



**2006**

**Lincoln Awards  
For Excellence**

**Application**

**Marianjoy Rehabilitation Hospital  
26W171 Roosevelt Road  
Wheaton, IL 60187**

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## **P.1 Organization Description**

### **P.1.a Organizational Environment**

#### **P.1.a (1)**

Marianjoy Rehabilitation Hospital was established in 1972 in Wheaton, Illinois, on the campus of the Wheaton Franciscan Sisters, our sponsors. The hospital was originally designed as a nursing and retirement facility for the aging members of the order of the Daughters of the Sacred Hearts of Jesus and Mary, known as the Wheaton Franciscan Sisters. This religious community was founded in 1860 in Olpe, Germany, by Mother M. Clara Pfaender. In 1872, three Sisters from Germany came to the United States to establish a congregation and provide shelter, housing, and healthcare services to those in need. Their first healthcare endeavor was the establishment of St. Francis Hospital in Cape Girardeau, Missouri, and over the next 70 years, the sisters founded several more hospitals in Wisconsin and Iowa. By 1947, they had relocated their provincial motherhouse from the St. Louis area to Wheaton, Illinois. The sisters established Wheaton Franciscan Services, Inc., (WFSI) in 1983 as the parent organization for all of their corporate ministries. WFSI established regional holding companies, including WFSI-Illinois, which includes Marianjoy, in 1986. In 2006 Wheaton Franciscan Services, Inc. changed its corporate name to Wheaton Franciscan Healthcare (WFH).

Marianjoy Rehabilitation Hospital is a 120-bed, free-standing acute medical rehabilitation hospital located on a 65-acre campus in Wheaton, Illinois, in DuPage County. Marianjoy is one of two specialty hospitals in the WFH system. The existing Wheaton facility was built in 1970 as a nursing facility for aging sisters. After assessing the service needs of the community, Marianjoy was established as a rehabilitation provider and licensed as a hospital in 1972. No substantial changes were made to the physical plant before opening to the public.

As a specialty hospital, there is only one product line — physical medicine and rehabilitation services — that is delivered along a continuum of care in several different settings. The rehabilitation levels of care are delineated as acute inpatient rehabilitation, subacute rehabilitation, comprehensive outpatient programs, outpatient therapy services, and physician services. Acute inpatient hospital services are provided only at the Wheaton hospital. Subacute rehabilitation services are delivered in three skilled nursing settings through a joint venture partnership. An extended therapy program called Comprehensive Outpatient Services is delivered at our Wheaton and

Oakbrook Terrace locations as well as the Palos Heights joint venture location. Outpatient services are provided at Wheaton, Oakbrook Terrace, the subacute sites, and in three newly acquired outpatient clinics in Westchester, Skokie, and Munster, Indiana. These new clinics, CRS Rehabilitation Specialists, were acquired on January 30, 2006, and are in the process of being integrated into Marianjoy operations and procedures. Physician services are provided at all site locations. The physician practice group, Rehabilitation Medicine Clinic (RMC), Inc., provides services to patients at all levels of care in the continuum: inpatient, subacute, and outpatient.

The delivery of care for acute rehabilitation services is characterized by program teams that include a physician, rehabilitation nurse, occupational therapist, physical therapist, speech and language pathologist, and case manager. The team may also include a psychologist, therapeutic recreation specialist, or chaplain. Upon admission, the practitioners on the interdisciplinary care team complete an initial assessment of the patient's functional and cognitive status, which, along with the patient's medical status and patient and family input, determine the interdisciplinary care plan and the goals to be accomplished during the patient's stay. The length of stay for the admission is guided by the inpatient Rehabilitation Prospective Payment System (RPPS), which is based on the patient's primary diagnosis and comorbidities. The team meets weekly to discuss the patient's progress, the established goals, and plans for a safe discharge. Seventy-three percent of inpatients are discharged to home or a home-like setting. Many of our patients discharged to home continue to receive Marianjoy's outpatient or physician follow-up services. Patients not discharged to home may be transferred to a subacute site for further rehabilitation.

As a specialty hospital with neither an emergency room nor obstetrical services, all of our inpatients come to us by referral. Acute care hospitals in the community request consultations of our physicians, who are board-certified physiatrists, for patients who have suffered a qualifying disabling injury or illness. The physiatrist assesses the patient for appropriateness for admission to either acute rehabilitation or subacute rehabilitation. Inpatient admissions adhere to Medicare regulations and to the inpatient RPPS requirements. Patients are admitted based on medical necessity, not the ability to pay. Charity funds are available for those without insurance or other means to pay for their stay; in

addition, Marianjoy provides a significant amount of uncompensated care.

**P.1.a (2)**

Marianjoy’s culture is reflected in our Mission, Vision, and Values (see Tables 1–3). In 2000, new Mission and Vision statements were approved for the WFSI (now WFH) system. The new Mission and Vision were then approved by the Wheaton Franciscan Sisters Sponsorship Member Board (leaders elected by the Wheaton Franciscan Sisters community to represent them) and the WFSI board, and adopted by all system hospitals. Marianjoy Rehabilitation Hospital’s president and CEO represents Marianjoy’s interests at the corporate level, as a member of the WFH senior management team that advises the WFH president and CEO in the development of strategic plans and goals (Table 4). Marianjoy is evaluated annually by the Sponsorship Member Board to determine whether the services we provide respond to the mission. In addition to Mission, Vision, and Values, Marianjoy initiated Caring with Spirit in 2000, an internal customer service program to provide our patients and families with service excellence and to recognize staff members who provide excellent service to patients. Marianjoy has also undertaken advocacy, promoting the employment of people with disabilities through the development of the AbilityLinks consortium that features an award-winning Web site.

- decisions are rooted in and consistent with mission, vision, and values.*
- **Financial Viability.** *Marianjoy achieves operating margins and other financial ratios established by WFH’s strategic financial planning process, in order to generate the capital necessary to fund strategic and operational needs.*
  - **Clinical Excellence.** *Clinical outcomes will exceed regional and /or national benchmarks.*
  - **Patient Service.** *Patients within the community we serve will experience superior and compassionate service.*
  - **Healthcare Employer of Choice.** *Marianjoy values its employees and provides a superior work environment that supports recruitment and retention.*
  - **Preferred Partner of Physicians.** *Marianjoy and its physicians choose to work with each other over other market alternatives.*

Marianjoy’s culture is characterized by the rich tradition of service that is part of the sisters’ history. In the years since President and CEO Kathleen Yosko’s arrival in 1998, Marianjoy has strived to become a data-driven organization, using standards and benchmarks to measure our improvement in performance both clinically and financially. The environment that has been created is one of open communication that promotes greater understanding of the decision-making process throughout the organization. The senior leadership team consists of active managers who are engaged in day-to-day operations. This approach has allowed us to move quickly and strategically to address threats in the marketplace or take advantage of new opportunities. The organization has used a PDSA (Plan, Do, Study, Act)-based approach to performance improvement to address changes in process, and recently has invested in learning Six Sigma as another tool to enhance organizational performance.

**P.1.a (3)**

The Rehabilitation Medicine Clinic medical group — comprising 22 employed board-certified physiatrists, physical medicine and rehabilitation specialists, 67 consulting physicians, and a total of 850 hospital and clinic employees — work together to provide clinical services to our patients. The staff is diverse and includes nurses, executives/ managers, professionals (support, clinical, and technical), allied health staff, support services, and administrative/clerical personnel. Educational levels range from doctoral

<b>Table 1. Marianjoy’s Mission</b>
Marianjoy is committed to living out the healing ministry of Jesus by providing exceptional and compassionate healthcare service that promotes the dignity and well-being of the people we serve.

<b>Table 2. Marianjoy’s Vision Statement</b>
Our health ministries will be recognized in each community we serve for superior and compassionate patient service, clinical excellence, as the healthcare employer of choice, and as the preferred partner of physicians.

<b>Table 3. Marianjoy’s Values</b>
<ul style="list-style-type: none"> <li>• <i>Respect</i></li> <li>• <i>Integrity</i></li> <li>• <i>Development</i></li> <li>• <i>Excellence</i></li> <li>• <i>Stewardship</i></li> </ul>

<b>Table 4. Marianjoy’s Strategic Goals</b>
<ul style="list-style-type: none"> <li>• <b>Mission Integration.</b> <i>Actions, processes and</i></li> </ul>

degrees to high school graduates. Eighty-three percent of employees are women, and 34 percent represent minority groups. There are no bargaining units in place at Marianjoy. Contracted employees are used predominantly in clinical areas to cover vacancies in labor-sensitive positions. Special safety requirements for employees include ergonomics, infection control and bloodborne pathogens, hazardous material and equipment management, life and environmental safety, and emergency preparedness.

In 2000, Marianjoy assumed sponsorship of the Physiatry Residency Program in affiliation with Loyola University, and there are now 16 residents in the program.

**P.1.a. (4)**

The existing hospital facility, licensed for 120 beds, was constructed in 1970 with several later building additions. It currently totals 178,000 square feet. The facility, initially built for retiring sisters, has several challenges: it is not ADA-compliant, which is particularly problematic for a rehabilitation hospital solely serving patients with disabilities; the mechanical and electrical systems are aging; the facility does not have central air conditioning; the rooms are undersized; and the bathrooms do not have showers and are not accessible. To better serve the community, Marianjoy has received approval from the State of Illinois Health Facilities Planning Board to build a replacement hospital. The scope of the project includes the construction of a 120-bed, all private room and private bathroom replacement hospital as well as a 517-car parking garage. The new facility will be connected to the existing facility via an underground connector. Construction on the project began in December 2003 and is scheduled for completion in the fall of 2006. During construction, Marianjoy continues to deliver services without disruption.

Located on campus is the Rehabilitation Medicine Clinic and Marianjoy Outpatient Therapy Services. Marianjoy also operates a 12,000-square-foot outpatient clinic with physician and therapy services in Oakbrook Terrace, Illinois, approximately 10 miles from the main campus. The three newly acquired CRS Rehabilitation Specialists clinics are located in Westchester, Skokie, and Munster, Indiana. The subacute rehabilitation sites operated with our partner, Rest Haven Christian Services, are located in South Holland, Palos Heights, and Downers Grove.

Marianjoy uses an information technology system for patient care delivery, with integrated medical records

called the Meditech system. The Meditech system is flexible and uniquely suited for the delivery of rehabilitation, allowing us to customize the format of our documentation. The information system supports Marianjoy staff at all locations, except the new CRS clinic locations where it will be installed in the future. Computerized physician order entry was implemented this year, and an enhanced medication administration system will soon be added. Marianjoy staff members also have access to both voicemail and e-mail to facilitate communication. Select management, supervisory staff, and our referral management staff also have pagers to allow timely communication of critical information. Marianjoy has invested in equipment to promote optimal patient outcomes such as the therapeutic pool, specialized driver's education vehicles and equipment, and the Equitest for the vestibular program.

**P.1.a.(5)**

The hospital operates under the requirements of federal, state, and local regulatory agencies that include OSHA, EEOC, and EPA (health, safety, and environmental), Illinois Department of Public Health (IDPH), and DuPage County Department of Public Health. Marianjoy is accredited by JCAHO and CARF and is licensed as a hospital by the State of Illinois. The medical residency program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). Marianjoy has both a privacy officer and HIPAA coordinator who have successfully implemented the Health Insurance Portability and Accountability Act.

To ensure that all of the requirements for tax-exempt status and IRS financial regulations are met, an external audit of Marianjoy is conducted annually, performed by KPMG. Internal auditing is performed by Catholic Healthcare Audit Network (CHAN) and focuses on assessing performance and improving processes in targeted areas that relate to the annual Work Plan published by the Office of the Inspector General (OIG). Marianjoy has had a charity policy for many years, and annually publishes a community benefits report. Marianjoy also manages product purchasing through a group purchasing organization, Consorta, to exercise good stewardship. Bids are solicited for larger contracts with the selection of the low bidder reflecting current policy.

**P.1.b. Organizational Relationships**

**P.1.b (1)**

At the system level, WFH services are structured into three levels: system, regions, and entities. System management is supported by the WFH corporate

staff, which establishes Mission, Vision, Values, and strategic goals. The corporate office recently centralized both human resources and information technology. The system operates under a Tier I Board of Directors. As a sole entity in the Illinois regional holding company within the WFH system, Marianjoy, Inc., operates with a Tier II Board of Directors of 16 members, including a corporate representative. Marianjoy, Inc., comprises Marianjoy Hospital and Clinics and the Rehabilitation Medicine Clinic. A Tier III Foundation Board of 13 members has been established to manage fundraising dollars and the replacement hospital's capital campaign. Marianjoy's senior leadership team, led by its president and CEO, is accountable for physician practice management, patient care services, finance, monitoring performance, accreditation and regulatory compliance, marketing and communications and facilities management. Marianjoy does not receive referrals from other WFH system hospitals, but operates independently as a specialty hospital with referrals originating primarily in Illinois, from community hospitals in DuPage, Will, Kane, and Cook counties.

### **P.1.b (2)**

Marianjoy views patients as its primary customers. Patients and their families are encouraged to provide feedback to the organization throughout the hospital stay and post discharge. All inpatients receive a survey one month after discharge to assess their satisfaction with our services, and outpatients receive a survey to complete during their course of treatment. Past inpatients are also surveyed three months after discharge to monitor maintenance of their functional status. Patient and family expectations include achieving optimal functional independence, returning to the community, and receiving excellent service.

Marianjoy physicians are both customers and key partners with Marianjoy, both in managing our referral relations with community hospitals and clinically, in the achievement of positive outcomes for our patients. The medical staff includes both employed physiatrists and consulting physicians, in a wide range of specialties, who are credentialed to perform procedures and admit patients to the hospital. The medical director is an integral member of the senior leadership team with responsibility for aligning the medical staff with our strategic goals. The Physician Council, an elected group of Rehabilitation Medicine Clinic physicians representing all sites, was established in 2001 to review practice group finances and group activities. Physician requirements and expectations include provision of adequate hospital

services and support to provide the needed care and treatment to their patients.

Physicians and case managers at community hospitals are also Marianjoy customers in that they are key to referring patients to Marianjoy. Their expectations are that Marianjoy will provide timely consultations for their patients, assist in determining appropriate discharge services for patients, and facilitate timely transfer of patients to the subacute or acute inpatient programs.

Suppliers representing the highest volume of purchasing for Marianjoy include Burroughs (med-surg supplies, wheelchairs), Cardinal (pharmacy), Boise Cascade (office supplies), Gordon Food Service (dietary), and Praxair (medical gas). Consorta, the corporate purchasing group, assists in obtaining cost savings. A Marianjoy purchasing representative meets regularly with contacts from these key suppliers to review performance, provide feedback, share concerns, and explore new products and programs. Electronic links, e-mail, mail, and telephones facilitate the process and provide the means for ongoing communication. Suppliers who provide specialized rehabilitation equipment to meet specific patient needs are the most important and need to meet requirements for safety, timeliness of delivery, and effectiveness.

### **P.2 Organizational Challenges**

Marianjoy is in a very competitive marketplace as one of three free-standing rehabilitation hospitals in the Chicago metropolitan area, along with the Rehabilitation Institute of Chicago and Schwab Rehabilitation Hospital. The market is segmented geographically, with most of Marianjoy's patient referrals coming from western Cook, DuPage, and Will counties, where we are the market leader. Additional competition for patients comes from rehabilitation units located in acute care hospitals or skilled nursing facilities. Marianjoy competes for outpatients with private practices, community and specialty hospitals, and for-profit outpatient clinics such as HealthSouth and Athletic Co. Despite this competition, Marianjoy has seen increasing revenues each of the last five years, with \$53,113,000 net operating revenue in FY 2005.

Marianjoy's joint venture partner in subacute care, Rest Haven Christian Services, is a proven operational and financial success with over 220 managed beds. Key success factors include strategic planning and financial planning processes, customer service excellence that underlies the delivery of care,

and a culture that expects teamwork and the delivery of the best clinical outcomes to its patients. Other factors contributing to our success are the visionary leadership of Marianjoy's president and CEO and the board of directors, our reputation for excellence, and the use of outcomes data in improving our processes and programs.

### **P.2.b**

Marianjoy has some strategic challenges ahead.

- Achievement and maintenance of the appropriate qualified patient mix according to the 75% Rule, under the Inpatient Rehabilitation Prospective Payment System.
- Improving inpatient rehabilitation outcomes in light of a different patient mix and acuity due to the 75% Rule.
- Implementation of Marianjoy systems and procedures in the replacement hospital and CRS clinics.
- Maintenance of partnerships and patient volumes at the subacute level with declining Medicare reimbursement.
- Continued competition for outpatient market share as competitors open new service sites.
- Maintaining adequate staffing in light of shortages of nursing and allied health staff.

