

“Quest for Excellence”

Crete Area Medical Center

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Integration of the Balanced Score Card into Crete Area Medical Center’s Quality Plan

**Criteria 1:** Leadership/ Planning/Human Resources

**Topic:** Strategic Planning/Strategy Map & Balanced Score Card / Employer of Choice

**Criteria 2:** Patient and /or Community Focus

**Topic:** Health Care Provider of Choice

**Criteria 3:** Process Management/Organizational Performance Results

**Topic:** Performance Improvement Departmental Report & BSC Report

**OVERVIEW:** Crete Area Medical Center identified the quality issue of developing a meaningful and useful Balanced Score Card (BSC) with integration into our organization's Quality Plan for performance improvement. Our leadership team, also the BSC team, identified this issue as we developed our organization's BSC. BSC data and results are directly affected by departmental quality and performance improvement. Our departmental performance improvement projects often did not provide useful data or align with our BSC goals. CAMC needed to develop a process that would align the BSC and Quality. The BSC is based upon our strategic initiatives or goals by which CAMC measures and manages our overall performance. These initiatives are presented in CAMC's Strategy Map, (see attachment A). The integration of the BSC and quality is important so that all employees are aware of the goals of the organization and what role they play in achieving those goals. When staff are engaged in performance improvement projects positive outcomes are expected for our patients. The stakeholders in this project entail a variety of people including front line staff, management, patients, medical staff and our community. The project itself began with the development of our BSC, including what direction the BSC would take in our organization. Education on the BSC was provided to all staff, medical staff and Board members. After the BSC was complete we then progressed to linking strategic initiatives to departmental and house wide performance improvement projects. The BSC team became mentors to assigned departments for BSC and departmental performance improvement. The above listed stakeholders have been positively affected as we all have the same focus and know in what direction we all need to move. By integrating the BSC and quality we are able to measure our strengths and weaknesses and can identify where improvement is needed. Thus, we as an organization can progress toward achieving our vision, mission and strategic initiatives at CAMC.

**METHODS:** CAMC utilized the Plan, Do, Study, Act (PDSA) process for implementing our plan. Our BSC team met regularly to evaluate our action plan and progress. Each meeting began with a review of the action plan, review of completion of plans and if results were satisfactorily accomplished. Many hours were spent in developing, evaluating and changing our plan to meet the needs of our organization. This project will be ongoing as our organization continually changes. Once departmental and house wide performance improvement goals have been met these projects will continue to be monitored. Action will be taken if data demonstrates the need. New performance improvement projects will be developed and managed based on data until the goal is met and the cycle continues. This PDSA method is used in all our performance improvement projects. CAMC started the project of BSC development in April 2005 (see attachment B); this project is ongoing and represents the foundation to our organization's quality and performance improvement. Key stakeholders are our patients, community, staff, management, medical staff and Board. Organizational buy in has been demonstrated in different ways and areas. BSC reports are presented at Board meetings with data reviewed quarterly. Board members ask appropriate questions and hold management and staff accountable for our quality and performance improvement. Senior management has become active mentors for assigned departments to support and give direction for BSC, quality and performance improvement projects. The most exciting demonstration of buy in has occurred among our employees. The first house wide improvement project, Build strategic awareness, has allowed staff to actively participate. Two departments work as a team and are responsible for presenting a strategic initiative to the entire organization. This plan supports the BSC theory that the foundation of a successful organization starts with the employees.

The BSC team has identified three priorities to work on which supports the development of our employees:

- First, build strategic awareness
- Second, nurture a culture of improvement
- Third, hire and retain quality staff.

The BSC team has implemented the action plan for the first priority. CAMC's employees are presenting strategic initiatives to the entire organization with fun and creativity. The second priority is being implemented by our Safety committee, they are becoming educated on what a culture of safety is and how to change our culture of safety. Their goals are to increase reporting of events especially "near misses", recognize staff that report and communicate openly regarding events and process changes that improve outcomes. The third priority will be addressed as prior goals have been met and the organization is ready to take on more. Indicators and results for this project are specific to the BSC, house wide and departmental projects (see attachment C&D). CAMC now has quality and performance improvement projects that align with the BSC and are directly related to CAMC's strategic initiatives.

**RESULTS:** Prior to this project CAMC had no standardized reporting format for quality. CAMC now can provide data to employees, medical staff and Board that demonstrates a cause and affect relationship between our vision, mission, strategies and performance improvement. This project focuses on CAMC's entire quality plan and performance improvement both house-wide and departmental.

