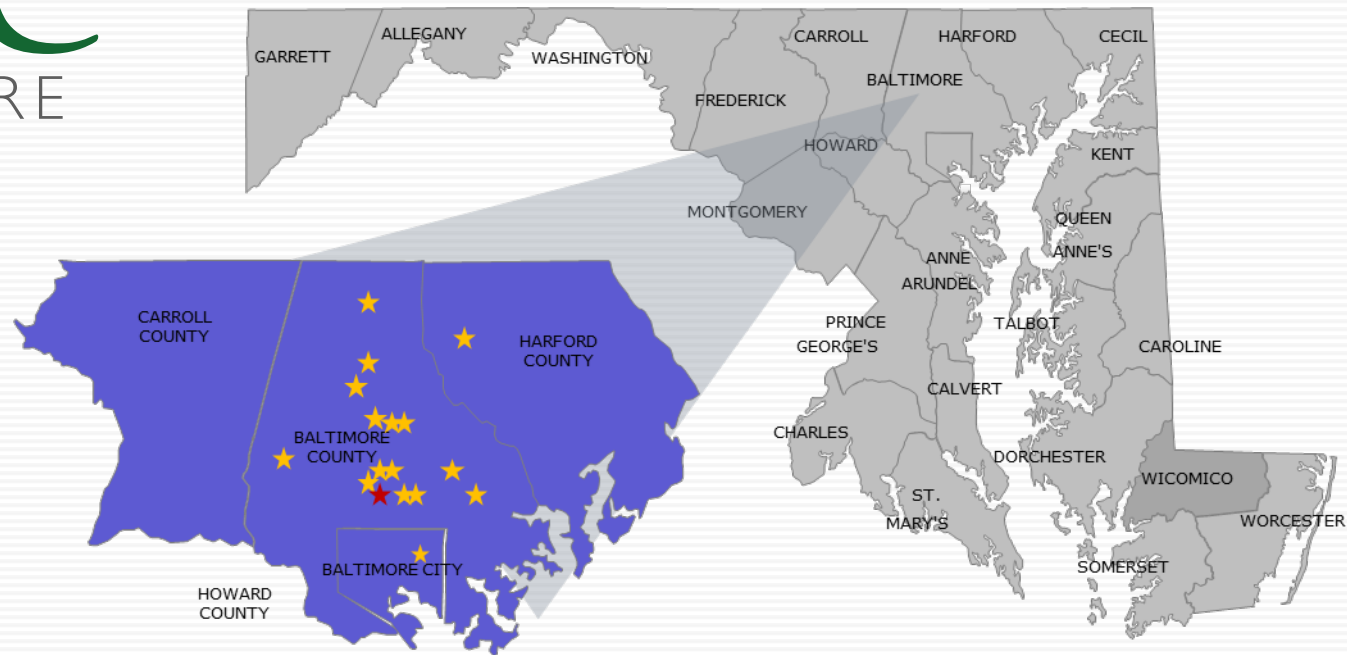
Learning Objectives

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.

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Malcolm Baldrige
National Quality Award

2020 Award Recipient

*“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

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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.



OUR VISION STATEMENT

2011-2023

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.



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OUR VISION PHRASE

2011-2023

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OUR FOUR AIMS

1

The best possible
*health
outcome*

3

The least possible
waste
(time, effort, money)