### **P.2.c**

Data to compare our performance with regional and/or national benchmarks is available from Press Ganey (patient satisfaction), IT HealthTrack (patient follow-up), AMGA (physician satisfaction), eRehabData (clinical outcomes), Wee FIM-UDS (pediatric outcomes), FOTO (functional outcomes for outpatient), and Illinois Hospital Association data (CompData). Data from these sources is used to continuously monitor Marianjoy's performance and identify opportunities for improvement. Obtaining data from direct inpatient and outpatient competitors is a limitation at times.

### **P.3.**

Marianjoy's approach to performance improvement is consistent with Marianjoy's value of Excellence, which requires continuously seeking to improve

the way we work and exceeding the expectations of those we serve. An annual quality plan is developed by the Quality Committee, which oversees and prioritizes performance improvement activities at Marianjoy. Performance improvement collaboratives are utilized to address hospital wide processes, with work groups used to address departmental processes. Both collaboratives and work groups receive just-in-time training to facilitate the team process and utilize quality tools. The "Plan, Do, Study, Act" approach is the underlying method of evaluation and resolution of outstanding issues. An organization scorecard has been developed to monitor performance of strategic goals. The Quality Committee also monitors measures required by accrediting and regulatory bodies.

## **1. Leadership**

### **1.1 Senior Leadership**

The Marianjoy leadership system consists of an organizational structure designed to guide the organization by commitment to Mission, Vision, and Values; facilitation of accountability and high performance; and by fostering communication between the Board of Directors, president and CEO, the Senior Leadership Team (SLT), medical staff, departmental managers, and staff at all locations. As Marianjoy's parent organization, Wheaton Franciscan Healthcare (WFH) plays a key role in establishing direction and performance expectations for Marianjoy. Marianjoy's president and CEO is a member of the WFH senior management team and represents the hospital's interests in the WFH System. Other members of Marianjoy's Senior Leadership Team (SLT) participate in WFH committees and task forces to provide input from Marianjoy.

#### **1.1a(1)**

Marianjoy's current Mission, Vision, and Values (MVV) were developed and approved by WFH (then Wheaton Franciscan Services, Inc.) in 2000 with input from the leaders of each region and were subsequently approved by each region, including Marianjoy. An extensive mission education effort involved directors and managers of all Marianjoy departments in a series of six train the trainer workshops explaining the Mission, Vision, and Values. One of the workshop tasks was to identify ways in which the managers could demonstrate the mission and values in their daily work. They then were required to repeat the educational workshops for their staff members, which also included identifying work behaviors that reflect Marianjoy's values.

A Mission Integration Plan has been developed each year since to address deployment of the MVV throughout the organization. It includes an Ethics and Spiritual Care Plan and addresses stewardship of the environment, diversity in the workplace, and charity care provided. A mission integration score is computed for each WFH region based on the hospital's accomplishment of its MVV goals and analyzed by the SLT to improve performance and establish new goals for the coming year.

Marianjoy's Mission Integration Plan encourages application of the MVV to all operational activities of the organization. Values are known by the acronym RIDES, which stands for Respect, Integrity, Development, Excellence, and Stewardship. Staff is frequently reminded that our reputation RIDES on our values. Each new associate is introduced to MVV at New Associate Orientation (NAO), where all topics

are correlated to a Marianjoy value. Orientations for board members, volunteers, physicians, students, and agency contract staff include MVV education. Contractors performing work at Marianjoy, such as construction workers for the new building, participate in an orientation to Marianjoy's MVV. Yearly MVV re-education activities are provided, including Mission and Heritage Week contests and celebrations.

For the past two years, all Marianjoy contracts have contained language explaining MVV and require that the contractors provide services in accordance with Marianjoy's MVV. Our patients and other customers are informed of our MVV by our Performance Report and the Patient Handbook, issued before or at admission or registration; by postings throughout our facilities; on the hospital's television system, and on Marianjoy's Web site.

To ensure that senior leadership and Marianjoy managers strive to live out the organization's values, all must submit biannual 360-degree evaluations, which are scored by at least 10 individuals, including themselves, their respective manager, their direct reports, and peers. Each person is rated on his or her leadership behaviors related to the Marianjoy values. Individual results along with comments are provided to each manager, who must develop measurable goals for self-improvement. Based on evaluation of the process, the 360-degree evaluation was modified to be conducted every other year instead of annually. Annual performance appraisals of all associates evaluate behaviors directly related to MVV and the effectiveness of personal efforts in implementing Marianjoy's values. The process includes creating development plans for self-improvement that are reviewed annually.

Marianjoy's staff recognition program, called the Going the Extra Mile (GEM) award, recognizes staff nominated by their peers for being role models in living out Marianjoy's values.

#### **1.1a(2)**

Marianjoy's SLT fosters an environment that values and requires legal and ethical behavior. Marianjoy's Ethics Committee consists of members from diverse departments and includes the corporate ethicist. The Ethics Committee's functions are to continuously seek self-education and then provide education to staff on ethical issues, direct policy regarding ethical considerations, and provide recommendations when consulted in response to patient and family concerns or staff ethical questions. The Ethics Committee periodically holds Brown Bag lunches for interested Marianjoy staff at which case studies or lectures on subjects such as advance directives and healthcare surrogates are provided. Ethics Week is held



annually with daily education activities and ethics quizzes e-mailed or distributed to all staff.

Patients and families are informed about the Ethics Committee in the Patient Handbook and provided with contact information in the event the patient or family has an ethical issue for which they need advice.

The mandatory Annual Education packet, which all employees must complete, contains information about the Ethics Committee and what should be done if there is an ethical concern. All members of the Marianjoy workforce are also oriented to Corporate Compliance and the Health Information Portability and Accountability Act (HIPAA), as required by the federal government, during (NAO) and each year after. Information is provided about how to report any organizational activities the employee feels are illegal or not compliant with laws and regulations. Concerns can be reported to the compliance liaison or anonymously on the compliance hotline. Marianjoy maintains a non-retaliation policy for those who report in good faith and reminds staff about this annually. The compliance liaison reports periodically to SLT and the Board of Directors regarding compliance issues reported and investigations done. Compliance and HIPAA education is updated each year to address changes in regulations and specific problematic issues noted at Marianjoy during assessments conducted for compliance and questions asked by staff.

### **1.1a.(3)**

Marianjoy's SLT creates an environment for accomplishment of strategic objectives and performance improvement. Strategic objectives are set with participation of the involved physicians and departmental managers and based on input from appropriate departments. Major strategic objectives are determined by WFH, the parent organization, after inter-regional groups have met and analyzed data and the CEOs of all WFH regions have agreed upon them. The regions are then required to make specific goals for the organization while meeting the objectives of the System. An evaluation of this process has increased the number of groups or teams of regional participants analyzing data and formulating overall System objectives such as the Service Excellence and Clinical Excellence teams. When the SLT has negotiated with WFH and finalized a strategic plan, the plan is presented to Marianjoy's directors and managers, who are then required to develop departmental and staff objectives based on Marianjoy's overall objectives.

Accountability for strategic objectives is assigned to various members of the SLT. These responsible leaders form committees or teams as needed to

achieve strategic goals. The Quality Committee develops a plan, which prioritizes improvement activities based on strategic goals, regulatory or accreditation requirements, and patient safety. The Quality Committee provides a Marianjoy Scorecard to the Board of Directors, SLT, and directors and managers of all sites and departments. This Scorecard communicates Marianjoy's performance in priority areas, including benchmarked strategic goal accomplishment.

Marianjoy's leadership has been challenged to comply with Medicare's 75% Rule, which requires that by 2007, 75% of all rehabilitation hospital admissions fall into 13 diagnostic groups that have been deemed eligible for rehabilitation in an acute inpatient rehabilitation hospital. Changing the hospital's diagnostic mix has required flexibility and innovation led by the Rehabilitation Prospective Payment System team. Marketing and public relations have intensified efforts to increase public awareness of Marianjoy and to seek additional referral sources for admissions. Marianjoy has also demonstrated agility in budgeting by planning for decreases in certain types of admissions.

Marianjoy's leadership fosters learning at all levels of the organization by providing the resources required for organizational and staff education. . Annual budgets provide continuing education funding for all levels of the organization. Departments are provided a budget generally earmarked for external education so that the recommended educational activities determined at each person's annual performance appraisal can be provided. However, if departmental or organizational needs require a revised educational plan, funds can be reallocated. This may happen when there are new regulatory standards or treatment innovations. Marianjoy also supports internal education, including mandatory topics of MVV, safety, infection control and ethics.

Each department has a designated clinical educator who plans departmental in-services and other educational activities or events.

Marianjoy maintains contracts with over 50 colleges and universities to provide practicum or internship experiences in allied health professions. Marianjoy also offers an accredited medical residency program to prepare physicians for practice in physical medicine and rehabilitation. The Accreditation Council for Graduate Medical Education formally evaluates this program every three years. Results of this accreditation survey are used to improve the residency educational experiences.

Based on expressed staff needs, Marianjoy, along with the other WFH organizations, has recently implemented the Learning Link (LL), an innovative computer application to support staff education.

To prepare for the future, WFH has implemented a systemwide leadership development program to provide for ongoing leadership throughout the system's organizations. Presently there are three Marianjoy SLT members participating in the Executive Development Program. Marianjoy provides for a Clinical Ladder program, which allows clinical staff to progress in their careers by accomplishments in research, education or program development. Marianjoy also strives to promote from within whenever possible.

#### **1.1b.(1)**

Marianjoy's SLT provides a variety of channels for communicating with workforce members. Management team meetings are held monthly and chaired by the president and CEO, who informs the directors and managers of important organizational accomplishments and challenges, and encourages attendees to raise concerns and ideas. Managers are expected to communicate information from this meeting to their department members. Since the results of the last employee satisfaction survey indicated that employees desired increased communication with administration, the president and CEO of Marianjoy holds several town hall meetings during the year that are open to all staff and provide a venue for anyone working at Marianjoy to ask questions of senior leaders. Evaluation of the town hall meetings suggested that some employees were not willing to speak up in such a large audience, so Rounding has been introduced. The SLT defines Rounding as visiting a specific department's area and engaging in give-and-take conversations with staff. After each Rounding activity, senior leadership evaluates the session and determines improvements to be made in the process. Each SLT member also meets with directors and managers reporting to him or her on a regular basis. Directors and managers hold individual and group meetings within their departments.

Other empowerment and motivation tools include the encouragement of research activities, use of the PEP performance evaluation tool with corresponding merit increases, and several reward and recognition systems to motivate staff and reinforce high employee performance. GEM awards are presented quarterly to five employees nominated for best exemplifying Marianjoy's values during the course of their work. His or her manager and the vice-president of the respective division at a departmental meeting present this award to the winning associate with peers present. Marianjoy's other staff recognition programs are described in section 5.1b. A list of other communication methods is found in 5.1(3).

#### **1.1b.(2)**

Marianjoy's SLT meets regularly with the goal of guiding the organization to accomplish its objectives. The Quality Committee updates Marianjoy's Scorecard monthly and makes recommendations to improve performance. In addition to the data on the Scorecard, the Quality Committee reviews or analyzes a wide range of different performance data collected at Marianjoy throughout the year. Several members of the Quality Committee are senior leaders and serve as liaisons to the entire SLT, communicating quality and performance issues. There are a number of committees and improvement teams collaborating with senior leaders to develop action plans to achieve the annual strategic goals.

A safer environment, processes leading to improved patient outcomes, and enhanced customer service is the focus areas of creating value for Marianjoy's patients and their families. Productivity of therapy and nursing staff at all settings is measured on a daily basis with the expectation that Marianjoy's assets, its staff members, are providing value by spending prescribed time with patient care and not weighed down with activities that are non-productive.

### **1.2 Governance and Social Responsibilities**

#### **1.2a.(1)**

The Marianjoy Board of Directors (BOD), Foundation, Medical Staff and Auxiliary are governed by bylaws that explicitly determine roles and responsibilities and terms of service. The Marianjoy BOD is a Tier 2 board whose actions are reviewed by the Tier I WFH BOD. The Marianjoy BOD has ultimate accountability for the quality of services and financial viability of the organization, and as such approves the capital and operating budgets, the strategic plan, the strategic financial plan, the quality plan, medical staff appointments and bylaws, and capital allocations for special projects greater than \$500,000.

The standing board agenda includes review of reports on financial performance, performance on strategic goals via the Scorecard, fundraising status, and medical staff appointments. Additionally, the President/CEO provides a report on organizational performance that indicates successes and potential threats due to regulatory or marketplace changes. .

Annually, an external audit is performed by KPMG to ensure compliance with general accountability principles; no recommendations resulted from the last audit. The Catholic Healthcare Audit Network (CHAN) also performs an internal audit annually, with a focus on the internal controls associated with the treasury function. Detailed business plans are required for capital allocations for special projects, in addition to BOD approval. The three-year strategic financial plan also requires BOD

approval. Annual operating budgets are monitored monthly, with explanations for variances required.

**1.2a.(2)**

New board members receive an orientation to Marianjoy operations and MVV. All board members are required to complete an annual conflict of interest statement. A board self-assessment is completed annually, and feedback is solicited after each meeting to identify opportunities for improvement. The assessment results are shared and discussed with the board to develop and implement recommendations.

The performance evaluation of senior leaders consists of solicited 360-degree feedback from peers, colleagues, and the CEO, as well as completion of the PEP, which assesses technical job performance and competency in meeting strategic goals, and leadership skills associated with the organizational values. This data is used to provide feedback and produce a development plan and goals for the fiscal year. Physicians are evaluated through the credentialing process.

**1.2b.(1)**

Adverse impacts of Marianjoy healthcare services are addressed proactively by providing information to the public. The SLT during the strategic planning process identifies current issues in the rehabilitation field, which may have an adverse impact on society. Possible negative impacts are also identified by professional journals, attendance at professional meetings and educational seminars or by feedback from customers or partners. Public concern, especially of our referral sources, that enforcement of the 75% Rule would limit access to rehabilitation services was proactively addressed. Appropriate information was provided to these customers. The construction of the replacement hospital raised community concerns about the negative impact of the new facility on the community. Again, Marianjoy proactively addressed the issue by meeting with involved community members and providing extensive information about the project. Key compliance processes for achieving and surpassing legal, regulatory, and accreditation requirements and reducing risks of healthcare operations include:

Process	Measure	Goal
Hand hygiene	Staff compliance	90%
Use of prohibited abbreviations	Number of incidents	0
Fall prevention	Falls per 1000 patient days	7

Process	Measure	Goal
Ordering restraints	Orders renewed in 24 hours	100%
Completion of Ambulatory Summary for outpatients	Presence in outpatient records	90%
Physicians signing verbal orders	Signed within 48 hours	90%
Records completed on discharged patients	Medical record delinquency	<50%

**1.2b.(2)**

Marianjoy promotes and ensures ethical behavior by establishment of the Ethics Committee, ethics education, utilization of the PEP performance appraisal tool to evaluate each associate's adherence to organizational values, processes for accountability in fundraising, and maintenance of a corporate compliance program..

The Marianjoy Foundation has actively solicited funds for research, the building project and clinical programs from private foundations, individual donors, and through state and federal grants. The bylaws define the accountability for funding. The Foundation Board provides oversight to this process.

The compliance function is managed at the system level with a designated liaison for Marianjoy. There is a 24-hour, 7-day-a-week hotline available to communicate complaints, or the liaison may be contacted directly. Complaints that may result in litigation are forwarded to the risk manager who will initiate setting a reserve to mitigate risk to the hospital.

Staff is counseled when there are breaches in conduct that are not consistent with the values of the organization. However, failure to follow policies and procedures that have the potential to result in non-compliance with regulatory standards can result in disciplinary action up to and including discharge.

Key indicators for monitoring ethical behavior at Marianjoy include:

- Staff compliance with annual ethics education.
- Aggregate data from 360 manager evaluations regarding manager's value based behaviors.
- Incidents of ethical misconduct or compliance breaches.

**1.2c.**

As a specialty hospital, the physically disabled community is Marianjoy's key constituency. Marianjoy has been active in advocating for employment of people with disabilities in the Chicagoland

metropolitan area, through our AbilityLinks initiative. Marianjoy awards college scholarships to qualifying disabled students. Disability support groups are offered to any disabled community members. The 5/10 K race, sponsored every year by Marianjoy supports not only wheelchair athletes but promotes fitness opportunities for any members of the community. Marianjoy has learned that it has knowledge and resources to support the elderly in the community. A driving program for seniors is offered. Two Senior Fairs were held the past year, one focusing on health screening and health information and the other on Medicare Part D provisions. Marianjoy publishes a Community Benefits Report each year, distributed in Chicagoland newspapers, which specifies dollars, charitable care, and staff time donated to support the community.

