

INTEGRIS

Creating a Tipping Point

For a Culture of Continuous Improvement

Timothy Pehrson
President and CEO

The Leadership Institute Roundtable: March 12, 2020

710

EMPLOYED PROVIDERS



81

SPECIALTIES REPRESENTED

Clinically integrated network

1,475

INTEGRIS HEALTH PARTNERS PROVIDERS

50,000

OF COVERED LIVES BY CLINICALLY INTEGRATED NETWORK

Number of teaching programs

1

FELLOWSHIP PROGRAM



3

RESIDENCY PROGRAMS

Largest Health System in Oklahoma

INTEGRIS Caregivers

Serving Oklahoma for more than a

10,259

100

years

APPROXIMATELY

6 out of 10

OF OKLAHOMANS LIVE WITHIN

30 miles

OF AN INTEGRIS FACILITY OR PHYSICIAN

\$2 billion

NET REVENUE



\$70.5 million

 FY18 CHARITY CARE *(does not include bad debt)*

19



hospitals

153

clinic locations



10

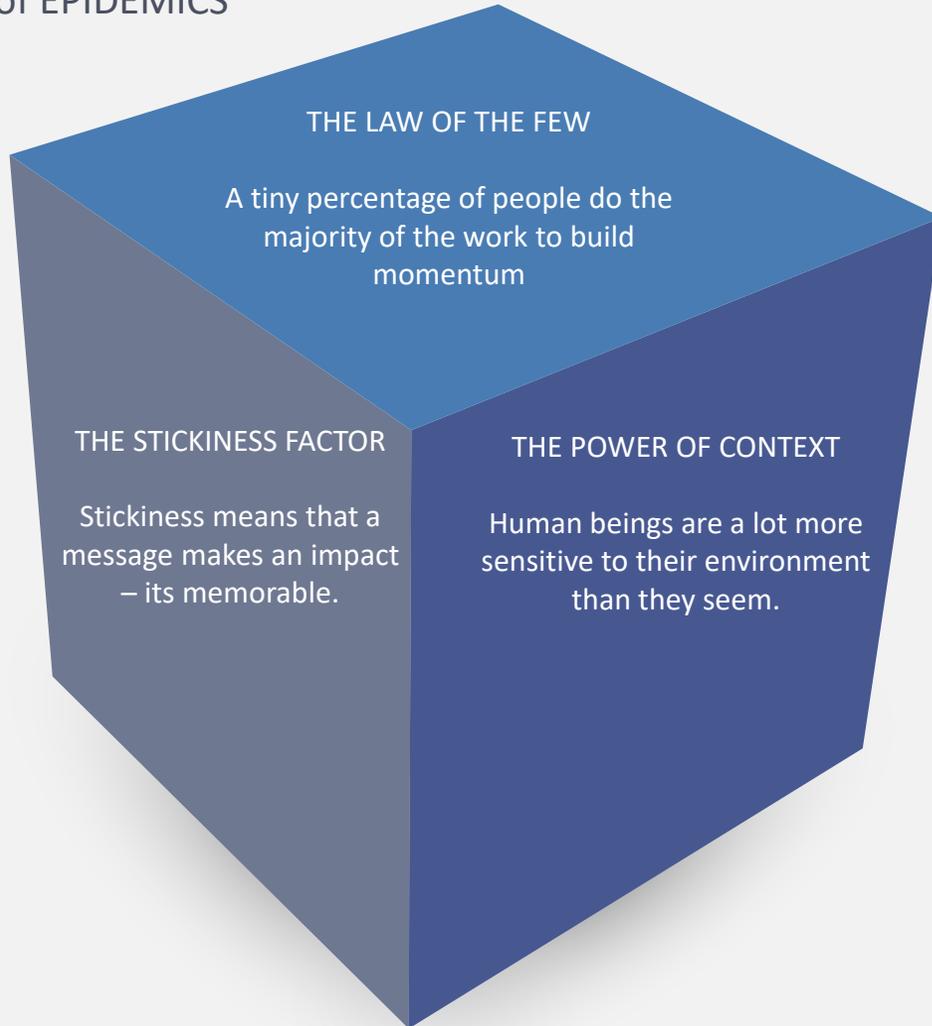