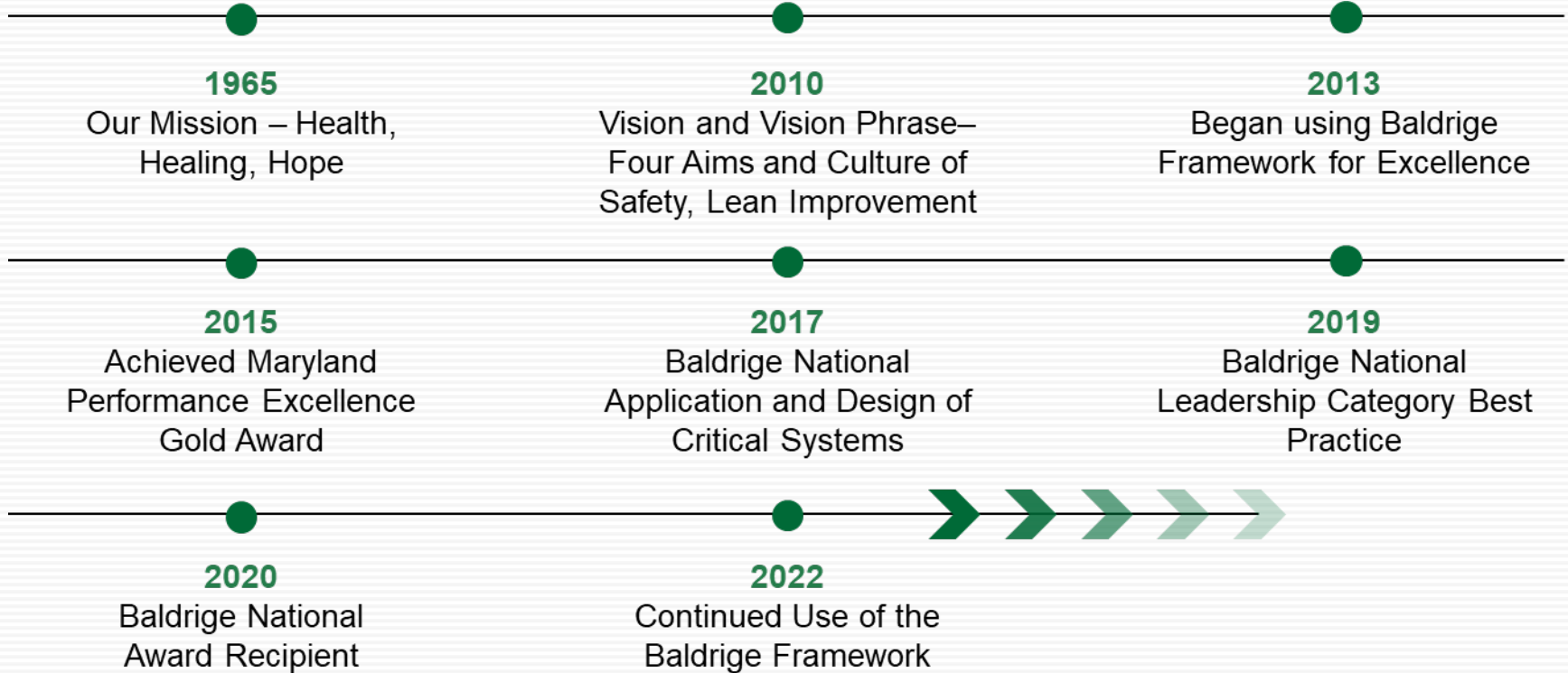
2

The best possible
satisfaction
with the way the
care is delivered

4

The most *joy*
for those providing
the care

Our Improvement Journey



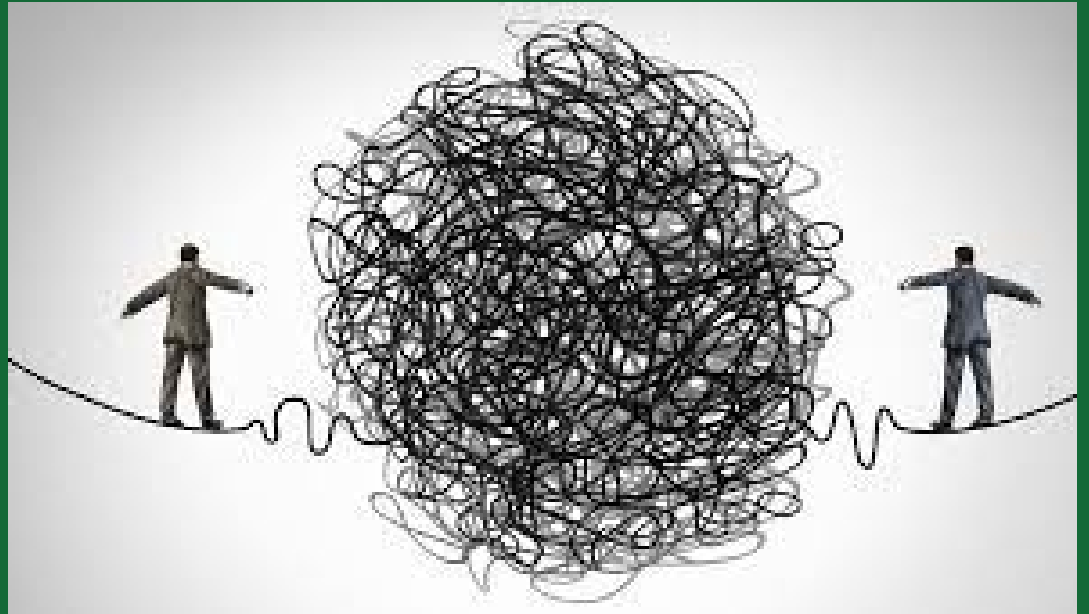
Baldrige Leadership Questions

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.***