## 2. Strategic Planning

### 2.1 Strategy Development

#### 2.1a.(1)

Marianjoy has a defined strategic planning process that is driven by the WFH planning process and the White Paper developed every few years by the President and CEO of Marianjoy, which offers a vision for Marianjoy and strategic long term goals to accomplish the vision.. The annual six-step strategic planning process is described below. WFH has selected six strategic objectives for the fiscal year. They include mission integration, financial viability, clinical excellence, patient service excellence, healthcare employer of choice, and preferred partner of physicians. Marianjoy's specific organizational strategic plan and goals are required to address the WFH strategic objectives.

**Step 1, Environmental Analysis.** Marianjoy's SLT conducts a market and financial analysis, including review of periodic SWOT analyses as well as data and information from governmental and hospital/professional associations. The team identifies strengths, weaknesses, opportunities, and threats in the environment. This analysis uses internal data reflecting Marianjoy's historic performance. External data and available benchmarks are used to analyze environmental and demographic trends as well as Marianjoy's performance compared to various regional and national inpatient rehabilitation hospital databases. The regulatory environment pertaining to hospitals, especially rehabilitation hospitals, is scrutinized to determine possible effects of new laws or regulations.

**Step 2, Development of Goals, Measures, and Action Plans.** Based on the above analysis and WFH requirements, the SLT develops Marianjoy's specific strategic goals, measurements of success, and action plans or strategies for achievement.

**Step 3, Input and Required Approvals.** Marianjoy's draft strategic plan is reviewed with input from physicians and key directors. It is negotiated if necessary with WFH senior leadership. The final plan is presented to Marianjoy's BOD for approval.

**Step 4, Communication and Alignment.** The strategic plan is communicated to all directors and managers. They are asked to work with their staff members and develop departmental plans and accompanying budgets based on Marianjoy's strategic plan. The department goals, which are based on Marianjoy's organizational goals, are then used to develop each staff member's personal goals for the year as part of the Performance Excellence Program.

**Step 5, Financial Planning.** Directors and managers prepare and submit budgets for capital expenditures, staff salaries, department expenses, and units and revenue. These are submitted to the respective vice-president for review. When finalized, the Marianjoy budget is presented to the BOD for approval. Evaluation of this process has resulted in modifying timelines for the budgeting process.

**Step 6, Plan Management.** Accountability for goals and actions on the strategic plan is assigned to one of the appropriate vice presidents on the SLT, who tactically implements and manages the prescribed actions with the establishment of teams, committees, or work groups as necessary. Should there be circumstances that require shifts in the strategic plan, the senior leader and appropriate group revise or change their action plan to accommodate the necessary changes.

The key participant in the strategic planning process is the Marianjoy President and CEO, who provides the communication between the WFH leadership and the Marianjoy leadership to ensure that the needs of both are met. Both of these leadership teams are critical in the strategic planning process. Physicians and directors or managers who will have responsibility for the plan outcomes are also key participants in the planning process. Improvements to avoid potential blind spots in the process have also been implemented. The budget process timelines have been altered to better address the need for funding new plans. Better prioritization of goals has occurred to avoid conflict in resource utilization.

#### 2.1a.(2)

The key strategic indicators are defined by the WFH executive team and are consistent for all system entities. The long-term plan covers a period of three years, and the short-term plan is for a fiscal year. The goals and planned strategies identified by Marianjoy leadership are based on the SLT assessment of

opportunities in the marketplace. This assessment is based on market intelligence gathered from referral sources, the Illinois Hospital Association comp data system, legislative updates, regulatory criteria, staff feedback, patient feedback and patient outcomes. Involvement in professional organizations and associations allows Marianjoy to remain at the forefront of important issues impacting the rehabilitation industry, including technology shifts or changes in regulations. As a specialty hospital, Marianjoy has also stayed abreast of developments in general acute care hospitals, to anticipate future demand for services.

Financial and staff needs are thoroughly considered to ensure that Marianjoy has the ability to execute the objectives of the strategic plan. Marianjoy has been very conservative in performing financial modeling, to exercise due diligence in projecting future revenues in light of changes in reimbursement associated with the enforcement of the 75% rule, and outpatient therapy caps.

To ensure the long-term viability of the organization, Marianjoy has committed resources to develop and deploy a strategy to mine referrals in the secondary referral market. Resources have also been successfully focused on development of opportunities for expansion in both the subacute and outpatient levels of care.

To remain financially viable, ensure compliance with patient safety standards, and meet consumer/market demands, Marianjoy is building a 120-bed, all private room, fully ADA accessible replacement hospital, to be completed in late 2006. We will also be upgrading our outpatient facilities to create a state-of-the-art environment.

### 2.1b.(1)

Marianjoy's strategic objectives, most important targeted goals, and strategic action plans are described in the table below. The timetable for achieving the goals is one fiscal year, unless otherwise noted as part of the goal.

Strategic Objective	Goals and Measures	Strategic Action Plans
Our personal and organizational behaviors, actions, processes, and decisions are consistently rooted in and expressive of our Mission, Vision, and Values.	Achievement of the 90th percentile (3.76) on Morehead Associates' national health care database on Mission, Vision, Values Integration Index Score	Develop and implement annual Mission Integration Plan. <i>Includes:</i> 1. Provide MVV education 2. Promote community service activities 3. Implement system-wide Service Excellence program

Strategic Objective	Goals and Measures	Strategic Action Plans
Achieve operating margins and other financial ratios established in the System strategic financial planning process in order to generate the capital necessary to fund strategic and operational needs.	<ol style="list-style-type: none"> <li>14.1% cash flow operating margin</li> <li>Average 55 days in accounts receivable</li> <li>Inpatient discharges to 2141</li> <li>Price-adjusted growth in outpatient revenue 7.8%</li> <li>Funds raised through philanthropy 2,770,000</li> <li>Inpatient admissions compliant with 75% rule: March 2005 50% March 2006 60% March 2007 60% July 2008 75%</li> </ol>	<ol style="list-style-type: none"> <li>Expand physician consult availability at DuPage referral facilities to assure qualified referrals under the 75% Rule.</li> <li>Evaluate feasibility of subacute unit on Marianjoy campus.</li> <li>Expand physician subacute service consultations.</li> <li>Expand outpatient specialty programs.</li> <li>Implement Phase II of Capital Campaign to fund renovation of existing Marianjoy building.</li> <li>RPPS team to continue action plan for achieving compliance with 75% Rule.</li> </ol>
Achieve outstanding clinical outcomes while operating in an environment that ensures safe; effective; efficient; timely equitable and patient-centered care.	<ol style="list-style-type: none"> <li>FIM change per day for Stroke patients 1.10.</li> <li>FIM change per day for Brain Injury patients 1.64.</li> </ol>	Focus therapy on key drivers of FIM change (toileting, eating, lower extremity dressing, transfers, bladder).
Care delivery systems provide a superior and compassionate patient experience.	<ol style="list-style-type: none"> <li>Inpatients: Likelihood of you recommending this hospital to others: 80% of patients respond "Very Good" on Press Ganey satisfaction survey.</li> <li>Outpatients: Likelihood of you recommending our facility to others: 85% respond "Very Good" on Press Ganey survey.</li> <li>Employed medical groups: 63% excellent for perception of clinic visit overall.</li> </ol>	<ol style="list-style-type: none"> <li>Improve performance in three identified key drivers of patient satisfaction: Inpatient <ul style="list-style-type: none"> <li>• Patient goal attainment</li> <li>• Coordination of care</li> <li>• Staff attitude</li> </ul> Outpatient <ul style="list-style-type: none"> <li>• Patient goal attainment</li> <li>• Pain management</li> <li>• Patient education</li> </ul> </li> <li>Further deploy service recovery system.</li> <li>Decentralize hospital scheduling system.</li> <li>Revise and implement new clinic improvement plan.</li> </ol>

Strategic Objective	Goals and Measures	Strategic Action Plans
Employees experience a work environment characterized by opportunities for development, open communication, competitive and fair compensation, work/life balance, respect for diversity, and recognition for performance.	<ol style="list-style-type: none"> <li>1. Achieve 90th percentile of the Healthcare Employer of Choice index score (3.97).</li> <li>2. Achieve voluntary turnover target of 17.88%.</li> <li>3. Employee Relations Index score of 20 or more on Morehead Employee Opinion Survey.</li> </ol>	Develop and implement improvement plan based on FY 2005 employee opinion survey results.
Outstanding care and the ability of physicians to practice in a collaborative environment attract the top physicians in our markets.	<ol style="list-style-type: none"> <li>1. Physician overall satisfaction with medical practice 63% on AMGA survey.</li> <li>2. Achieve target in medical staff recruitment plan (3).</li> </ol>	<ol style="list-style-type: none"> <li>1. Revise and Implement improvements based on findings from AMGA Provider Survey.</li> <li>2. Improve specific clinic operations, such as scheduling, space utilization, and support staff roles.</li> <li>3. Support successful integration of new physicians using a mentor model.</li> </ol>

**2.1 b. (2)**

Marianjoy's strategic plan includes actions in response to identified organizational challenges. To respond to the challenge of compliance with the 75% Rule, Marianjoy established goals over a three-year period to progressively achieve greater compliance: 50 % for March 2005, 60 % for March 2006 and 2007, and 75% for July 2008. Achievement of these short-term goals will facilitate the longer term 75% compliance. The RPPS group is implementing the action plan, which includes education for physicians, referral sources, outreach nurses, and our admissions staff. Continued competition for outpatient services is addressed by the goal of increasing outpatient revenue 7.8%. The action plan for expanding outpatient specialty programs is in process and has included developing physician and therapy services at several residential homes for the elderly in the western suburbs. Marianjoy's challenge of recruiting nurses and allied health staff due to nationwide shortages has been addressed by strategies to achieve the goal of decreasing voluntary turnover rate to 17.88%.

The scope of the strategic objectives and goals addresses the needs of key Marianjoy stakeholders: inpatients, outpatients, staff, and physicians.

**2.2 Strategy Deployment**

**2.2a.(1)**

Marianjoy's strategic objectives and goals are defined and the general strategies or action plans for each are described in the strategic plan. The vice presidents accountable for achievement of the goal develop the strategies or action plans based on input from appropriate resources. The strategic plan, including the strategies (action plans), is communicated to all directors and managers as step 4 of the strategic planning process as described in 2.1a(1). Financial planning is part of the strategic planning process. Departmental budgets are prepared, reviewed, and approved to ensure adequate resources are available to meet the strategic goals.

Marianjoy follows the Plan Do Study Act process for performance improvement. When action plans are implemented, the strategic goal accomplishment is measured and analyzed. If the actions have achieved the desired goal, there is ongoing follow-up measurement done to ensure that the improved or desirable performance is sustained. Various statistical procedures, such as analysis of variance, correlations, reliability procedures, and descriptive statistics, are employed to analyze organizational data for strategic planning.

**2.2a.(2)**

It is the responsibility of the accountable vice president to work with the appropriate groups and staff to modify the action plans when they are not making adequate progress towards the strategic goals. Modifications are deployed to staff involved in the process by meetings, educational sessions, or e-mails. Sometimes environmental or regulatory conditions arise that call for entirely new goals with action plans. This occurred with passage of the 75% Rule, which required Marianjoy's RPPS committee to develop new goals and actions to achieve compliance with this regulation.

**2.2a.(3)**

Marianjoy's key action plans are listed on the table provided in section 2.1b.(1). Some of these action plans require changes in Marianjoy's services, patient populations, and operations. Modifying the types of patients eligible for admission under the 75% Rule includes shifting some diagnostic groups to subacute or outpatient programs instead of providing them services in the acute inpatient program. The outpatient expansion plan has called for the development of medical and therapy services in senior living centers and the support operations required. To compete for market share in the outpatient arena, Marianjoy has focused on providing

an increasing variety of specialty services such as vestibular and lymphedema therapy. These new services have required changes in staff complement, equipment, supplies, and needed support services.

The recruitment/retention action plan developed by the Employer of Choice Committee to decrease staff turnover has involved changing the employee performance appraisal process to focus on performance for strategic goals and to provide for merit increases. It has addressed changes in human resource operations based on feedback from the employee survey and exit interviews.

#### **2.2a.(4)**

Staffing plans are part of the financial planning process (step 5) that is integrated into strategic planning. Staff numbers for positions that provide patient care services are based on the year's goal of inpatient discharges and projected growth in outpatient revenue. The number of clinical staff needed to achieve the goal numbers is determined by productivity requirements derived from data in the national rehabilitation field. New services, such as at the senior living centers, have required that specialized staff be added to the staffing plan. New laws or regulations requiring certain positions, such as privacy officers, are also accommodated in the staffing plan. An annual Plan for Patient Care Services explains how staffing numbers relate to patient volumes and acuities and how staffing adjustments can be made based on these.

#### **2.2a.(5)**

Marianjoy's indicators for tracking progress on strategic objectives are listed in the table in section 2.1b.(1) under "Measurable Goals." Alignment of the strategic objectives with the different sites and departments is documented under "Department Goals" on each employee's performance appraisal form as part of the Performance Excellence Program (PEP). This form also documents each associate's personal goals based on the department's goals. This cascading process facilitates the alignment of the strategic objectives and actions plans with each department's and each individual's goals at all sites. . At the end of each fiscal year, all performance appraisals are done based on the individual's achievement of their measurable goals. Merit increases are based on this goal achievement.

#### **2.2b.**

The performance projections are the measurable goals identified in the table under 2.1b.(1), with some goals indicating a longer term projection than the other goals which are for the fiscal year. While performance measures for specific Marianjoy competitors are not available, Marianjoy does

benchmark its patient outcomes to regional and national FIM data from 177 providers using the eRehabData database. Marianjoy's projections are in line with the regional providers' average score.

Year to date averages in outcomes have met or exceeded the goal. Service excellence results for inpatients and outpatients are projected to meet the 75<sup>th</sup> percentile of responses for all rehabilitation facilities in the database. The "Likelihood to Recommend" question is the measurement for service excellence. Marianjoy's results have been variable from month to month Items correlating most highly with likelihood to recommend have been identified and are the focus of the action plan. Financial performance is benchmarked against other WFH regions, and some performance results have exceeded goals. Employer of Choice projection was over the 90<sup>th</sup> percentile on the Employer of Choice Index. A projection for performance on the Moorehead Employee Survey was over the 90% percentile for the national database.

When performance is not meeting the projections the "owners" of the process and the respective teams develop and implement modifications to the strategies.

### **3. Focus on Patients, Other Customers, and Markets**

#### **3.1 Patient, Other Customers and Healthcare Market Knowledge**

##### **3.1a.(1)**

Marianjoy has identified patients and their families as the primary customers. These customers are segmented according to their level of care in the Marianjoy service continuum, which includes acute inpatient, subacute inpatient, outpatient, and physician services. Additionally, these groups are segmented by the location of service, which includes Wheaton, Oakbrook Terrace, the three subacute facilities, and the Rehabilitation Medicine Clinics. Marianjoy Hospital inpatients are also segmented by the program to which they are admitted (stroke, brain injury, spinal cord, pediatric, musculoskeletal, or neuromuscular).

Both Marianjoy medical staff members and physicians at neighboring community hospitals are responsible for referring patients, so understanding their requirements, expectations and preferences is critical in continuing to receive patient referrals. Other referral sources, including discharge planners at community hospitals, managed care organizations, and other third party payers, are also considered key customers. Marianjoy's marketing department works closely with the President/CEO, Assistant Vice-President of Business Development, and other SLT members to identify marketing strategies targeted to

the referral sources for the different segments of the patient populations as noted above.

In light of the 75% Rule, Marianjoy determined that marketing and business development must focus on increasing referrals of covered rehabilitation diagnoses from both current referral sources and new acute care providers. This initiative has focused on physician relationship building,

To increase public awareness of Marianjoy, a general print and radio advertising campaign in the metropolitan Chicago area was initiated.

Increasing outpatient volume has involved developing and marketing specialty therapy services such as lymphedema therapy and vestibular rehabilitation, which are specialty services not provided by local outpatient competitors. To increase outpatient revenues Marianjoy has entered into partnership agreements with senior living centers, where Marianjoy has opened therapy clinics. Marianjoy has integrated its marketing with the marketing efforts of the subacute sites to attract patients needing care in a skilled nursing facility.

### **3.1a.(2)**

Marianjoy listens and learns from patients and their families. Their requirements and expectations are gleaned through a variety of channels, including:

- SRS surveys – The SRS survey consists of eight questions, asked of all inpatients on the fifth day of their admission to identify any patient problems early in the admission and provide service recovery if indicated. The nurse managers are able to intervene early in the patient's stay to resolve issues and improve the patient's satisfaction before discharge.
- Press Ganey Patient Satisfaction Surveys – Press Ganey Inpatient Satisfaction Surveys are mailed to all inpatients immediately after discharge. Outpatient Press Ganey Surveys are sent to all outpatients except those who have received one in the last 90 days. Press Ganey aggregates information from returned surveys, and data in a variety of formats is sent to Marianjoy. Results are compared to Press Ganey's database of rehabilitation hospitals. Patient comments are included in results reports. Results are distributed regularly to customer service performance improvement teams and to managers, who are expected to share this data with all their staff members and determine how the department can contribute to improving these results. Evaluation of the success of using this tool has resulted in plans to provide a Spanish version of this survey.
- IT Health Track Follow-Up Reports – Marianjoy contracts with IT Health Track to provide follow-up calls to a random sampling of discharged

inpatients, for determining post-discharge functional status and satisfaction with community reintegration. This data indicates problem areas that patients experience post-discharge, and the diagnostic program teams determine needed improvements in their treatment programs.