We are demonstrating improvement in many different areas, I.E., (see attachment C&D)

- Aspirin on arrival for patients that present to emergency with chest pain.
- Falls safety
- Reducing the Workman's Compensation Modifier.

Data Specific to the project of integrating the BSC and quality is noted in attachments D & E. As of 8-31-06 CAMC has seen improvement toward meeting our goal of 100 % of departments utilizing the standard reporting tool and developing performance improvement projects that align with CAMC's strategic initiatives. Our baseline for performance improvement projects aligning with strategic initiatives was 37.5%. The data as of 8-31-06 is at 50%. CAMC has created a structure for quality and performance improvement. Measurable data allows CAMC to manage performance based on strategic initiatives.

**LESSONS LEARNED:** CAMC has learned many things of value as a result of this project. First, administration and senior management must share the vision and understand the goal. Time is needed to develop a unified team. There must also be a leader that drives the team. Second, staff need education regarding projects and goals, however, not all staff learn or understand at the same rate. Repetition and variety are needed for all staff to gain understanding. There also needs to be ongoing support and champions for quality projects. CAMC has built the foundation for our quality and performance improvement through this project. This foundation will sustain, focus and direct our continued efforts to improve quality for our patients, staff and community. The process developed in this project is one that could easily be customized and put to use in any organization.

**LEADERSHIP/PLANNING/HUMAN RESOURCES:** CAMC leadership team defined the organizations vision, mission, quality and so on and provided an understandable structure. For

example: CAMC's vision is to be the Healthcare provider of choice and the employer of choice for our community. Our mission states how we will achieve our vision, our strategic plan is how we provide for our mission, the strategic plan drives the BSC and quality projects. We have cascaded our organizations vision, mission and goals down to the front line staff who are actively participating in action plans, measuring and managing performance improvement and therefore, quality. With this process the entire organization is focused and moving in the same direction.

**PATIENT AND/OR COMMUNITY FOCUS:** Part of CAMC's vision is to be the health care provider of choice for the community. In order to be the health care provider of choice CAMC must provide the best care to our patients and community. In essence this entire project supports quality and fosters improvement in the areas of patient and employee satisfaction, outcomes, (clinical and non clinical) and safety, which are the key areas for performance improvement at CAMC. All of our improvement efforts have the intended end result of improved quality for our patients and community.

**PROCESS MANAGEMENT/ORGANIZATIONAL PERFORMANCE RESULTS:** This project has enabled CAMC to develop a process and structure for quality and performance improvement that has a common focus for the organization. Our standardized Performance Improvement Reporting Tool (see attachment E) allows staff to define quality topics, measure and manage their performance. Again, these quality projects are directly related to CAMC's quality focuses of Satisfaction, Outcomes and Safety and directly affect CAMC's strategic initiatives.

CAMC is proud to have accomplished this integration of the BSC and Quality. We look forward finding ways to improve processes and delivering positive outcomes to our patients and community.