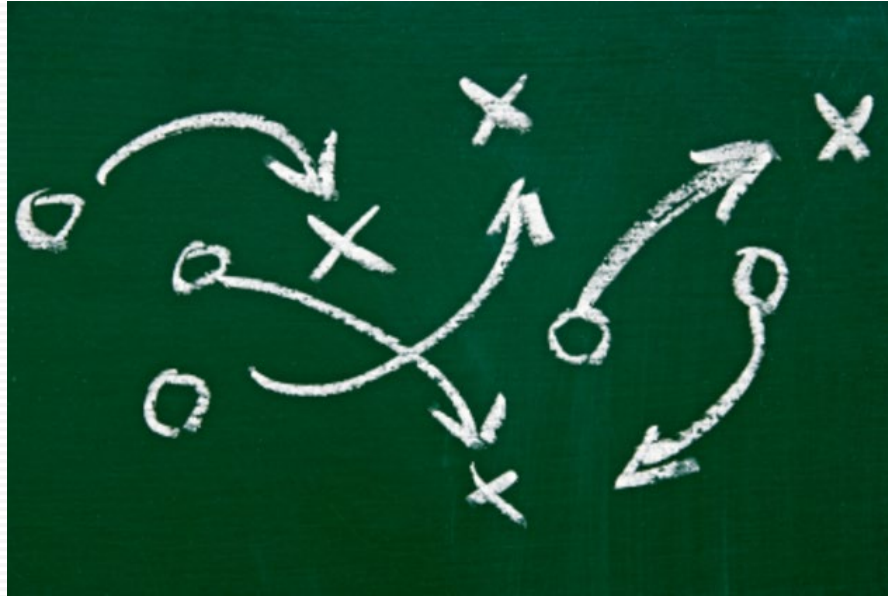
W. Edwards Deming



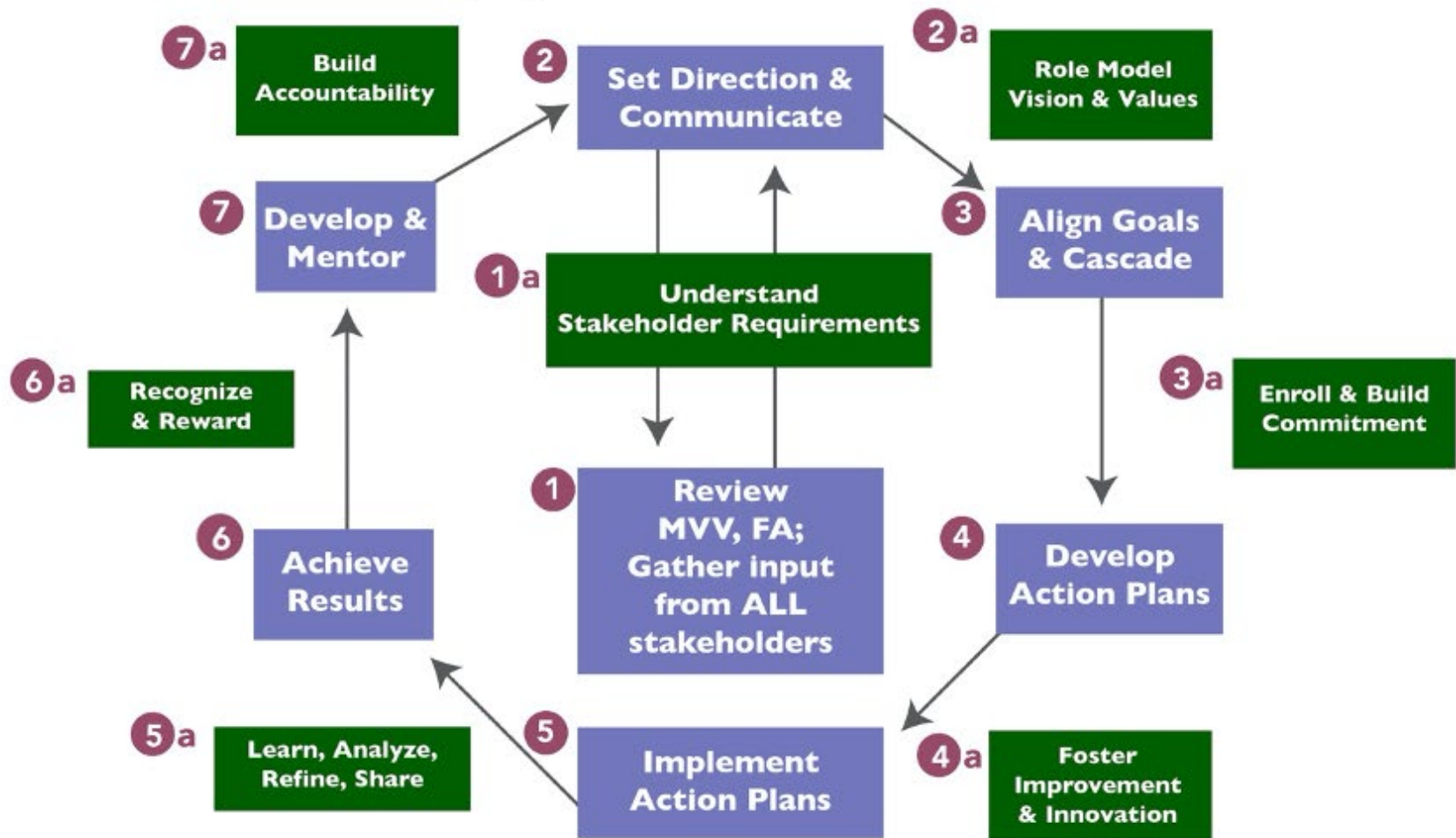
OUR JOURNEY TO THE DEPLOYMENT OF A STRONG LEADERSHIP SYSTEM

- 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





People Hate Change.



People Hate to be Changed.



ACT OF ENROLLMENT



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.