- AMGA Surveys – These surveys are provided to patients who have completed a physician's visit in one of the Rehabilitation Medicine Clinics. Patients are asked to rate their perception of various features of their clinic visit. Results are segmented by location and/or by physician.
- Complaint Logs – The director of patient relations responds to and logs patient and family complaints or grievances. One to two times a year, these complaints are aggregated and analyzed to look for trends or frequently occurring issues. This information is presented to the Quality Committee for recommendations, and reported to the BOD.
- Care to Comment cards – These cards are available at strategic locations in Marianjoy facilities. The cards request feedback and suggestions from patients and families. The cards are sent to the director of patient relations, who analyzes the information and makes recommendations for improvement.
- Focus Groups – Two inpatient focus groups have been held annually, providing staff the opportunity to hear patient issues and ask detailed questions. It is a two-way mode of communication. Evaluation of this process indicated a need for more frequent inpatient focus groups, and it was decided to reformat the Patient Caregiver session held two Sundays a month to include an opportunity for identifying issues experienced by current patients and their families.

Information gleaned from the above sources serves to identify and meet customer needs. Some information, such as the SRS survey or patient complaints, is used to immediately meet customer needs and provide service recovery. Data from other customer feedback is analyzed to determine trends in customer requirements or changing customer expectations. Customer feedback information is used in strategic planning, such as building a new hospital, process improvement, and marketing and business development, which has included advertising by using patient testimonials.

### **3.1a.(3)**

The Marianjoy director of patient relations and other SLT members participate in the WFH system-wide Service Excellence group, which shares best service excellence practices throughout the system and encourages implementation of applicable initiatives at all regional facilities. Resources are made available



to attend educational programs on customer service. The director of patient relations belongs to a customer service professional group and maintains relationships with counterparts from hospitals in the area. The Marianjoy Service Excellence Team analyzes methods from a variety of publications and other educational offerings, including audio conferences. Marianjoy sponsors a Resource Advisory Group composed of service organizations in the geographical area, which meets to share information about needs and services in the community.

### **3.2 Customer Relationships and Satisfaction**

#### **3.2a(1)**

Building strong relationships is achieved by staff adherence to the Marianjoy values and by practicing the Service Excellence behaviors. The behavioral expectations are communicated to all staff and are a part of each staff member's performance review and management program.

Since a rehabilitation hospital does not expect customers to return for ongoing service once they have completed the rehabilitation continuum of care, it is Marianjoy's strategic goal that customers recommend the facility to others.

The diagnostic program teams regularly evaluate the aggregate functional outcomes of their patients, and identify and implement modifications to treatment provision for increasing the satisfaction with outcomes of care. Analyses of customer satisfaction data identified service areas that are key drivers for patients recommending the hospital. A continuous focus is maintained on staff performance of Service Excellence behaviors. An advanced customer service educational program is available for all staff. Marianjoy's service recovery program empowers staff members to respond quickly to service disappointments, apologize, and take action to correct problems. The Customer Concerns policy encourages all caregivers to resolve patient complaints immediately, at the time of complaint. A patient advocate is available if complaints cannot be immediately resolved.

Marianjoy's relationships with community referral sources are critical to gaining referrals and securing future interactions. Marianjoy physicians and nurse liaisons provide consulting services to acute care hospitals, and build relationships by assisting the physicians and discharge planners at these hospitals in determining the rehabilitation needs of patients and the most appropriate discharge plans. Evaluation of this process indicated that more information was needed on how well we meet the needs of our referral sources, so a satisfaction survey was sent to

them this year. Results are being evaluated to determine opportunities for improvement.

#### **3.2a(2)**

Marianjoy maintains access mechanisms so patients, families, and referral sources can seek information, obtain services, and register complaints. Information about the hospital is available on its website. Contact information and instructions for registering complaints is provided on the website. Discharge planners at referring hospitals are provided with written information about Marianjoy to distribute to potential referrals. This information is updated based on customer feedback regarding informational needs.

Marianjoy has increased access to its physician consultants at referring facilities by adding weekend consultant services. Tours of Marianjoy are available to families of potential patients. Access to Marianjoy services is usually by a physician's referral; however, self-referrals are accepted after a physician's review.

Access to Marianjoy and Marianjoy facilities is planned to accommodate the needs of the disabled community and their families. An annual Accessibility Plan is designed to eliminate any physical or communication obstacles to receiving Marianjoy services. Interpreter services are provided to non-English speaking or deaf customers for ensuring their access to services.

Marianjoy has relocated its outpatient schedulers so they are adjacent to the outpatient service areas, based on customer feedback. Staff members also receive training on telephone behaviors to ensure that callers are directed to the appropriated persons.

Marianjoy patients are provided information on the process for making complaints and accessing the patient advocate. The instructions are available in the Patient Handbook, which is issued upon admission, and are posted in each patient's room. This information is also posted at all outpatient registration areas.

#### **3.2a(3)**

Patient complaints are managed using the Customer Concerns process. Patients are instructed to voice a complaint with the immediate caregiver so that the problem can be resolved at that time. Caregivers are instructed to immediately solve a problem, but if that is not possible to refer the issue to their manager or to the patient advocate. Per policy, all complaints must be initially acknowledged within 48 hours and a written response sent within seven days explaining the resolution or steps taken to resolve the complaint. The Patient Advocate is notified of all grievances (complaints which cannot be immediately resolved by the caregiver) through a call, and documentation on

an unusual occurrence report so these can be logged and tracked for timely resolution and follow-through.

Marianjoy's service recovery system is used to minimize patient and family dissatisfaction at the time of the occurrence.

All patient grievances are logged by the Patient Advocate and can be sorted by type, department or unit, or risk management issue. Reports are produced and analyzed by the customer service team to identify any trends, such as type or unit, and improvement plans are developed if needed.

### **3.2a.(4)**

The same processes described in section 3.1a(3) are used for staying current with approaches to building customer relationships and providing service access. These approaches include participation in WFH and customer service professional groups, attendance at educational programs, use of current publications, and solicitation of ideas from the Resource Advisory Group.

### **3.2b.(1)**

Determining customer satisfaction is done using the listening and learning methods described in 3.1a.(2) with the Press Ganey and AMG satisfaction data used as the measures of progress toward the strategic goal. Inpatient, outpatient, and program segments are analyzed for the Press Ganey satisfaction data. Site and physician segment AMGA data is also evaluated. Statistical analysis is done to determine areas of service, which are key drivers for recommending Marianjoy. Customer comments on surveys and during focus groups, as well as complaint logs are used to capture actionable information. Customer satisfaction and dissatisfaction data is used by Customer Service Improvement Teams to develop improvement plans for specific areas of service.

### **3.2b.(2)**

The patient advocate follows up on all complaints brought her attention by personal meetings, phone calls or letters. The patient advocate also calls customers who have provided any negative comments on the patient satisfaction survey. IT Health Track calls patients approximately ninety days after discharge to receive feedback on their functional status and satisfaction with community participation post discharge and services provided by Marianjoy.

### **3.2b.(3)**

The Marianjoy results for all questions on the Press Ganey satisfaction surveys are benchmarked against results of organizations in the database, which provides information on Marianjoy's performance in relation to all rehabilitation providers in the database.

When significant gaps are noted in Marianjoy's performance in specific areas of customer service, the customer service improvement teams determine what action plans need to be developed and implemented. The same process is used for comparing the physician clinic performance to the other clinics in the database.

### **3.2b.(4)**

The same resources as described in 3.1a(3) are used to stay current with determining customer satisfaction and health care services and needs. In addition, Marianjoy uses periodic publications from Press Ganey, which provides various solutions to dissatisfaction issues, based on best practices of rehabilitation facilities in their database.

## **4. Measurement, Analysis, and Knowledge Management**

### **4.1 Measurement, Analysis, and Review of Organizational Performance**

#### **4.1a.(1)**

Marianjoy selects data to collect and analyze which will assist in developing and monitoring performance improvement to meet strategic goals or improve key processes. Daily data is collected on critical areas when adjustments need to be made on a daily basis. This includes inpatient census, patients receiving three therapy hours, and percentage of compliance with the 75% Rule. Monthly or quarterly data is collected when numbers are small or trends need to be identified, such as with patient satisfaction or outcomes. Data collection is done using many different processes, including documentation in medical or other computer records, completing manual logs, observation of performance, and through audits. Marianjoy's key organizational performance measures are described in 2.1b.(1). Data is analyzed to use in deciding the need for process re-design. Sometimes drill down or segmentation of data is required to better identify problems in a process. When a process is problematic, data collection can be changed to determine effectiveness or consistency of improvement interventions. Data can be collected for research purposes to determine innovative solutions and best practices. Marianjoy used data to determine what changes to the fall risk assessment tool would make it more effective in predicting falls, which resulted in a new innovative tool.

#### **4.1a.(2)**

Comparative data is used to determine Marianjoy's status in relation to other rehabilitation facilities in key performance areas, such as patient outcomes and satisfaction. This year Marianjoy enrolled in a nursing

outcomes database to evaluate performance in fall prevention, wound care, and other nursing processes. When significant gaps between Marianjoy and comparable facilities are noted, performance improvement activities are initiated. Sometimes information from high performing organizations is sought to assist Marianjoy in implementing best practices.

#### **4.1a(3)**

To keep performance measurement systems current with healthcare needs and directions, Marianjoy uses well-recognized sources of comparative data. Press Ganey satisfaction and eRehab outcomes data are used by many rehabilitation providers. These companies continuously provide information to their subscribers on changing healthcare needs and directions. Marianjoy maintains awareness of changes in the regulations and accreditation standards, which require changes in performance measurements. External changes, such as enforcement of the 75% Rule, and rapid organizational changes require important decisions to be made in performance measurement. This requires Marianjoy to demonstrate agility by redesigning the data collection and distribution process, such as was done with development of a daily report on compliance with the 75% Rule.

#### **4.1b(1)**

Organizational performance on strategic and other key indicators is reviewed monthly by senior leaders, managers, staff and governance through use of the organizational Scorecard. Managers are required to post the Scorecard in their departments and discuss the results. Managers, teams, committees, and process owners review specific data they collect for managing processes and making improvements. Some senior leaders and key managers sit on the Quality Committee where data is analyzed and recommendations made. These senior leaders communicate this information to the entire SLT. Analyses include identifying trends, determining significance, comparisons, cause and effect relationships, and correlations. FMEA or root cause analysis may be used. The director of the Outcomes department is a resource for statistical analysis and helps determine validity and significance. Analysis of the data identifies trends, organizational needs, and challenges facing the operating environment. Priority areas are targeted for improvement action plans. To allow for rapid response to identified challenges, data collection and tracking may be increased.

#### **4.1b(2)**

Priority improvement areas are identified by drops in performance, poor comparative results or lack of progress towards strategic or key goals. Initiation of improvement efforts is assigned by the Quality Committee or SLT to appropriate work groups, teams, or committees. The team then determines how improvement action plans will be deployed throughout the appropriate areas of the organization. This may include communication at department meetings, scheduling of educational sessions or e-mail information. When appropriate the action plans are deployed to suppliers or partners by e-mail, phone call, or face to face meeting. This occurred when our contracted suppliers of radiology and lab services needed to begin reporting of critical results and reducing turnaround time for results.

### **4.2 Information and Knowledge Management**

#### **4.2a.(1)**

Needed data and information is made available in a variety of ways. The Scorecard is distributed and posted throughout the organization. It is also provided on the computer network's common drive where it is available to managers and many staff. Written reports which segment outcomes or satisfaction are distributed to the appropriate team or site leader. These reports are also made available on the common drive. Appropriate staff are given access to the comparative databases and instructed on how to navigate the sites.

#### **4.2a.(2)**

WFH maintains a large and technologically advanced Information Systems department. They work with the data collectors and users as well as software vendors to ensure that hardware and software are reliable. WFH maintains computerized system security using administrative, physical, and technological controls. These include firewalls, virus protection, placement of computers in secure locations, staff education on security, and password protection for all programs. Associates are all required to sign a confidentiality agreement upon hire, stating that they will not divulge their password to others. Users work with software vendors when user-friendliness is a problem interfering with the software use. This occurred with the acquisition of a program to collect outpatient outcomes, and there had to be a cessation of use until the vendor made the system more user-friendly.

#### **4.2a.(3)**

A back-up system for all information on the WFH computer network is located in Wisconsin. The Meditech medical record system is also backed up on the east coast. Information should be available from

these back-up sources during an emergency. Data from the comparative database providers might have to be sent through the mail or by Fax if possible.

#### **4.2a.(4)**

Mechanisms for data and information availability are kept current by presenting the needs to the Information Systems department for including in their annual plan and budget proposal. Vendors of software used at Marianjoy regularly send updates on technology development and new directions in the field. The IS department also keeps staff informed of technological changes and requests information on user needs.

#### **4.2b**

In adherence to the value of Development, Marianjoy associates are expected to seek education to improve their knowledge. Educational support is provided. Associates who attend educational programs are expected to share newly acquired information with their department or appropriate staff members. Knowledge experts may be asked to present internal education programs or train and mentor others. Some knowledge experts are encouraged to present external education programs to share knowledge with the professional community.

Patient education is an intrinsic part of rehabilitation. A great number of educational materials are available. A Patient Education Notebook is provided for patients to collect their educational handouts. Educational films are available on the hospital's television system.

Marianjoy staff members attend educational seminars and participate in professional organizations, where best practices are shared. Staff members are also encouraged to network with their peers and seek advice on best practices. Marianjoy maintains a medical library which provides for timely literature searches.

#### **4.2c**

Accuracy, integrity, reliability, and timeliness of data and information are ensured by indicated staff education, observation, spot checks, and informal and formal audits. Security is maintained through the security mechanisms described above. Confidentiality is ensured by periodic HIPAA education explaining maintenance, access, communication, and disposal of confidential information. Assessments of confidentiality processes in the organization are conducted annually with opportunities for improvement addressed. Newly hired associates are required to sign a confidentiality statement.

## **5. Staff Focus**

### **5.1 Work Systems**

#### **5.1a.(1)**

Marianjoy uses a number of methods to systematically organize and manage jobs to meet that goal. Marianjoy's SLT regularly reviews the organization's structure and its reporting relationships, revising the organizational chart as determined. The SLT has demonstrated increased agility by reviewing and revising this chart whenever there are major organizational changes which impact responsibilities or reporting relationships. Every position has a job description attached to it. Job descriptions are created by managers or directors, and reviewed during the annual performance review meeting with any needed revisions made. In addition, job descriptions are reviewed any time a staff member's responsibilities change substantially.

The work of Marianjoy's therapists and nurses is also managed through productivity expectations, which are established for each clinical area. Productivity measurements are calculated daily and monthly for both the department and the individual practitioner. Department and individual goals are established and evaluated as part of the annual performance reviews. Productivity expectations are revised as part of the annual budgeting process, based on changes in programming, patient service needs, and departmental goals. Productivity expectations can also be changed if it is established that patient or service needs require such a change.

The PEP process focuses on skill development. Each staff person and the supervisor establish goals for skill development, and determine how these goals will be accomplished. When new care services are planned which require additional staff skills, such as with the new lymphodema program, arrangements are made for staff to attend external education offerings or training is done at Marianjoy.

Leaders set expectations for values-based behaviors, such as teamwork, addressing challenges creatively, continuously improving the way work is done, and focusing efforts to achieve priorities. Each staff member is able to relate job functions to values-based behaviors. The annual performance evaluation includes feedback from the staff person, peers, and supervisor to assess how well the values-based behaviors are demonstrated.

Innovation, cooperation, initiative, and empowerment are further encouraged in a variety of ways, including formal solicitation of staff ideas on organizational committees and performance improvement teams. Other examples of such encouragement include monthly e-mails requesting environmental or patient safety improvements, and maintenance of an on-line improvement request.

### **5.1a.(2)**

New hires, students, and volunteers are oriented to cultural diversity, and are provided with examples of cultural issues that could be encountered and how to identify them and respond appropriately. Evaluation of this introduction to cultural diversity suggested that this was not enough education on the topic, so advanced customer service training now includes identification and response to cultural issues. The availability, staff knowledge, and use of interpreter and translation services have increased tremendously. A list of associates able to provide foreign language interpretation is maintained for interpreting non-medical information (or licensed professionals who may interpret medical information). Organizational celebrations are held occasionally celebrating diversity, such as ethnic lunches. Diverse staff viewpoints are brought together through the use of interdisciplinary teams and hospital committees. Marianjoy leaders have participated in diversity training in relation to both changes in the workforce and effective ways to value the various types of diversity in our workforce. Feedback from satisfaction surveys has also identified diversity issues that have been addressed, such as privacy and gender of caregivers.