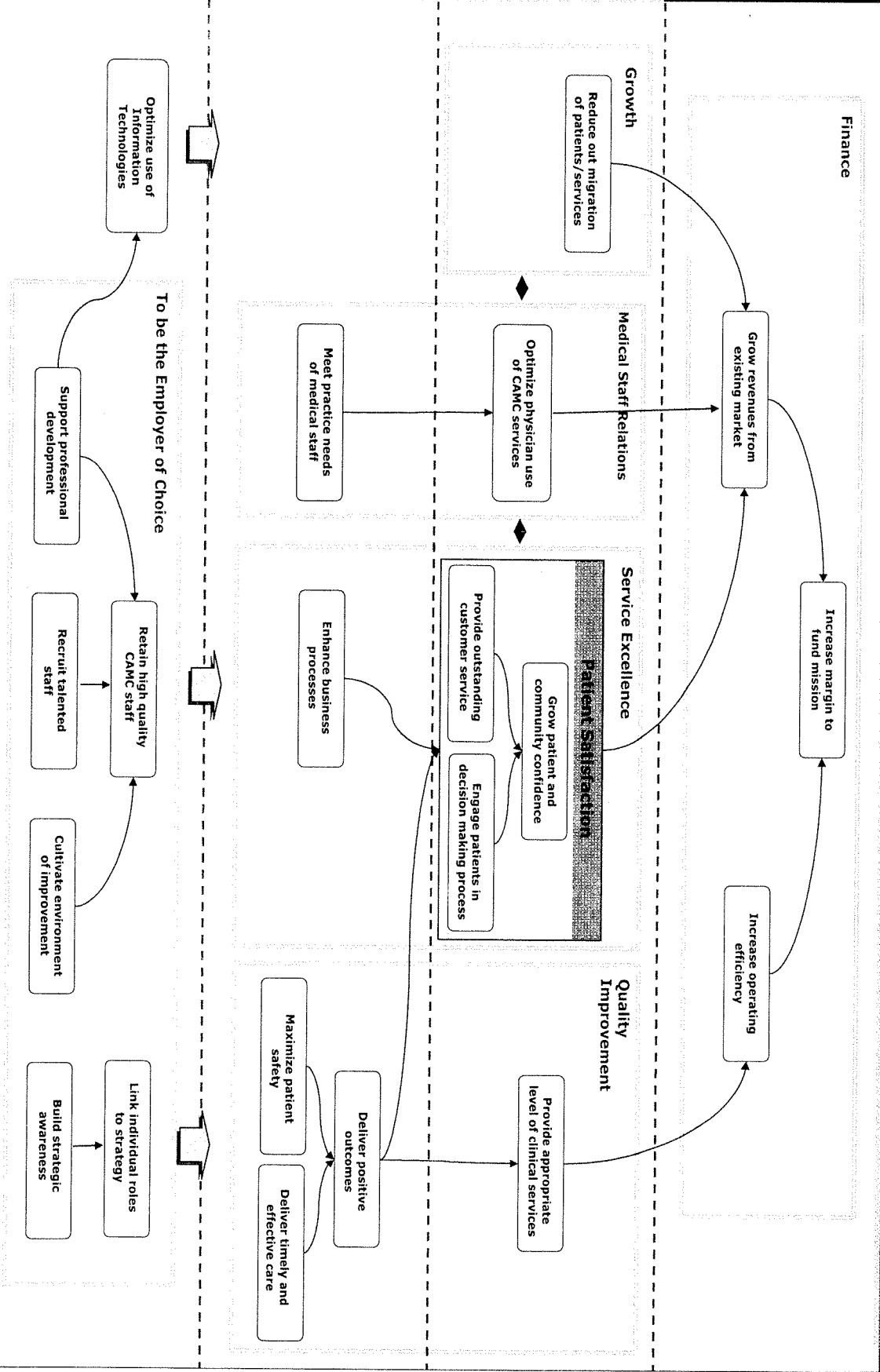
Attachment A: Grady Area Medical Center Balanced Scorecard Strategy Map

**Finance**  
 As financial stakeholders, how do we intend to meet the goals and objectives in the hospital's Mission Statement?

**Community and Providers**  
 As customers of the hospital's services, what do we want, need or expect?

**Clinical and Business Processes**  
 As members of the hospital staff, what do we need to do to meet the needs of the patients and healthcare community?

**Learning and Growth**  
 As an organization, what type of culture, skills, training and technology are we going to develop to support our processes?



## **Attachment B:**

### **Time Line: Integration of BSC and Quality Plan**

**April 2005** – Initial BSC team meeting: Reviewed vision, mission, and strategic initiatives

**July 2005**- Completed: Strategy Map, BSC measurements, sources of measurement, ranges and targets

**August 2005** – First BSC draft, ongoing work for data collection

**December 2005**- Development of action plan for BSC direction in organization

**January 2006**- BSC action plan completed: Link strategic initiatives to departmental performance improvement projects, BSC education to all staff, board and medical staff, integrate BSC and Performance improvement projects, BSC team as mentors to other departments

**March 2006**- Revisions to BSC: ranges/ targets and reporting format

**May 2006**- BSC staff education complete, BSC mentors guide completed, Performance Improvement reporting tool standardized and completed.

**July 2006**- BSC mentoring complete, Strategic Awareness kick off, house wide performance improvement project, Departmental performance improvement projects aligned with BSC/ Strategic initiatives.