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

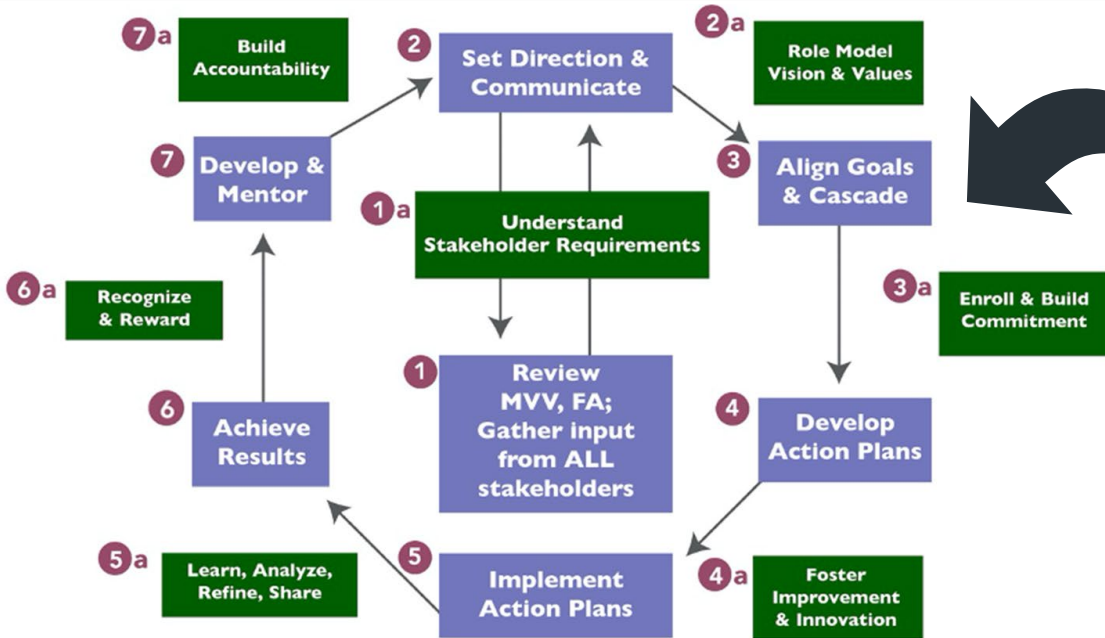


Integrating Leadership and Strategy

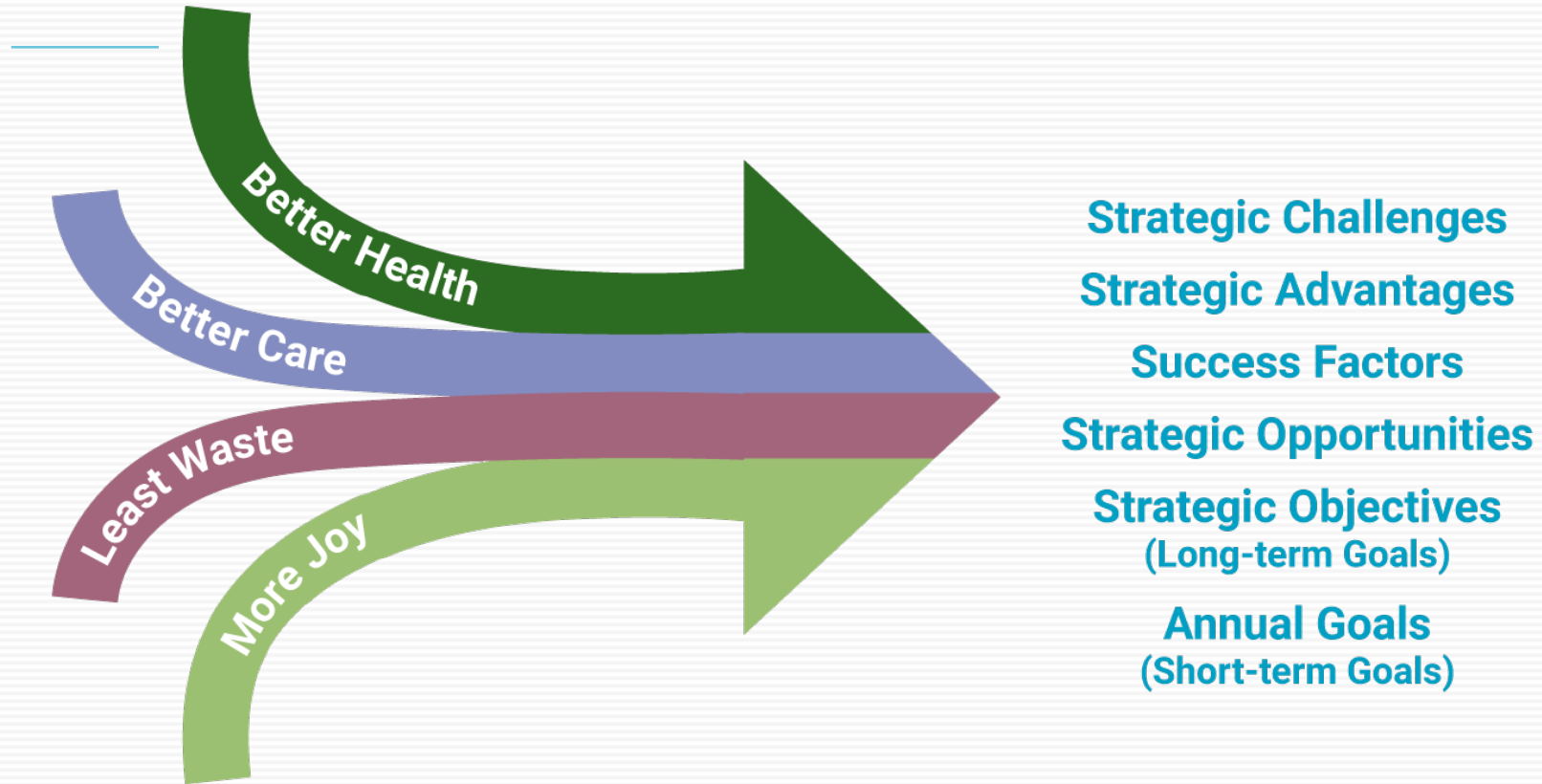