### **5.1a.(3)**

Effective communication between all levels of staff is critical to Marianjoy's continued success. There are many formal and informal communication channels through which staff, physicians, and volunteers receive and share information:

- Communication Boards
- Leader Rounding
- The MAGnet (Marianjoy at a Glance) Intranet
- In-Service Meetings and Skills Fairs
- Management Team Meetings
- Department Meetings
- New Associate Orientation
- Brown Bag Forums
- NewSpirit Staff Newsletter
- All-Staff E-mails
- "On Top" Nursing Newsletter
- Volunteer Newsletter
- Paycheck Attachments
- Performance Scorecard

Several of these communication methods, such as leader rounding, communication boards, and an increasing number of brown bag forums, have been implemented as a response to the staff satisfaction survey, which indicated the staff's desire for increased communication from leadership. The primary method of communicating important information is the cascading of information from the monthly management team meeting to the

department meetings, to ensure that consistent communication messages are deployed throughout the organization.

Teams also provide opportunities for communication, cooperation, and knowledge/skill sharing. Interdisciplinary teams provide opportunities for staff from different departments and divisions to interact.

Skill sharing between clinical staff of the same discipline and between interdisciplinary clinical staff is achieved at both departmental and interdisciplinary in-services, at Skills Fair, at the orientation and preceptor programs for new employees or staff new to specific roles, and at team meetings. Clinical staff also collaborates informally on specific patient care issues, and share skills and knowledge.

### **5.1b**

The Performance Excellence Program (PEP), initiated in 2005, is designed to: align all staff with our MVV; provide each individual with clear direction and developmental coaching; assess and provide feedback regarding performance; and provide fair and objective information for pay and personnel decisions. This is a process of interactive communication where peers, co-workers, and managers provide feedback. Managers and staff then mutually identify performance goals for the next year. Managers work with each staff member to ensure that all competencies have been completed in a timely manner. Through PEP, staff members are evaluated based on the MVV. The PEP process supports and encourages staff to provide a high level of customer service by providing clear expectations and examples. After the first year of PEP implementation in 2005, managers were surveyed to determine their satisfaction with the PEP program; feedback indicated that the process was too time-consuming. Improvements have been made to this year's documentation forms to decrease the time required for completion.

Periodic evaluation of staff recognition processes by HR has resulted in expansion of recognition opportunities. "Thank You" cards are acknowledgment provided by peers, leaders, or customers, in recognition of staff behavior that demonstrates our core values and service excellence standards. Thank you cards are readily available throughout the organization.

The R.I.D.E.S Associate Award is staff acknowledgment provided by leaders, in recognition of behavior that goes above and beyond what is expected. The R.I.D.E.S Leadership Award is leader-to-leader recognition for living our core values and performing beyond one's normal responsibilities. The current recipient of this award is responsible for

selecting the next recipient. The Caring with Spirit GEM Award every other month recognizes five associates, who are nominated by their peers for demonstrating specific examples of R.I.D.E.S behaviors. The Key Contributor Award is a financial award, given to recognize extraordinary effort and achievement. Team awards recognize and reward teams that work together to improve department operations, customer service, or the delivery of patient care services. Associates whose names are mentioned positively on satisfaction surveys are recognized by the organization. Marianjoy honors its long-tenured staff members by providing a service award ceremony and gift for every 5 years of service. Over 100 of Marianjoy's 800 associates have 15 or more years of service.

### **5.1c(1)**

In today's competitive market, it is essential for organizations to continually recruit new talent and to retain staff members who are satisfied with their jobs. A key factor is the accurate identification, with each potential hire, of the skills, knowledge and abilities to succeed in their job. Some positions require that the applicant successfully complete certain pre-determined skill tests, such as use of a particular software program.

As a position becomes vacant, HR and the department manager discuss what skill set has worked well in the role, or what new skills would be helpful to achieve better success in the position. This process has been improved by incorporating information from exit interviews.

### **5.1c.(2)**

A recruitment strategy, developed in partnership with the hiring manager, outlines how recruitment for the vacant position will be done. Qualified candidates meet with HR and then the department manager and staff. Interviews utilize behavioral-based questions, the philosophy being that past behavior is a predictor of future behavior. Improvements in this process have included the availability of pre-established behavior based questions available from HR.

The recruitment strategy encompasses ads in culturally diverse arenas in the community. Marianjoy partners with many community organizations, local schools, and other groups to find the widest talent pool and to make sure that Marianjoy represents the communities it serves. Marianjoy's AbilityLinks is a consortium that brings together businesses, government agencies, and nonprofits to increase employment of people with disabilities. [www.AbilityLinks.org](http://www.AbilityLinks.org), is the premier Internet site for joining job seekers who have disABILITIES with employers and community employment programs, in

one easy-to-access place.

The SLT established this year a cultural diversity initiative which includes hiring and keeping a diverse workforce. The target for hiring people of color in managerial and professional positions was 6 or 10% of new hires. During the first two quarters of the year, 19 people of color were hired, representing 45% of new hires.

The Marianjoy referral program is a tool to recruit new associates. Staff members may refer a friend or colleague they feel has the skills, knowledge and ability to do a particular job. If this person is hired, the referring associate is typically eligible to receive a referral bonus.

Once hired, retention of new staff members is very important. Decreasing turnover is a strategic goal of the organization. Recognition, as described above, is one retention strategy. Other retention strategies focus on improving staff satisfaction as determined by the Employee Opinion Survey. Such improvements have included development of an organization-wide Wellness Program, implementation of a merit-based compensation program, and increased communications from leadership.

### **5.1c(3)**

Marianjoy, in collaboration with WFH, has an Executive Development Program (EDP) to address succession planning. This program is a systematic approach to ensure leadership continuity in key positions. It is a curriculum and experiential learning-based approach that prepares leaders to move into new roles as opportunities become available. All leaders have a development discussion with a member of SLT to identify career goals and potential participation in the EDP. The Clinical Ladder program provides career progression opportunities for clinical staff.

For staff outside of leadership roles, career development discussions take place during annual reviews. Staff members are then encouraged to work with their leader to identify specific learning events and self-study opportunities that can support their career progression.

## **5.2 Staff Learning and Motivation**

### **5.2.a(1)**

(1) Marianjoy's education, training, and development programs support the MVV, strategic goals and action plans that drive organizational performance. Development programs also support associate career progression, outlined on individual development plans. Educational plans are developed at all levels of the organization. Generally, departmental and interdisciplinary plans address educational activities to support licensing and credentialing requirements.

Departments also budget for external education to meet educational needs for improving services, contributing to strategic goals, and creating individual development plans. Evaluation of funding for staff education is done annually.

Reflecting the importance that WFH and marianjoy place on education and development, a system wide organization structure was established in 2004, Organization and Leadership Development (OD/LD). ODL is responsible for implementing standardized educational processes and programs throughout the system.

Educational plans include activities intended to assist staff in meeting the goals of the organization's strategic plan and in supporting departmental goals. For example, interdisciplinary advanced customer service training and training on scoring outcomes helps to improve performance in these areas of the strategic plan. Management education on the use of recognition has been provided to assist with decreased turnover goals, and budgeting in-services were held to assist managers in achieving financial goals. These educational offerings focused on longer-term organizational objectives; however, other education is provided for shorter-term objectives, such as improving patient satisfaction with goal achievement by teaching staff appropriate scripting. Improvement teams often recommend specific education or training to achieve short-term performance improvement goals.

Education on technological changes is included in educational plans, such as training for planned changes in Meditech computerized documentation. This past year extensive education was provided to physicians and clinical staff on computerized physician order entry. However, education is also provided when smaller changes are made to the system. Education and training are provided as needed when new equipment is acquired.

To ensure a competent workforce, managers and supervisors are responsible for ensuring that staff receive the training and education required to successfully perform their job responsibilities..

### 5.2a.(2)

Continuous learning opportunities are in place for staff to attain knowledge and skills related to diversity, ethical business practices, leadership, and environmental safety.

Marianjoy makes a substantial commitment to orientation for all associates and leaders, consistent with our core value of Development. Orientation consists of a day-long program for all new hires, plus a departmental orientation which varies in length and content. Clinical staff members also have preceptors who train and observe new hires for designated

periods. New managers must complete the management orientation. The contents of the orientations are revised when new information needs to be shared, as well as at least annually after an extensive review of the contents. New associates' evaluations of the orientation are used for improvement. The last review of the New Associate Orientation (NAO) resulted in adding more interactive activities, such as simulating an emergency response.

Other education, training and development addresses key organizational needs.

**Management and Leadership Development.** Classes on management and leadership development are intended to improve leaders' skills, thereby optimizing achievement of Marianjoy's strategic goals. Topics have included: providing recognition; coaching and using the PEP process; ethical decision-making; and using performance improvement methods and tools.

**Diversity.** In 2004, Marianjoy began collaborating with WFH to launch a system-wide effort to increase diversity and cultural competence, with a focus on employment and patient care. This effort included diversity education for all leaders addressing the business, medical, and legal cases for diversity.

In addition to the NAO diversity orientation provided, departmental orientations have been revised to include diversity concerns specific to the department, such as discussing gender preferences for assisting with bathing and dressing. Examples of specific diversity issues are covered in advanced customer service training. Clinical staff received education this past year on use of interpreter services. An interdisciplinary education program was also conducted by one of Marianjoy's interpreters, who explained cultural issues encountered when interpreting rehabilitation information.

**Ethical Health Care and Business Practices.** Based on our value of Integrity, education on ethics, compliance, and human resource practices is an important part of the curriculum for all staff. Annually, all associates are required to complete Corporate Compliance training. In early 2005, all associates completed HIPAA education on the new Security Rule. Thus far, 2006 education has provided an overview of corporate compliance and HIPAA requirements, with the content based on needs identified through the annual HIPAA reassessment and questions and concerns raised by staff. All new leaders attend an 8-hour Ministry Basics workshop to reinforce the Ethical and Religious Directives. Ongoing education is also provided by the Marianjoy Ethics Committee.

**Safety.** To ensure a safe environment for all patients, visitors, and staff, annual safety education is required

for all staff members. This consists of an education packet and a quiz. NAO includes this content for new associates. Specific safety training is also offered to associates based on their job requirements. Safety quizzes are conducted as part of the regular environmental rounding process. The annual Safety Fair provides interactive learning focused on areas where staff showed knowledge deficits on the safety quizzes. Drills simulating emergency situations (e.g., bomb threats, severe weather, and child abduction) are held annually for each shift. Performance is assessed after each drill, and education on proper procedures and opportunities for improvement is provided to all recipients immediately after the drill. The Environment of Care Committee evaluates all safety education and training, and implements improvement recommendations. This year the annual staff safety education is being transferred to an on-line course on the Learning Link.

**5.2a.(3)**

Program team leaders and clinical educators conduct educational needs assessments annually. Results from these assessments are used to develop educational plans that will support Marianjoy's strategic goals. Directors and managers contribute to the plans based on departmental goals and on educational needs noted during staff performance evaluations, individual staff development plans, and departmental action plans. Educators share results of their departmental needs assessments, and determine what education can be provided through interdisciplinary programs that will offer consistency and efficiency in education. Interdisciplinary topics for the past year have included cultural diversity, pain management, and infection control procedures. Education to assist staff with meeting strategic goals has been provided through a variety of venues, including departmental and team in-services, newsletters, and interactive fairs including Skills Fair, Customer Service, Safety, and Hand Hygiene fairs. Results of the employee opinion survey are also used to determine educational needs, particularly to plan management education. Organizational agility is demonstrated by frequent revisions to educational plans. Plans may be revised due to changes in law or regulation, financial performance, staff performance, recommendations from improvement teams, and acquisitions of new equipment.

Associates with significant knowledge or expertise may be used to provide departmental or interdisciplinary education to other associates or they may be asked to mentor other staff. For example, the patient advocate provides customer service education.

**5.2a.(4)**

Education and training are delivered in a variety of ways, noted below, depending on the topic, preferred learning style, staff location and shift, length of the program, and available resources.

- Instructor-led classes
- Self-study via books or instruction manuals
- Department meetings
- Videotapes
- Vendor demos
- On-the-job training
- Testing or quizzes
- All-staff e-mails
- Computer training
- Mentoring
- Video conferences
- Workshops, conferences, and seminars
- Skills Assessment and other fairs
- Outside trainers
- Newsletters
- Medical Library resources

In April 2005, Marianjoy launched The Learning Link (LL), a Learning Management System that allows Marianjoy to plan, deliver, and manage all major forms of workplace education.

Participants in many educational programs have the opportunity to evaluate program content and presentation. This feedback is used by the course developers and/or presenter to improve the educational offering. For instructor-led sessions, evaluation forms are used to obtain feedback on delivery approach and content. Other evaluation tools include staff performance on quizzes or tests, auditing staff use of knowledge or skills, and direct observation of staff performance. Knowledge and on-the-job skills are also reinforced by observation and by mentoring/coaching. Department budgets provide for external education to supplement the continuing education provided internally. Recently, Marianjoy created new positions in specialty areas of therapy to recognize those with advanced certification in their chosen profession (e.g., lymphedema specialist, vestibular balance specialist). Those in the new roles are encouraged to share their knowledge with other professionals by providing mentoring and in-service.

**5.2b**

Informal and formal methods are used to motivate associates and promote career development. The PEP process encourages associates to utilize their full potential, through a continuous cycle of setting expectations, coaching, and reviewing performance. Leaders provide motivation to staff through coaching, merit pay increases, clinical ladder programs, and recognition. As previously noted, there are many recognition opportunities available at Marianjoy.

The Executive Development Program and the Clinical Ladder Program are designed to improve organizational performance by recruiting high performers and assisting them with career



development. Clinical staff wishing to develop their skills and advance in the organization may apply for the Clinical Ladder Program. They are required to submit research, education, or program development proposals, which are evaluated by their managers and other members of the management team for achievability and value to the organization. When the selected applicants complete their projects, the results are reviewed by this management team to determine if they advance on the clinical ladder. The Clinical Ladder Program is evaluated annually for effectiveness, and budgetary allocations are revised based on recommendations for improvements to the program.

### **5.3 Staff Well-Being and Satisfaction**

#### **5.3a(1)**

Ensuring the safety and health of associates begins with safety and infection control topics during NAO. Staff well-being and satisfaction are incorporated into the strategic goal of "Healthcare Employer of Choice."

Marianjoy's Safety Director, in conjunction with the Environment of Care Committee, is responsible for designing and planning for environmental safety. Safety is managed through policies and plans, orientation, ongoing education, performance improvement initiatives, drills, and random testing. Proactive safety improvements are initiated based on environmental rounds, external inspections, hazard vulnerability analysis, new regulatory requirements, and staff suggestions and concerns, which are solicited monthly. The Environment of Care Committee develops annual plans with objectives for safety, security, hazardous materials management, medical equipment management, life safety, emergency preparedness, and utilities management. Indicators for selected performance measures in each area are reviewed on a quarterly basis. Results are reported to all staff, with recommended actions for improvement as needed. Achievement is evaluated annually and plans are revised for the next year. This year's performance improvement initiatives have focused on decreasing unsecured doors after business hours and on compliance with safety education. Other performance measures include employee injuries, incidence of sharps injuries, staff compliance with wearing identification badges, performance of vehicle safety inspections, pounds of potentially infectious hazardous waste generated, adherence to the schedule for inspection and preventive maintenance of medical equipment, performance during fire drills, and staff knowledge of emergency preparedness. Marianjoy is participating in a WFH initiative to decrease employee injuries by implementing a safe patient handling program. For

clinical staff this has focused on lifting, moving, and transferring patients. Success of this implementation at other WFH organizations is being evaluated before the program is fully implemented at Marianjoy. Safety Fair activities have included safe lifting techniques for the various types of workers at Marianjoy. Clinical personnel have the opportunity to transfer "patients," while support staff practices lifting boxes and other objects.

#### **5.3a(2)**

To ensure workplace preparedness for disasters and emergencies, Marianjoy provides a variety of staff education and emergency drills. Drills for severe weather, bomb threat, violent situations (e.g., infant abduction, disruptive patient), power failure, and patient elopement are conducted yearly at each site for each shift. Fire drills are conducted on a quarterly basis for each shift. An evacuation of the facility is also simulated once a year for each shift. External community disaster plans are developed in conjunction with local hospitals and emergency services in the community. Observers and participants are selected to evaluate performance during each drill. At the conclusion of each drill, participants are provided with "on-the spot" education to discuss the procedures and recommendations for improvement. Occasionally, all-staff e-mails are sent to inform staff of problems noted during drills and to educate on correct procedures. Medical emergencies ("Code Blue") occur periodically at Marianjoy. When a Code Blue has not occurred recently or a Code Blue response needs improvement, a simulated Code Blue is held. The Code Blue team meets immediately after each code to evaluate the response and areas for improvement. Improvements have included moving location of items on crash cart, education on algorithms, and announcement of code leader.