**August 2006**- BSC review at weekly leadership team meeting, mentoring ongoing, as needed. Second house wide project in development (Culture of Safety)

**Attachment C : CAMC Balanced Scorecard- 2006**

			Range(Target)	Freq.	1st Q	2nd Q	3rd Q	4th Q
<b>Finance</b>								
<b>Increase margin to fund mission</b>								
Operating profit margin			1-3% (3%)	Q				
Days cash on hand			40-50 (50)	Q	92	91		
<b>Grow revenues form existing market</b>								
Gross revenue increase			3-5% (5%)	A	NA			
Commercial Mix			45-48% (48%)	Q		48%		
<b>Increase operating efficiency</b>								
Salary & benefit expense			45-50% ( 45%)	Q				
Cost per patient day			\$1850-\$1900 ( \$1890)	Q				
<b>Community and Providers</b>								
<b>Reduce outmigration</b>								
Active medical staff admissions OB			30-40/qtr ( 40)	Q		32		
Active medical staff admissions OR			150-300/qrt (300)	Q	171	225		
<b>Optimize physician use of CAMC services</b>								
Physician loyalty index			3-3.75 (3.75)	A	NA	NA		NA
<b>Grow patient and community confidence</b>								
Patient recommendation		IP	4.5-4.9 (4.9)	Q	4.7			
		OP	4.5-4.9 (4.9)	Q				
Pateint return		IP	94-98% (98%)	Q				
		OP	94-98% (98%)	Q				
Community confidence			new phone survey	A	NA			
<b>Provide outstanding customer service</b>								
Service excellence			4.5-4.9 (4.9)	Q				
<b>Engage patients in decision making process</b>								
Patient engagement		IP	4.5-4.9 (4.9)	Q				
		OP	4.5-4.9 (4.9)	Q				
Physician engagement		IP	4.5-4.9 (4.9)	Q	4.6			
		OP	4.5-4.9 (4.9)	Q				
<b>Provide appropriate level of clinical services</b>								
Level of services		IP	4.5-4.9 (4.9)	Q				
<b>Clinical and Business Processes</b>								
<b>Meet practivce needs of medical staff</b>								
MD engagement			3-3.75 (3.75)	A	NA	NA		NA
<b>Enhance business processes</b>								
Bad debt expense			2-6% (2%)	Q	2.9%	2%		
Gross days in AR			46-52 (46)	Q	48	47		
Unbilled days in AR			2-5 (2)	Q	3	3		
<b>Deliver positive outcomes</b>								
Readmission rate			0.5-2% (0.5%)	Q		1.6%		
Nosocomial infection rate			0-1% (0%)	Q	0.4%	0.6%		
Ace inhibitor			100%	Q	NA	NA		
Antibiotic at arrival			100%	Q		100%		
Aspirin at arrival			100%	Q				
<b>Maximize patient safety</b>								
Medication errors			Cat. A-B > 50%	Q	58%			
Patient falls -acute			2.2-5 (2.2)	Q	3.77	0		
- Swing			8.9-12 (8.9)	Q	7.45	0		
<b>Deliver timely and effective care</b>								
ER wait time			100%	Q	100%	100%		
Speed of admision		IP	4.5-4.9 (4.9)	Q				
		OP	4.5-4.9 (4.9)	Q				
Nursing care promptness		IP	4.5-4.9 (4.9)	Q				
		OP	4.5-4.9 (4.9)	Q				
Management of pain		IP	4.5-4.9 (4.9)	Q				
		OP	4.5-4.9 (4.9)	Q				
<b>Learning and Growth</b>								
<b>Optimize use of information technologies</b>								
Staff training					NA	NA		
<b>Retain high quality CAMC staff</b>								
Staff loyalty index			5.5-6 ( 6 )	A		NA		
Staff turnover rate			8-10%(8%)	Q	4.25%	4.42%		
<b>Cultivate environment of improvement</b>								
overall perception of safety			60-80% (80%)	A	63%	NA		
communication openness			60-80% (80%)	A	62%	NA		
nonpunitive response to error			60-80% (80%)	A		NA		
<b>Support professional development</b>								
ongoing staff education			4.5-4.9 (4.9)	A		NA		
<b>Recruit quality staff</b>								
Retention rate			85-90% (90%)	Q				
General orientation attendance			85-100% (100%)	Q	100%	100%		
<b>Link individual roles to strategy</b>								
Staff contribution to planning			4.5-4.9 (4.9)	A		NA		
<b>Build strategic awarenenss</b>								
Staff understanding of strategy			4.5-4.9 (4.9)	A		NA		