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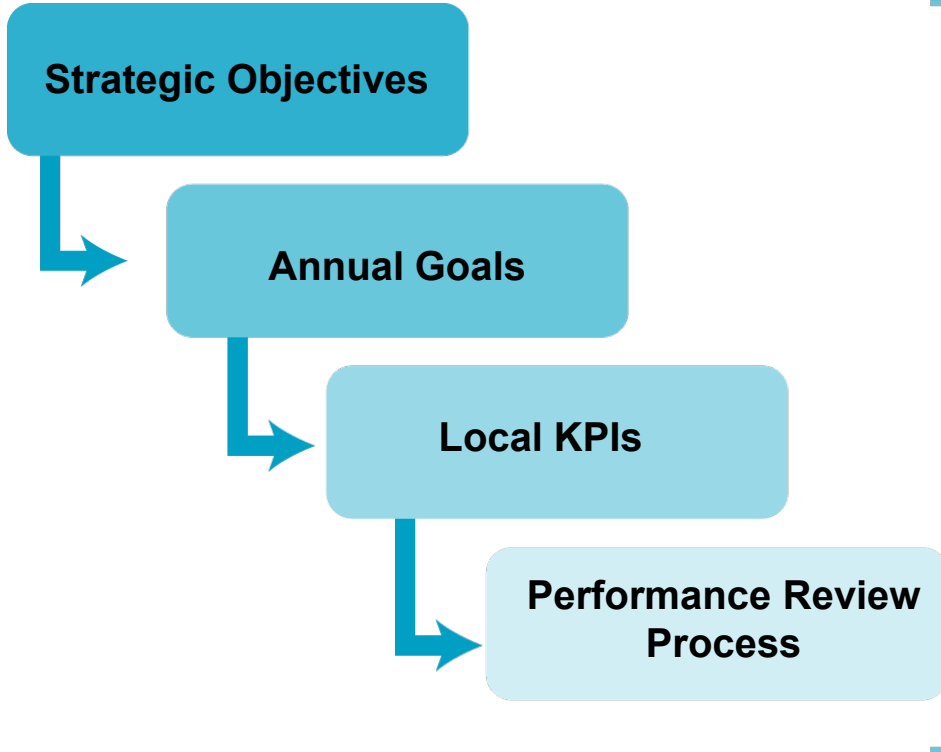
Leadership and Strategic Planning Integration