Education on preparedness for emergencies is provided at NAO, as part of annual mandatory safety education, during periodic staff quizzes, and at the annual Safety Fair. Education is evaluated and revised, as needed based on performance during emergency drills.

#### **5.3b(1)**

Marianjoy uses a variety of methods and tools to identify, measure, and monitor staff well-being, satisfaction and motivation. A comprehensive Moorehead Employee Opinion Survey (EOS) is conducted annually to measure staff satisfaction and identify improvement opportunities. A full survey of about 80 questions is conducted every three years; an abbreviated survey of about 60 questions is conducted otherwise. Alternating from full to abbreviated survey was a change made due to staff

feedback indicating the full survey was too time-consuming. Survey results can be segmented by job class/function, shift, sex, race, age, and employment status. Department directors and managers receive their own departmental results and are required to develop an action plan to address specific concerns of their department members.

SLT members also stay in touch with the current workplace climate through Rounding and through feedback from their direct reports.

### **5.3b(2)**

Benefits are an important recruitment and retention tool, and Marianjoy supports its associates by providing a variety of benefits. Associates can select from several health insurance options. Dental services coverage, short and long term disability, and life insurance coverage are other benefits offered. Each year WFH conducts a comprehensive compensation analysis for the different types of staff to ensure that salaries are competitive within the marketplace. As the hospital plans its move to a new facility, it has enlisted its associates in a fitness campaign entitled "Journey to Wellness." Associates have pledged the number of miles they will walk or the number of pounds they will lose over the next year. Implementation of the Journey to Wellness program was based on SLT's commitment to promoting staff well-being and on staff feedback on the EOS stating their jobs produced a high level of stress. The WIN program provides associates with financial incentives to engage in behaviors that enhance health and well-being.

### **5.3b(3)**

The EOS is the primary method used to determine staff satisfaction. Survey questions are grouped into categories reflecting the Marianjoy Values and rated by both performance and importance. This ensures that Marianjoy focuses on those items most important to associates. An abbreviated survey is conducted in "off years" to track progress toward identified goals. Comparative data is available to compare Marianjoy's results against national benchmarks. Then EOS action planning is focused on items indicating a high-importance and low-performance score. Additionally, the areas of focus are built into the Leader Rounding process. Managers are also encouraged to conduct feedback sessions with associates, and to develop strategies and action plans that will impact identified focus areas.

Other measures of well-being, satisfaction, and motivation include turnover, productivity, and associate injuries.

### **5.3b(4)**

Findings on key organizational performance results

are analyzed to determine priorities for improving the work environment in order to support staff in achieving organizational goals. These priorities include education and development of efficiencies in the workplace. For example, improvements in the computerized documentation system were made when staff members provided feedback that certain documentation was too time-consuming. Alcohol-based hand hygiene products have been placed in recommended areas of patient care units to make it easier to comply with hand hygiene. Committees or performance teams charged with achieving strategic goals have made many of these improvements. Other improvements have been implemented from staff suggestions during management rounding or direct communication with the manager.

## **6. Process Management**

### **6.1 Healthcare Processes**

#### **6.1a(1)**

Key health care processes and indicator measures include:

- Admissions process compliant with the 75% Rule
- Service delivery measured by percentage of patients receiving three hours of therapy,
- FIM score change in targeted functional areas based on process changes,
- Provision of patient education measured by use of the educational notebook
- Safety of medication provision measured by medication occurrence rate
- Use of infection control procedures measured by Infection rates
- Hand hygiene compliance as measured by percent of staff compliance observed in required situations
- Restraint management measured by percentage of restraints discontinued before patient discharge
- Compliance with verification of procedures by physician
- Timeliness of radiology and lab results measured by turn around time
- Accuracy of radiology readings
- Complications during dialysis treatments
- Therapy evaluations completed in 72 hours

Marianjoy's primary healthcare process is the delivery of rehabilitation services throughout the continuum of care that meet patient goals and optimize their independence in the community. The first step in this process is identification of patients appropriate to admit to the programs. This has been a key process in improving the admissions diagnostic

mix in order to comply with the requirements of the 75% Rule.

Another requirement of the 75% Rule is that patients are provided three hours of therapy per day on five of the seven days of the week. To meet this requirement and achieve improved patient outcomes efficiently, ensuring the provision of three hours of therapy is a key organizational process. A performance improvement team has implemented procedural changes.

To improve patient functional outcomes, each of the program teams has addressed processes used to increase a specific functional area. For example, the Brain Injury team has focused on upgrading eating skills by obtaining additional assistive devices for eating and developing a system to maintain their availability on the nursing units, by implementing staff supervised feeding groups, and by providing information for feeding strategies on the patient whiteboards.

Patient education is a key process in rehabilitation, driving patient outcomes and satisfaction. Use of patient family education notebooks is measured to monitor this process.

Another key process for improved patient outcomes and providing for patient safety is the provision of medication to patients with a low medication error rate. The provision of medications to patients is regularly monitored and re-evaluated with adjustments made as needed.

#### **6.1a(2)**

Key health care process requirements are determined by regulatory requirements, evidence based procedures found in research and literature, associated costs including staff time, patient safety impact, operational needs of the organization, staff satisfaction with the process, and customer satisfaction. Satisfaction scores along with patient and family comments are used to identify processes needing improvement to meet customer expectations or requirements. Surveys of referral sources have identified requirements for the admissions process. Input from our subacute partners has determined requirements for providing subacute services in the host facilities.

#### **6.1a(3)**

Processes are designed using PDSA to meet all key requirements and adhere to the performance improvement model. Flow charts are often constructed to delineate the current or the desired process. Areas where the process breaks down or could break down are identified. Staff in the organization who have knowledge of the process are selected to participate in the design or re-design. A

literature search or information gathering from other facilities is conducted to determine possible actions and provide evidence based information as available. The need, availability and cost of equipment or staff to improve the process are evaluated. An action plan is then developed and implemented taking into consideration how the effectiveness of the actions will be measured. Some processes are piloted on a limited basis, while other processes are fully implemented. Some process improvements are longer term, such as those needing expensive equipment, additional staff or changes in job responsibilities. These must be justified through the budgeting process. Once a new or modified process is implemented and in effect for a determined length of time, the designers to ensure that the design requirements and objectives were met evaluate its efficiency and effectiveness. This is accomplished through analysis of the results on the predetermined indicators, costs incurred if appropriate, and staff and customer feedback. If the design has not met the key requirements or met the goals, the design team evaluates the process for any necessary revisions. If the process design is determined to be effective and efficient, it is either fully implemented or continued as is.

#### **6.1a(4)**

Patient feedback and expectations are used to determine requirements for designing or redesigning a process. This feedback comes from previously described sources. When feedback identifies an area of unrealistic patient or family expectations, the customer service performance improvement teams determine appropriate proactive communication to guide patients to more realistic expectations. A preadmission packet provided to potential patients explains what a day at Marianjoy will be like, including wearing street clothes, three hours of therapy, and the expectation that the patient will attempt to perform self-care as independently as possible. As part of the patient orientation process, nurses explain the hospital standards for answering a call bell and the reasons for the establishment of the time standard.

The Marianjoy value of Respect calls for patient involvement and decision-making. The setting of patient goals with each discipline and discussion of progress is emphasized. After each patient care staffing, information is related to the patient and to the family or caregiver regarding the patient's progress, treatment plan, and discharge plan. Procedures and their effects and results are fully explained to patients before they sign consents authorizing the procedures. Patient preferences are factored into many of the healthcare processes, including food preferences and use of language

interpreters. As a result of patient feedback, patient preferences are obtained regarding the gender of a caregiver who assists with bathing or dressing.

**6.1a(5)**

Key performance assessments and measures for health care processes are listed in 6.1a(1). These measures are used to monitor and improve processes. Performance is managed by the process owner who considers the process requirements in day to day operations. The process owner performs ongoing monitoring of process compliance with regulatory and accreditation standards, safety factors, implementation of improvement actions, and ongoing customer and staff feedback to ensure that processes are functioning as designed. Periodic indicator measures provide objective information on the effectiveness of the process. If measures do not meet the established goals, revisions are made to the process. The PDSA model is used.

**6.1a(6)**

Every effort is made to minimize costs associated with inspections and performance audits. A major way of accomplishing this is by building systems where information can be pulled from computerized documentation into audit reports. For example, the computerized billing process generates reports on percentage of patients receiving three hours of therapy. Entering lab results into the computer generates the measure of turn-around times. The Decision Support System is available to pull data from many sources in the information services network, including medical records, billing, and scheduling to generate reports such as productivity, infection surveillance and discontinuation of restraints. WFH has also consolidated some services across all their regions, some of which include auditing functions. Ease of data collection is a primary consideration in selecting performance measures. When possible, data collection is designed to be part of a process. For example, determination of medical record delinquencies is part of the chart compilation at patient discharge and use of prohibited abbreviations is noted as part of the medication order clarification process. . Some data collection and report generation does require extra staff time, such as observation of hand hygiene and concurrent chart review. Since Marianjoy strives to be a data driven organization, appropriate supports and resources are provided to staff to allow for data collection. Resources include computer education, such as development of spreadsheets and accessing external databases.

Processes are designed to reduce as much error and rework as possible. Computer documentation

systems provide for limited choices in entering information or cue staff to steps in a process. Other equipment, such as the Pyxis medication dispensing machine which is designed to prevent medication errors, is available to automate certain processes. Processes are designed and revised to simplify the steps and reduce potential for errors.

**6.1a(7)**

The PDSA process is used to improve health care processes that do not meet organizational expectations. Flow charts of the processes identify problem areas or areas with variability. Action plans focus on redesigning the process to eliminate possible process failures or variability. Resources such as research or journal articles, external education programs, or information from other facilities are used when possible to assist Marianjoy in staying current with health care directions. Improvement methods and results are shared with the Quality Committee. The Committee makes recommendations for presentation of some improvement processes to the entire management team. Some improvements are documented in newsletters or displayed on bulletin boards.

**6.2 Support Processes and Operational Planning**

**6.2a(1)**

Key business and support processes are those that are determined to have the most impact on the delivery of patient care services and patient and staff satisfaction. The key support processes identified are:

<b>Process</b>	<b>Requirements/Measures</b>
Information Systems support	Timeliness Effectiveness
Provision of nutritional services	Targeted performance measures based on patient satisfaction scores
Biomedical inspection and maintenance of medical equipment	Completeness
Van transportation of patients	Compliance with safety requirements
Medical transcription	Turnaround time

**6.2a(2)**

The key requirements for the above support services are listed above. These requirements are determined by patient and staff satisfaction and by collaboration with clinical staff and external providers.

**6.2a(3)**

These key support services are designed using the PDSA process, the same way healthcare processes

are designed (6.1a(3)). The cost and impact of new technology is considered for appropriateness in the new processes. Possibilities of problems with efficiency and effectiveness are identified, and the process is designed to avoid these problems. Processes are either fully implemented or piloted, and results are evaluated soon after implementation using the results of indicator measures to determine the effectiveness of the design. If it does not meet the requirements, necessary modifications are made and later evaluated to determine if they improved the process.

#### **6.2a(4)**

The measures used for control and improvements are listed above. The owner of the process is responsible for day-to-day management of the process, ensuring that it meets key requirements. The periodic aggregation of the performance data is used to monitor and ensure the success of the process. Ongoing input from customers and suppliers is used to make necessary adjustments.

#### **6.2a(5)**

Every attempt is made to minimize costs associated with inspections and audits. Staff who have knowledge in the process are used to perform inspections when possible instead of utilizing external inspectors. Computerization of data collection is implemented where possible, and staff training is provided on using computerized systems. Audit steps are sometimes built directly into the process to become a standardized step when performing the process activities.

Decreasing rework and preventing errors is accomplished by use of computerization and automated systems and equipment to prevent human error, as well as staff training to establish standardized and consistent performance of processes.

#### **6.2a(6)**

Key support processes are improved when indicators indicate that there is a drop in performance or measures are not meeting goals. A team of staff involved in the process determines where breakdowns or failures are occurring in the process design. Modifications to the process are implemented and later the process is re-evaluated to determine the effectiveness of the modifications. Staying current with healthcare needs and directions is accomplished by participation in professional groups to stay abreast of issues and advancements in the particular field, use of appropriate literature and on-line information, information from vendors and suppliers and evaluation of trends from customer feedback. Improvements and lessons learned are shared at

management meetings, in newsletters or on bulletin board displays.

#### **6.2b(1)**

Revenue and expenses are monitored throughout each month, and updated financial reports are sent regularly to all managers. Discussion at monthly management meetings provides information on financial status and issues. Managers also receive a monthly report on their budgetary expenses and are required to explain the variances to their vice president. These processes ensure that expenses and revenue are continuously monitored. When there are projected changes to the revenue stream or an increase required in expenses, such as for construction of the new facility or implementation of 75% Rule compliance, financial modeling is done by the finance department to determine the financial impact and risks of these changes.

Adequate resources needed for current financial obligations and a budgeting projection process, which predicts revenue, based on historical data and anticipated changes in reimbursement, and then determines the capital available for expenses, ensures major new business investments. Control of expenses, such as number of staff positions, is critical.

Financial risks are assessed based on any anticipated decreases in revenue due to regulatory changes, governmental actions, changes in third party reimbursement, or changes in business partners.

#### **6.2b(2)**

There are emergency contingency funds available at Marianjoy to address emergency expenses. The WFH corporate services and other WFH regions are also available to provide necessary assistance, whether that be personnel or finances. Disaster plans provide for use of community resources through established relationships with other community agencies. These plans also address operations during an emergency, including call down procedures to call in staff, emergency credentialing of community physicians to provide services at Marianjoy, and sources for needed supplies and equipment. Certain supplies such as food and water are stocked to meet emergency needs for a short time frame. Marianjoy also maintains a back-up emergency power generator in the event of power failure.

## **7. Organizational Performance Results**

### **7.1 Healthcare Outcomes and Services Delivery Results**

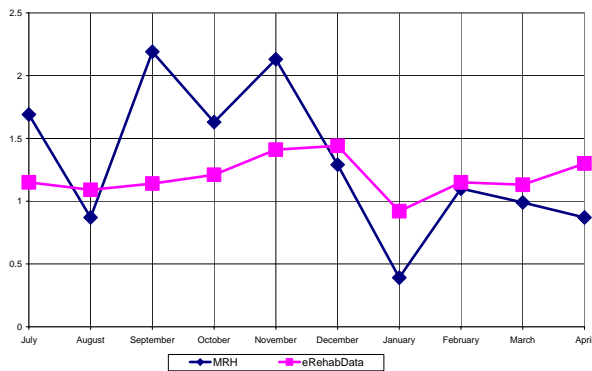
#### **7.1.a**

Marianjoy's inpatient key measures that are in the

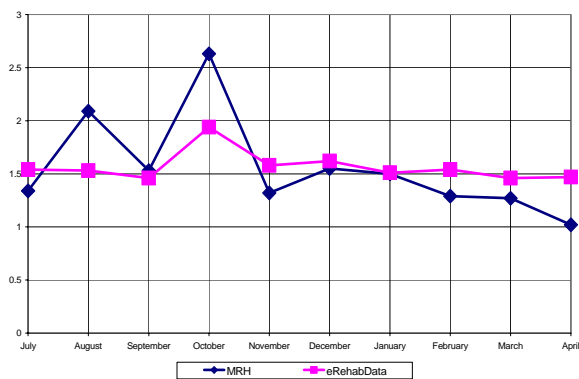
strategic plan and annual goals include change in Functional Independence Measurement (FIM) per day for Stroke and Brain Injury patient populations, which represent the two largest groups of admissions. Overall change in FIM per day is also monitored monthly for all clinical programs beyond those on the strategic plan. All FIM scores are benchmarked against other rehabilitation facilities across the nation. The database management system and benchmarks are from eRehabData, a nationally recognized outcomes software program for 190 rehabilitation facilities. The first figure below provides the FIM change per day results for the Stroke population during Fiscal year (FY) 2006 and the second figure displays the results for the Brain Injury population.

In addition to overall analysis on change in FIM per day, drill down analyses is performed on specific FIM items (18 in total) that influence overall functional gains patients realize while in rehabilitation at Marianjoy. Specific FIM items are selected by each program team to focus on each fiscal year where improvement opportunities have been identified. The figure below displays the Stroke Program FIM gain for the attribute toilet transfers over the previous two years indicating steady increases with some random variation. This is followed by a figure that displays the Brain Injury Program's overall FIM gain for the attribute eating, indicating slow improvement gains and some random variation in performance.