**Attachment D: CAMC Departmental Performance Improvement- 2006**

Strategic initiatives	Department	Topic/ Measure	Target / Goal	1stQ	2nd Q	3rdQ	4thQ
<b>Increase margin to fund mission</b>							
<b>Grow revenues form existing market</b>							
	CR/ Wellness	Cardiolyte Revenue					
<b>Increase operating efficiency</b>							
	HR/ Emp. Health	WC Modifier	< 1	1.33	1.09		
	UR	LOS	95%	84%	91%		
	UR	Inappropriate Level of Care	0%	3%	3%		
<b>Reduce outmigration</b>							
<b>Optimize physician use of CAMC services</b>							
<b>Grow patient and community confidence</b>							
	RHC, Wilber	Test results reported timely	>4.40	baseline 3.94			
<b>Provide outstanding customer service</b>							
	House services	Patient satisfaction ( survey)					
<b>Engage patients in decision making process</b>							
<b>Provide appropriate level of clinical services</b>							
<b>Meet practice needs of medical staff</b>							
	HIS	Days MR to MD after discharge	6-10 days (6)	7	9		
<b>Enhance business processes</b>							
	Admissions	Co - pay collection					
	HIS	Unbilled days in AR	2-5 (2) days	3	3		
	Business office	Gross days in AR	46	46	47		
<b>Deliver positive outcomes</b>							
	Nursing	ASA on arrival (CP)	100%	50%	70%		
	Nursing	Antibiotic on arrival (PNE)	100%	55.60%	100%		
	Physicians Clinic	Lipid lab draws	90%	82%	61%		
<b>Maximize patient safety</b>							
	Nursing/ Pharm	Medication Errors	A-B's > 50%	58%	37%		
	Nursing	Falls/ Fall Rate	Acute 2.2-5(2.2)	3.77	0		
		" "	Sw- 8.9-12(8.9)	7.55	0		
	PPI Team	Patient Identification	100%	62.5% base			
<b>Deliver timely and effective care</b>							
	Lab	Turnaround time (Ref. Lab)	90%	NA	98%	monitoring	
<b>Optimize use of information technologies</b>							
	IT	staff receive needed training					
<b>Retain high quality CAMC staff</b>							
	HR	Staff loyalty index	5.5-6 (6)	4.94	4.94		
	HIS	Spirit of cooperation (HIS)	4-5 (5)	baseline 3.30	NA		
<b>Cultivate environment of improvement</b>							
	BSC team	BSC / Quality integration	100%	37.5 base	50% (8-06)		
<b>Support professional development</b>							
	Nursing Ed.	RN 's Certified in 5 areas	80%	NA	64%		
	IC/ Emerg. Prep.	Staff prepared for Emerg. (Drills)	95%	NA	91% baseline		
<b>Recruit quality staff</b>							
	HR	General Orientation Attendance	85-100% (100%)	100%	100%		
	HR	Staff turnover rate	8-10% (8%)	4.25%	4.42%		
	HR	Retention rate	85-90%	75%	78%		
<b>Link individual roles to strategy</b>							
	BSC Team	Contribute to CAMC planning	4.5-4.9 (4.9)	3.22	NA		
<b>Build strategic awareness</b>							
	BSC Team	Understand CAMC strategy	4.5-4.9 (4.9)	3.63	NA		

**Attachment E: CAMC Performance Improvement Project  
Documentation / Reporting Tool  
Department: BSC Team Year:2006**

**Topic:** Integration of BSC and Quality Plan

**Strategic Initiative Focus:** Cultivate an environment of improvement

**Performance Improvement Key area:**

( Satisfaction , Outcomes, Safety) Outcomes

**Measurement :** Departments with PIP that are documented on report tool, have strategic and Performance improvement focus

**Definition of Measurement:** % of departments that meet above criteria

**Baseline data Measurement:** 37.5%                      Date: 6-06

**Target/ Goal:** 100%

1 <sup>st</sup> qtr	2 <sup>nd</sup> qtr	3 <sup>rd</sup> qtr	4 <sup>th</sup> qtr	comments
NA	NA	50% (8-06 data)		

**Actions :** (include dates of completion)

1. BSC / Quality education to all staff, medical staff and Board 5-06
2. 6-30-06 Mentoring completed by BSC team to individual departments
- 3.7-06 Department managers start to develop Performance improvement projects based on strategic initiatives, put into report tool. ( some staff had retrospective data and submitted )
4. BSC team meets weekly during management team meeting, reviews BSC/ Quality progress
- 5.
- 6.
- 7.

**Evaluation/ Follow up:**

1. 8-06 in one month improvement noted.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.