Alignment through the Strategic Planning Process



Strategic Deployment



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Strategy Deployment Cascade

MODEL FOR IMPROVEMENT
 1 What are we trying to accomplish? → 2 How will I know if the change is an improvement? → 3 What change will we make that will be an improvement?

Our Core Competency: Redesigning Care

STRATEGIC DEPLOYMENT CASCADE

Aim	Strategic Objective	FY22 Annual Goal
Better Health	1. Redesign care to continue to provide the best health outcomes to our patients and the community we serve	1. Redesign key work processes to better meet customer requirements and improve health outcomes across the care continuum and service lines
	2. Align and integrate a Behavioral Health Service Line that effectively meets the needs of our patients	2. Create a Behavioral Health Service Line
	3. Assume accountability for more effectively managing the health of all our patients	3. Successfully execute MDPCP 4. Work with community-based resources to redesign care for our communities 5. Cultivate and/or establish value-based reimbursement with payors
Better Care	4. Redesign key work processes for equitable care access, care delivery, and care transition to improve the patient experience	6. Achieve targeted customer service measures (CAHPS) 7. Continually adapt and align Master Facility Plan with Strategic Objectives
	5. Establish a systematic process to expand, modify, or create new GBMC HealthCare offerings	8. Expand, modify, or create services for GBMC Hospital 9. Expand, modify, or create services for GBMC Health Partners 10. Expand, modify, or create services for Gilchrist
	6. Continuously drive out waste to maintain organizational sustainability	11. Advance the capability and capacity of the Lean Management System 12. Design and deploy the performance excellence framework 13. Redesign care to reduce potentially avoidable utilization 14. Improve organizational patient throughput
Least Waste	7. Work with our suppliers, collaborators, and partners to improve operational efficiency and effectiveness	15. Continuously improve Supply Chain and Pharmacy alignment and integration
	8. Continually improve workforce engagement, recruitment, and retention	16. Design and deploy a process to address the current and future capabilities for our workforce and future caregivers 17. Deploy a process that addresses our workforce capacity 18. Improve the engagement of our workforce
More Joy	9. Design and implement a safe and equitable environment for all our workforce	19. Reduce the number of employee injuries