**Stroke FIM Change Per Day FY 2006**

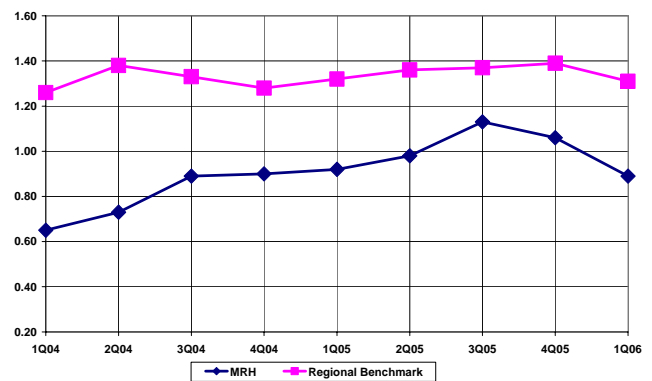


**Brain Injury FIM Change Per Day FY 2006**

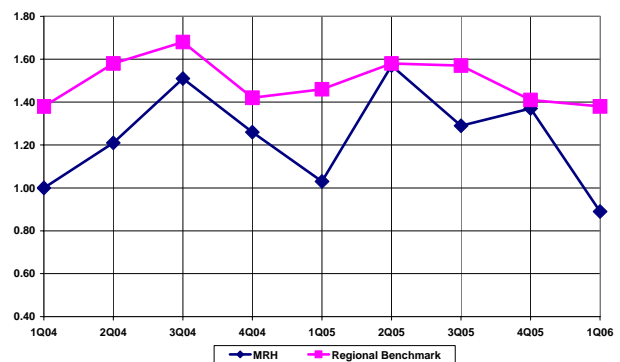


From both these graphs it can be seen that Marianjoy's performance as indicated by the blue lines are above or similar to the benchmarks of other rehabilitation facilities in the regional market (states surrounding Illinois). This data is shared with leaders throughout the institution on a quarterly basis, deployed through various committee and workgroup forums, and displayed within the organizational scorecard. All FIM outcomes are reported to the JCAHO through eRehabData on a quarterly basis.

**Stroke Program FIM Gain for Toilet Transfers**



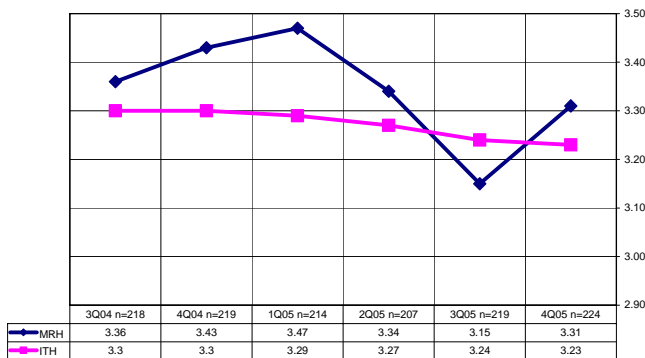
**Brain Injury Program FIM Gain for Eating**



Marianjoy discharged patients are followed up by IHealthTrack 3-6 months post-discharge for clinical outcomes of care and quality of life indicators. There are 135 rehabilitation facilities in the benchmark pool. A 40% generalizable sample of the entire discharged population is contacted each quarter for assessments and aggregate data is reported to Marianjoy upon completion. One benchmarked measure required by the Commission on Accreditation for Rehabilitation Facilities (CARF) and incorporated into the follow-up

outcomes is patient “satisfaction with community participation”, which follows in the next figure. The data is displayed for 3Q 2004 through 4Q 2005 discharges. The results show that Marianjoy is above the benchmarks for most quarters with random fluctuations below the benchmarks and an upward recovery. This data is shared with leaders throughout the institution on a quarterly basis and deployed through various committee and workgroup forums. Learning from the data dissemination occurs formally and informally throughout the year.

**Satisfaction with Community Participation - All Cases**



## 7.2 Patient and Other Customer-Focused Outcomes

### 7.2.a.(1)

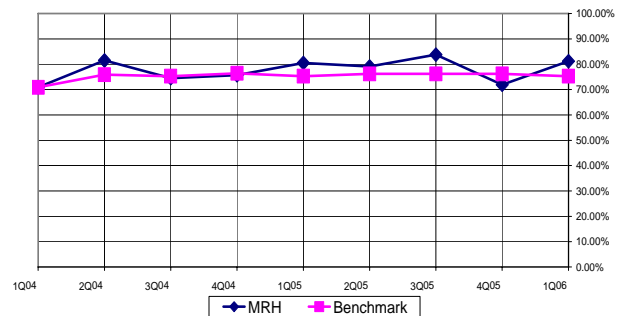
Press Ganey is the vendor of choice for Marianjoy to measure customer satisfaction and to provide benchmarked data for comparisons against the other 130 inpatient rehabilitation facilities and 45 outpatient rehabilitation clinics in the database. The strategic goal for customer satisfaction for both inpatient and outpatient measurement is “likelihood to recommend the facility”. The inpatient figure is displayed first and is trended over the past two years by quarters. The outpatient graph is an average between the two therapy clinics; Wheaton campus and Oak Brook Terrace and is displayed in figure that follows inpatient. Marianjoy’s performance is indicated by the blue lines and is generally above the benchmarks. Annual goals are established with a corporate established and expected percentile ranking among the other facilities for any database used for benchmark data. This percentile ranking is true for any annual goal and associated strategic plans advanced for the hospital where external benchmarks are available.

Each quarter, patient verbatim comments included with the Press Ganey surveys are also

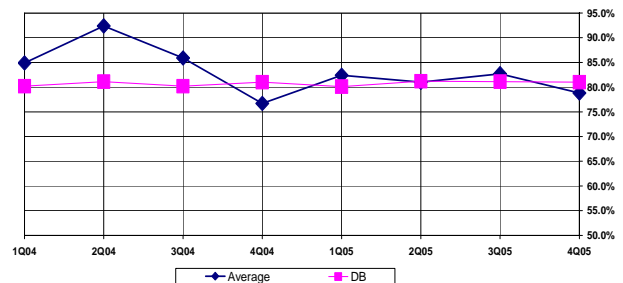
shared with leadership. Both positive and constructive patient comments are disseminated. Knowledge gains from the patient comments are also disseminated to staff for additional patient insights.

In addition, each quarter a series of correlations are generated to hone in on the top key drivers for the likelihood the recommend. The Team selects key drivers to develop performance improvement plans and action items in response to the outcomes for both inpatient and outpatient environments.

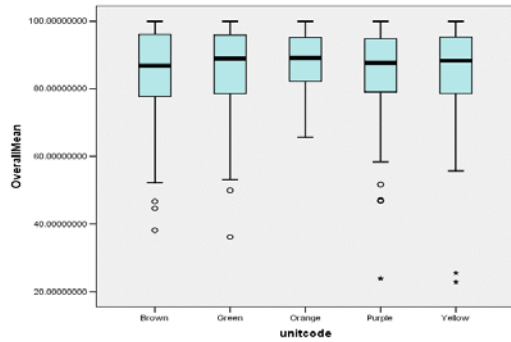
**MRH Likelihood of Recommending Hospital**



**Average OBT & Wheaton Likelihood of Recommending Facility % Very Good**

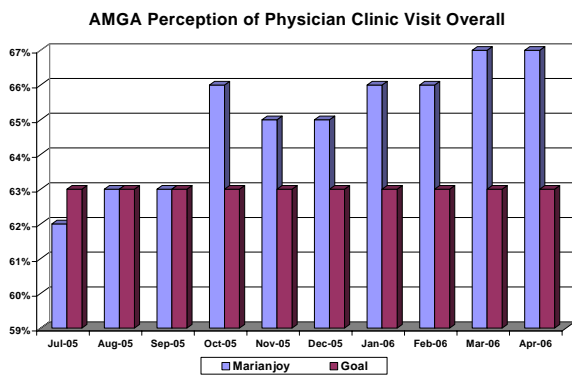


Patient satisfaction is internally compared across inpatient nursing units that are dedicated to specific patient populations (e.g., stroke). The figure below provides a boxplot display of mean patient satisfaction scores for FY 2006 across the five units. There is no statistical significant difference between the five unit’s outcomes.



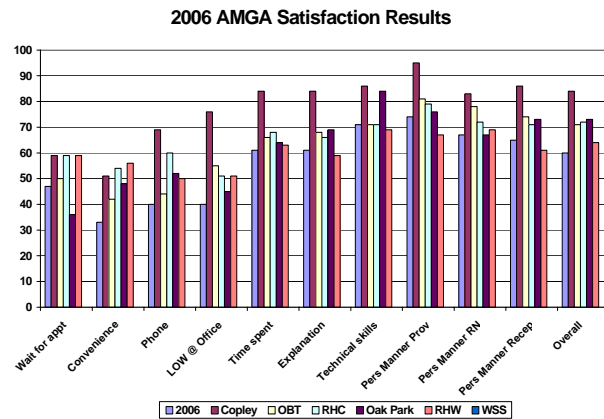
**7.2.a (2)**

Patient satisfaction with physician clinic visits is measured throughout the year. The American Medical Group Association (AMGA) is the preferred vendor for measuring patient satisfaction and provides benchmark data for comparison purposes. There are 100 clinics, and 17,195 providers in the database. The perception of patients' overall satisfaction with the clinic visit is trended over the fiscal year with benchmarks as can be seen in the figure below. The red bars represent Marianjoy's stretch goal for FY 2006 and actual performance is represented in the blue bars. Marianjoy's performance consistently exceeds the goal and manifests an upward trend across the fiscal year.



The next figure displays the FY 2006 goals for each of the 11 questions within the AMGA survey, along with the performance of each physician clinic submitting survey data. The patients' reported perceptions across the six clinics exceed the FY 2006 goals, as can be seen in the first blue bar within each clinic's grouping of bars by question.

These findings are disseminated to the physician group and organizational leadership, which lead to action planning at each clinic along education lines and new program development.



In March 2006, Marianjoy's Admission and Referral Department disseminated a customer satisfaction survey to the top 10 acute care referring hospitals. The survey was sent to several key staff members who deal with the admission and case management process. All facilities replied and a total of 57 completed surveys were used for analysis and future, responsive action planning. The table below provides a partial result from this survey that was reviewed with Marianjoy leadership. The values are averages from a five-point possible scale.

Descriptive Statistics for Referral Facilities

	Admission Courtesy	Nurse Liaison Courtesy	Timely Communication Bed Availability	Overall Satisfaction
Edward n=5	4.20	5.00	4.00	4.50
Elmhurst n=11	3.80	4.18	3.73	3.80
Good Samaritan n=6	5.00	5.00	4.33	4.67
Ingalls n=4	4.75	5.00	3.75	4.25
LaGrange n=3	4.67	5.00	4.33	5.00
Loyola n=6	4.17	4.33	3.83	4.17
McNeal n=5	4.80	4.80	4.40	4.60
Palos n=10	3.89	4.30	3.00	2.80
St. James n=3	5.00	5.00	4.00	4.67
U of C n=4	2.50	3.00	1.25	1.75

**7.3 Financial and Market Outcomes**

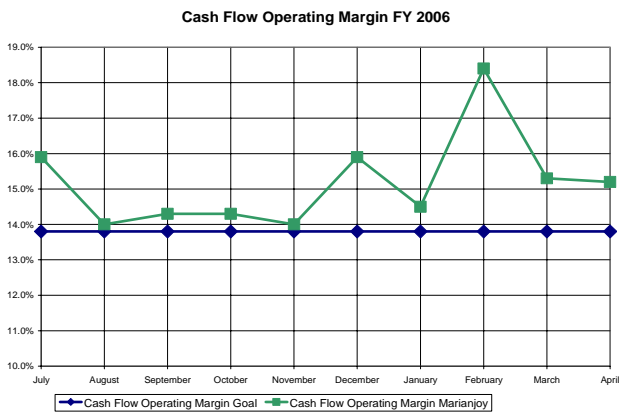
**7.3.a.(1)**

Marianjoy's uses several key financial measures to trend performance against previous financial outcomes and benchmark itself to other hospitals within the WFSI corporate system where appropriate. The financial viability of any organization is a very important indicator of performance and, when this indicator varies from budget, requires significant investigations. These investigations and analysis will generally provide institutional based variances that can be analyzed and, if necessary, be brought within the reasonable limits by making appropriate adjustments.

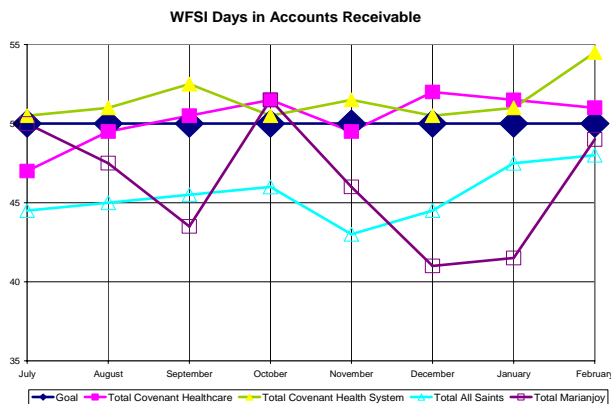
One of the major indicators of our organizations financial viability is the cash flow from operations with



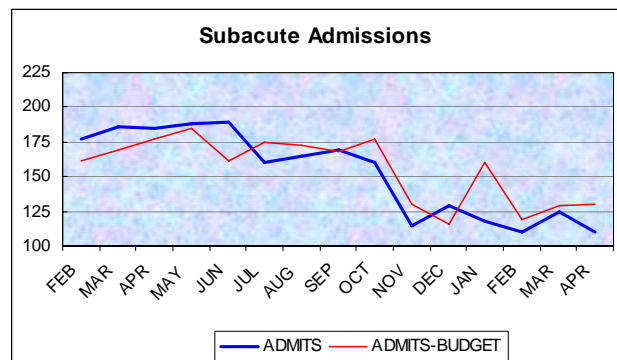
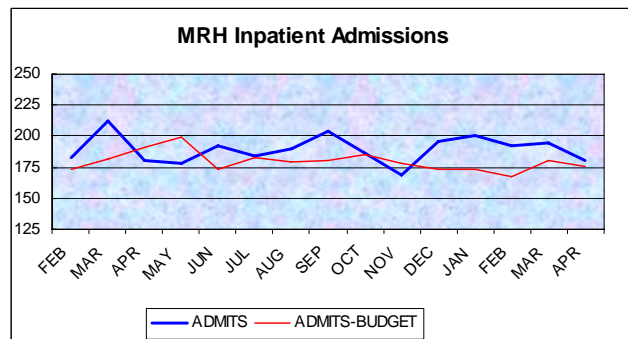
budgeted comparison. The cash flow from operations is defined as the amount of cash generated from normal operating activities minus non-cash items such as depreciation and amortization. Normal operating activities are defined as those that are of the primary business line of the organization. These do not include interest income or other gains and losses incidental to operations. The figure that follows displays the cash flow operating margin for FY 2006, compared to budget. Marianjoy has consistently exceeded the FY 2006 goal across the time period.



Another important monitor of our financial viability is the Revenue Days Outstanding (RDO.) This measure is defined as the amount of accounts receivable, at the end of the assessed period, divided by the average daily charge over the last 90 days. This measure is an important measure as it assesses the amount of available cash that comes into the organization. If this measure increases, it means that the organization is taking in less money than before. This measure is not only benchmarked with our goal, but also compared to others within our system, as can be seen in the following figure. The dark blue dots and line represent the WFSI goal for FY 2006 and Marianjoy's days in accounts receivable are well below the threshold. Marianjoy's line is in purple.



One other important measure is that of volume. This measure of volume whether it be days or visits is another very important measure of our overall activities. Monitoring these with our goals provides a critical measure of our overall success. Since these are monitored so closely, variances are immediately addressed and corrective actions are taken to ensure adherence to our goals. The following two figures are representative of the variety of financial measures used within our organization. Performance is close to expectations. A change in subacute business relationships changed in October causing a reduction in admissions from estimates advanced at the beginning of the timeline.



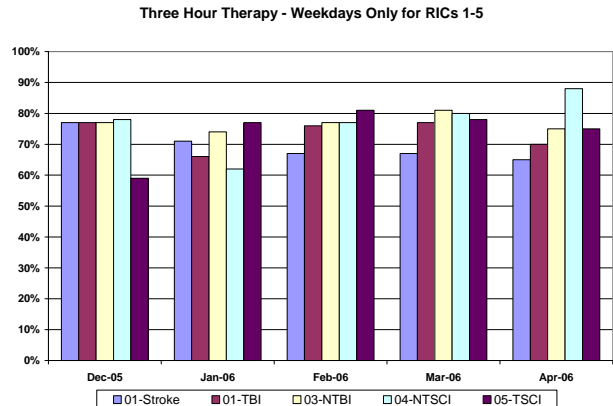
### 7.3.a.(2)

Marianjoy utilizes the Illinois Hospital Association's (IHA) CompData system for market and competitive analysis. Data comes from the UB-92 data that all IHA hospitals routinely submit. The system is utilized to quantify Marianjoy's market position and position strategy for new business development across the various areas of intent to grow. One recent CompData harvesting helped consider the local stroke patient populations that may be appropriate for admission and to quantify market share and/or growth. Stroke discharges across the top six-referral hospitals were analyzed to determine discharge status and compare this to percent of market from these referrals. The table that follows displays this

competitive data important to maintaining and cultivating business relationships. The stroke patients discharged from each acute care facility according to the CompData was compared to the Marianjoy admission data from each facility to determine market share.

Hospital Referral Calendar 2005 Data	Strokes Discharged from Referral	Patients Admitted to MRH	% of Market
Good Samaritan	76	76	100%
Central DuPage	57	57	100%
Edward	69	69	100%
Elmhurst	51	39	76%
Delnor	32	14	44%
Loyola	47	12	26%

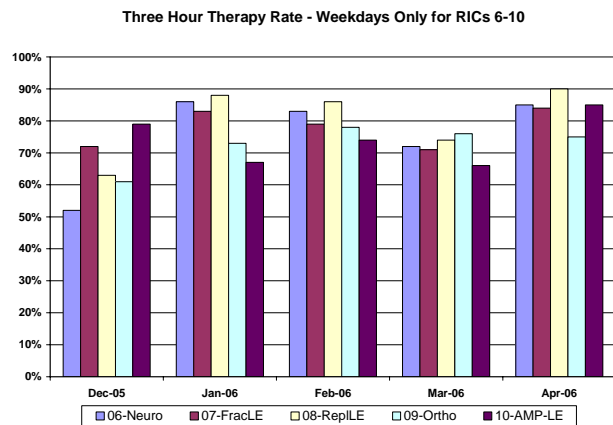
optimal compliance generate annual tracking systems.



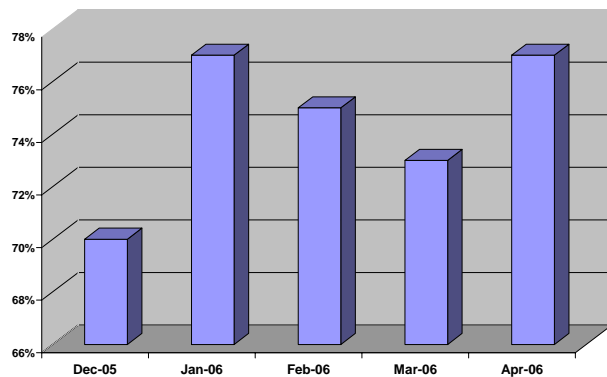
### 7.4 Human Resource Outcomes

#### 7.4.a.(1)

The percent of therapy hours that meet the 3-hour expected amount each day is tracked for the five adult programs and pediatric program. Clinical scenarios primarily impact the sustainability of 3-hours per patient per day. The figure below displays the aggregate data across the most recent five months of performance. This is similar in the Pediatric patient population 3-hour compliance.

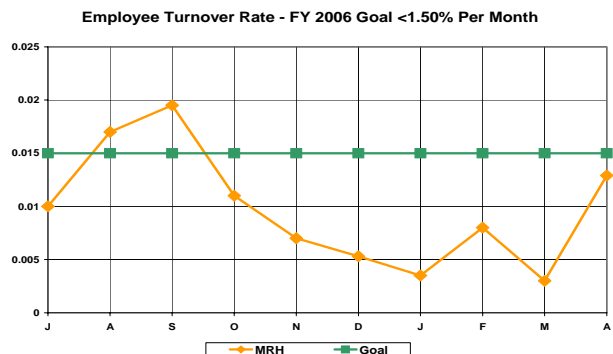


3-Hour Percentage Rate Adults



To better appreciate what specific patient types are not participating at 3-hours per day, a drill down of the patients according to Rehabilitation Impairment Code (RIC) was performed. The next figure shows the patients in RIC codes 1-5 and this is followed by a figure that shows RIC codes 6-10. This represents 81% of all annual admissions. This information is shared with responsible leadership who then disseminate the information within his/her respective areas. Therapy departments monitor and seek performance improvement opportunities to attain

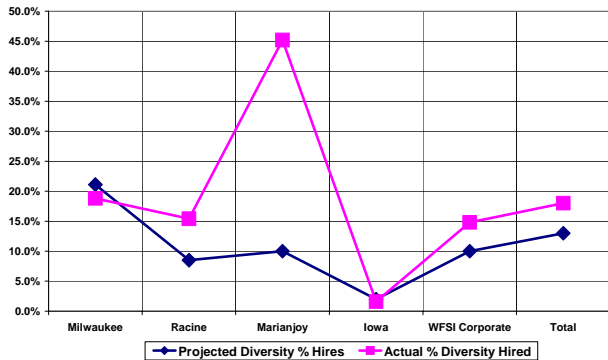
A work system performance indicator that may have an impact on effectiveness is staff turnover. The overall goal for FY 2006 was set at 18.00% overall for the year and based on historical performance. For the first quarter, Marianjoy exceeded the estimated turnover rate, but has since remained below the turnover rate ceiling as can be seen in following figure. Months are along the horizontal axis beginning with July.



**7.4.a.(2)**

Another human resources goal is to hire talent of diversity. Workplace diversity is an expectation within WFSI and each region has its own annual goal. The next figure provides the actual employee hires of diverse persons. Marianjoy is noted at the peak of the line chart for system performance.

**FY 2006 Hiring Targets for Diverse Talent**



Education in the workplace is mandated for some requirements by JCAHO and by WFSI such as safety training, HIPAA compliance and security, new employee orientation, employee performance evaluation, diversity training, cultural awareness, and catholic ministry training. There is also a plethora of internal educational opportunities that are offered throughout the year such as the “annual rehabilitation prospective payment system” by an external vendor with awarded professional continuing education credits, and the “research in the workplace series” for all staff. Many internal departments offer continuing education opportunities for all levels of staff at no cost.

**7.4.a.(3)**

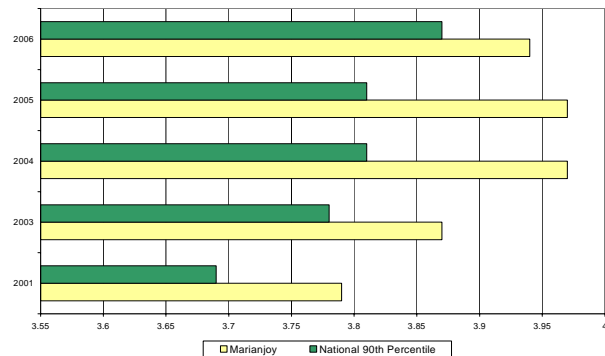
Marianjoy has an occupational nurse who monitors employee health events every month that require healthcare interventions. The employee injury rates for the past five quarters are displayed in Figure 20. The blue bars represent the employee injuries and the red bars the OSHA reportable injuries.

**Employee Health Monitor**

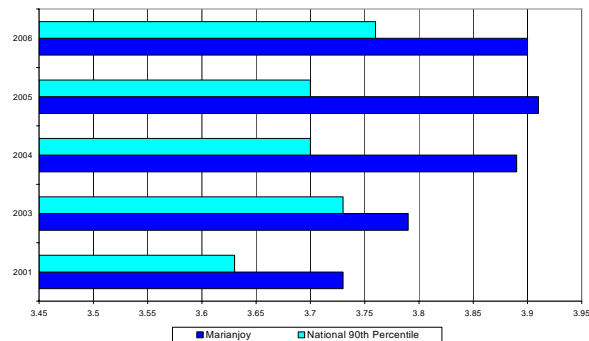


The employee satisfaction processes were described in section 5. Two strategic measures that were generated from the Moorehead surveys are provided for “mission integration index” and “employer of choice index”. Marianjoy exceeded the 90<sup>th</sup> percentile national benchmark in both indexes. Both figures demonstrate Marianjoy’s performance from 2001 to 2006.

**Employer of Choice Index**



**Mission Integration Index**

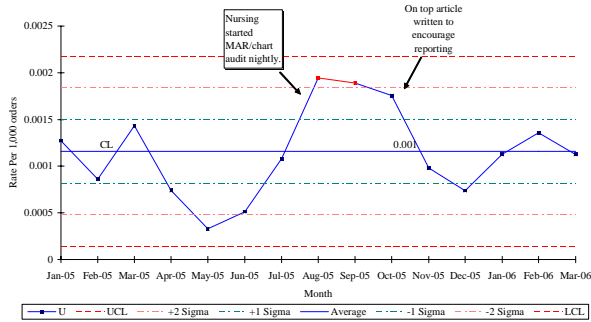


**7.5 Organizational Effectiveness Outcomes**

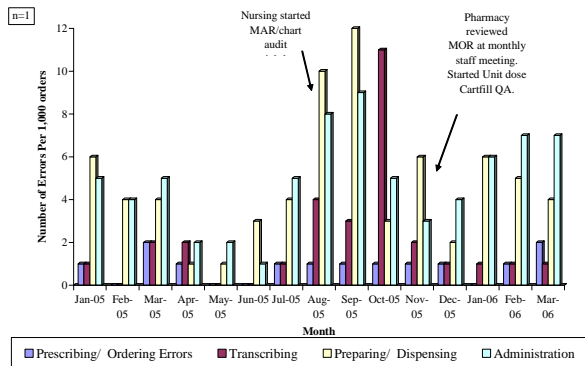
**7.5.a.(1)**

Medication errors are monitored each month and reported to the Quality Committee. The following figure provides a control chart with 95% confidence intervals for errors reported for calendar year 2005. A drill down analysis from this data yielded insights about the root to the error such as prescribing, transcribing, dispensing, and administration. This drill down figure is provided in the figure below and indicates specific initiatives to improve reporting and monitoring.

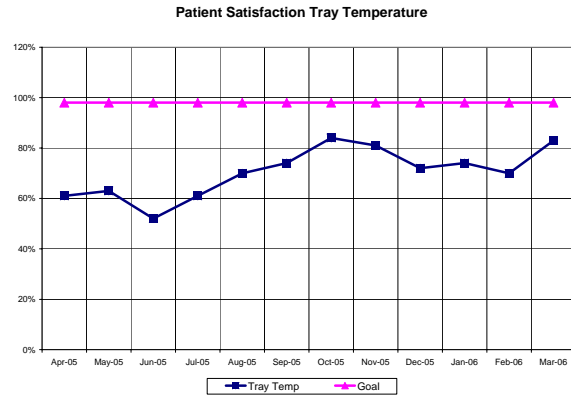
**Medication Errors Reported Per 1,000 orders (January 2005 - March 2006)** Adjusted 2005 Med Errors Baseline = 0.0012 (0.12%)



**Medication Errors Reported Per 1,000 orders Contributing Factors (January 2005 - March 2006)**



Dietary services Press Ganey scores prompted internal monitoring of patient satisfaction with tray temperatures as can be seen in figure below.

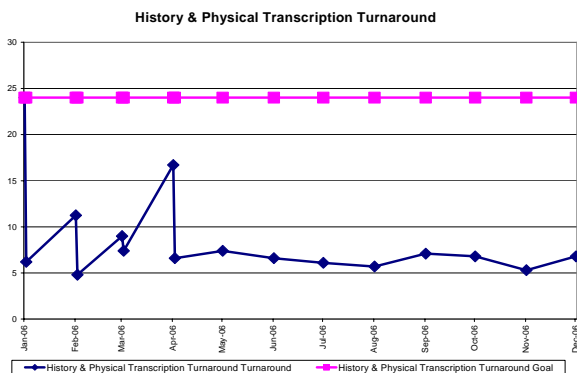


**7.6 Leadership and Social Responsibility 7.6.a.(1)**

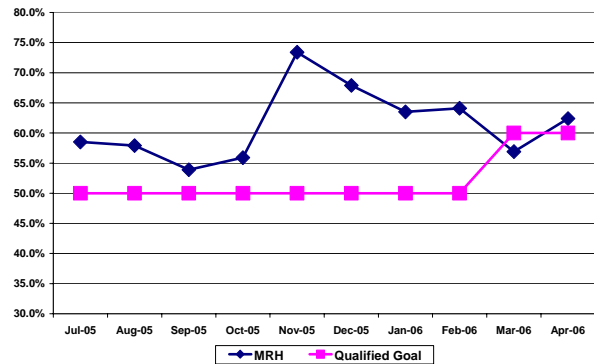
A major initiative for the hospital is closely monitoring and managing the regulatory mandate for 75% Rule compliance. This is monitored daily by the RPPS/outcomes staff and disseminated to leaders and part of the organizational scorecard. This is also tracked across the months for each individual RIC. Many internal resources are provided to maintain 75% Rule data integrity, knowledge cultivation of all clinicians, and statistical analyses for compliance as well as strategic goal establishment each fiscal year. Action plans are employed that is responsive to the 75% Rule as it moves toward final implementation. Figure 23 shows the trending for FY 2006.

**7.5.a.(2)**

Several key measures that address operational performance can be represented by the medical record transcriptions for various medical record dictations by physicians, such as the history and physical (H&P) and progress note turnaround. The history and physical evidence is essential to position the plan of nursing and therapy that stems from this initial document. The following figure provides a display of performance for the H&P transcription turnaround time that has a goal of less than 24 hours. Marianjoy remained well below that critical value.



**RPPS Qualified Admissions - FY 2006**



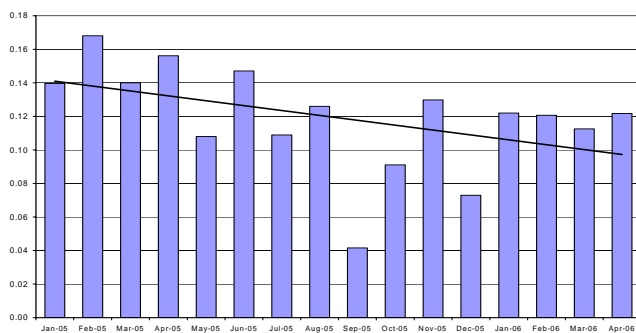
**7.6.a.(2)**

Please see section 7.4.a.(3) for the “mission integration index” and “employer of choice index”.

**7.6.a.(3)**

Please see section 7.3.a.(1) for the financial discussion and associated figures. Another fiscal accountability mechanism is the monitoring of pounds of hazardous waste per patient day. Disposal of patient waste products is at a premium cost and is delineated from regular rubbish. The figure below depicts the disposal of specially handed waste with ongoing education.

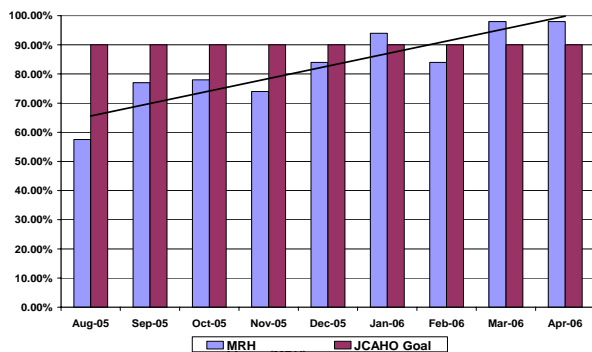
Pounds of Waste Per Patient Day - January 2005 to April 2006



**7.6.a.(4)**

Key measures of organizational JCAHO accreditation compliance can be demonstrated by the hand hygiene performance. This key indicator evidence can be seen in the figure below that depicts an upward trend over the FY 2006 reporting period.

Hand Hygiene Compliance



The outpatient records containing “a summary list” and “medical record delinquency rates” also demonstrate regulatory compliance.

	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006
Summary JCAHO 90%	86%	96%	90%	80%	90%
Delinquency JCAHO <50%	38%	49%	30%	34%	40%

**7.6.a.(5)**

There are many results for Marianjoy's key measures of organizational citizenship in support of our community and its health. Charity Care for the year ending June 30, 2005, was \$953,000, which covered 242 patients.

**Community Health Services = \$652,464**

Community health services include activities carried out to improve community health. They extend beyond patient care activities and are subsidized by Marianjoy.

**Health Professions Education = \$1,086,187**

Funds and resources dedicated to the education and training of clinical staff including employees and medical students.

**Financial Contributions = \$95,524**

This category includes funding and in-kind services donated to individuals and/or the community at large. In-kind services include hours donated by staff to the community while on healthcare organization work time, and overhead expenses of space donated to not-for-profit community groups for meetings and donation of food, equipment, and supplies.

**Community Care = \$700,081**

Free or discounted health and health-related services provided to persons who cannot afford to pay all or part of their bill, including the unreimbursed costs to Marianjoy for providing those services.

**Government Sponsored Health Care = \$5,111,397**

Unpaid costs of public programs including the shortfall created when Marianjoy received payments that are less than the costs for caring for public program beneficiaries.