DAILY LEADERSHIP





<https://vimeo.com/597296879>

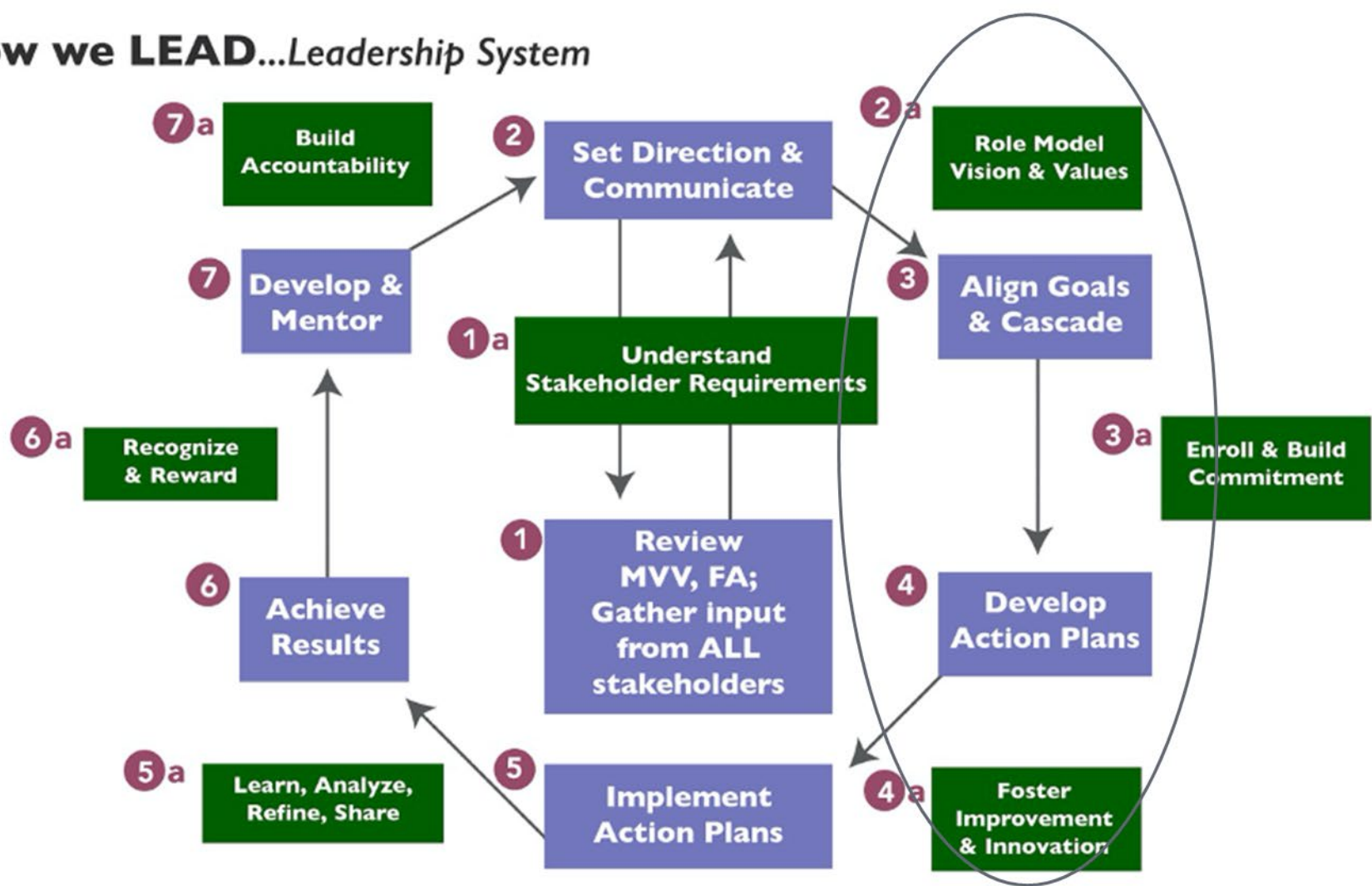
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How we LEAD...Leadership System



Leadership and Recognition Integration



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



Benefits of Peer to Peer

- Fosters teamwork
- Surprise monetary award - \$450/\$50
- Creates excitement
- Highlights role model examples



Leading for Health Equity







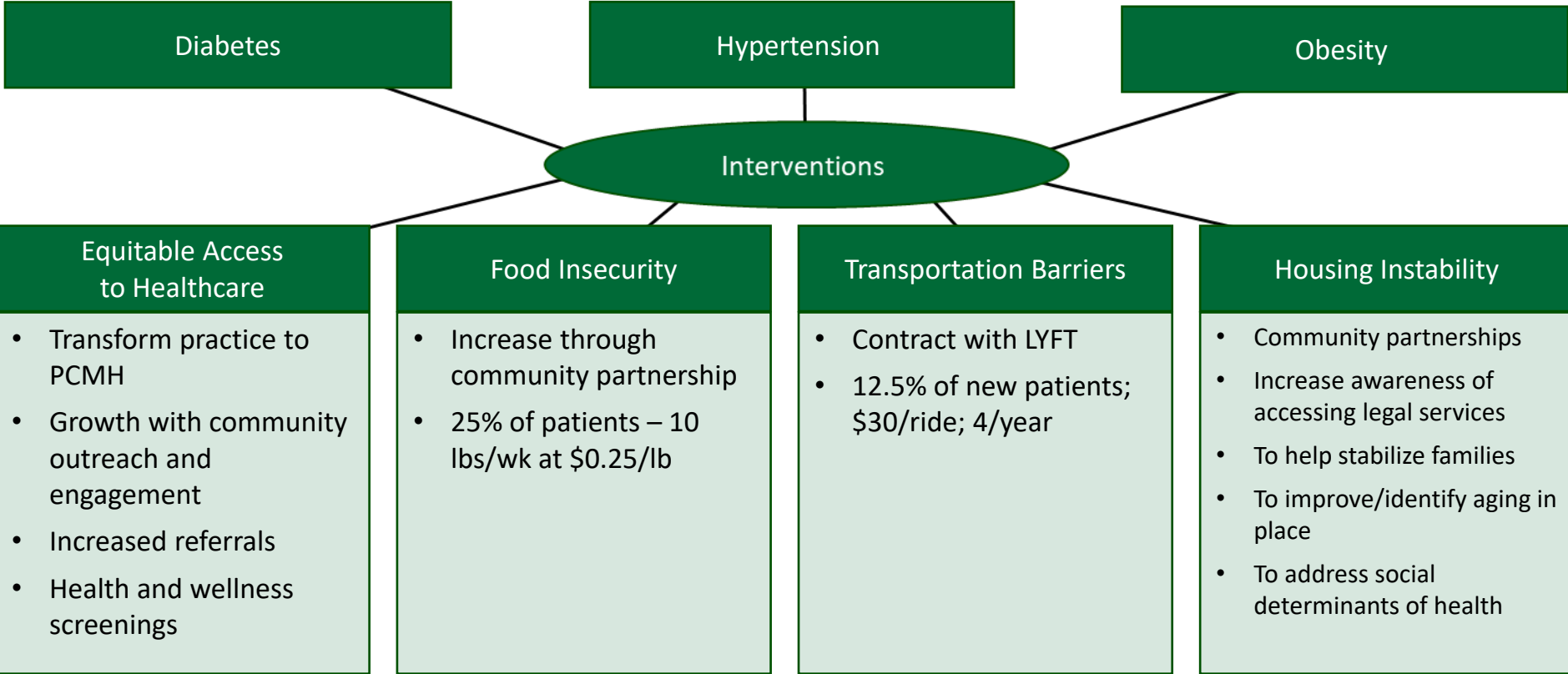
A bigger commitment to Baltimore City

GBMC Pathways:

An In-Home and Neighborhood Approach to Creating Health Equity



Health Disparities and Interventions



Project impact

Overall Success
of Project

Key Data
Metrics

Cost
Savings



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

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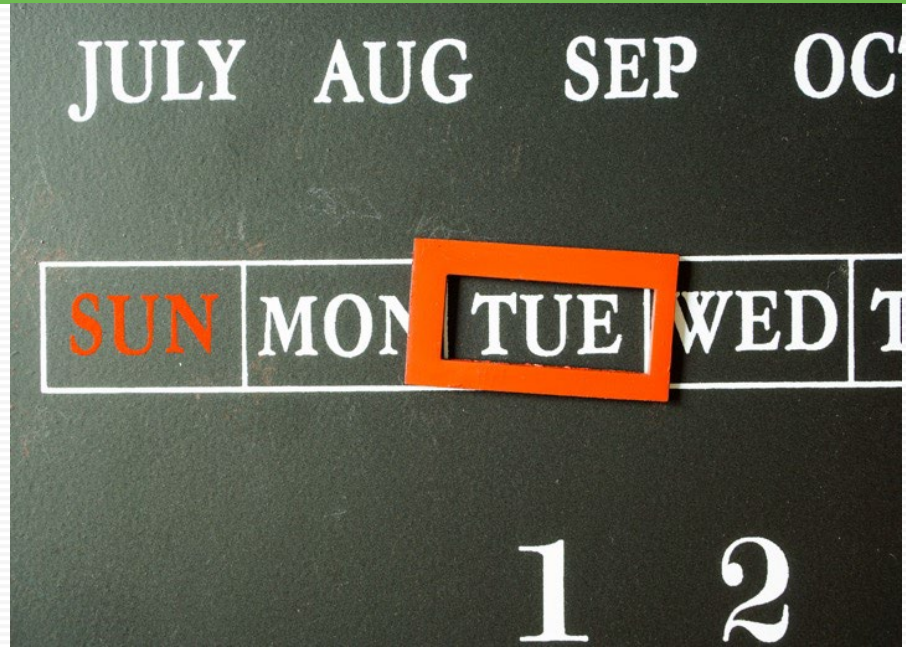
COST SAVINGS

- 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

WHAT CHANGE CAN YOU MAKE BY NEXT TUESDAY?

***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

For more information, go to: [GBMC.org/Baldrige](https://gbmc.org/Baldrige)
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