CENTERS OF EXCELLENCE

21

TELEHEALTH SITES

Tipping Point

RULES of EPIDEMICS



The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

My Story

2006 Visit to Autoliv



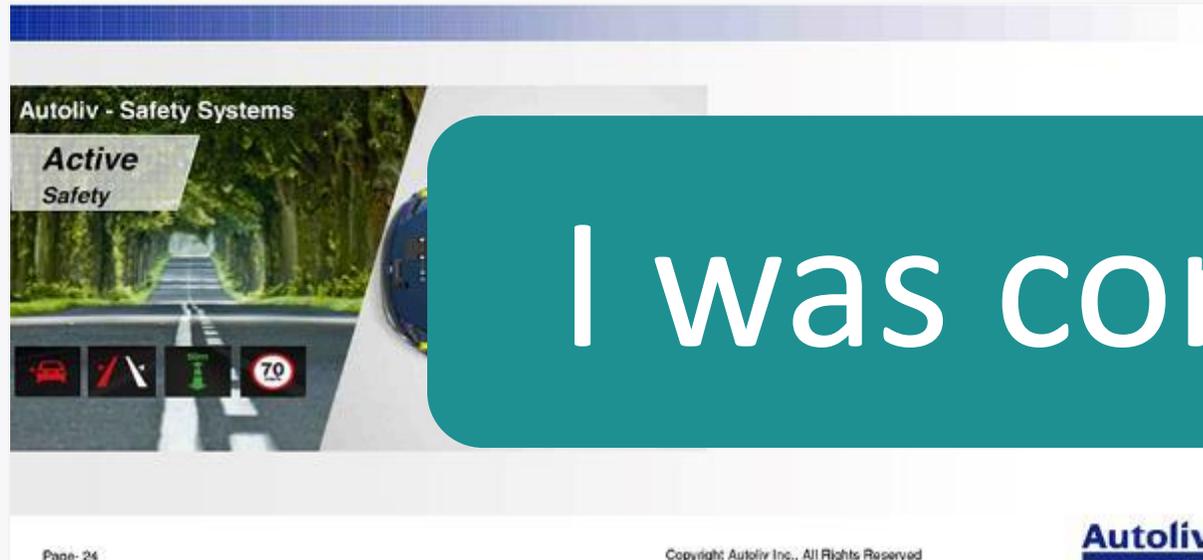
What I saw at Autoliv (2006)

On the Surface

- Charts & Graphs
- Huddles
- Process checklists
- Leader standard work
- Recognition
- Idea boards
- Project teams



What I saw at Autoliv (2006)

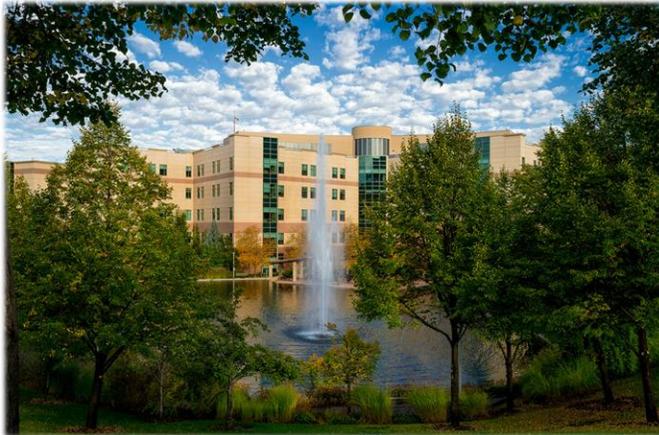


Below the Surface

- Sense of direction
- Sense of urgency

I was converted

- Improvement principles and direction-setting
- All caregivers involved in improvements
- A culture of improvement



Intermountain North Region Accomplishments

(as of the end of 2017)

- Many improvements in safety, quality and patient outcomes: Examples:
 - Reduced SSE's by 65%
 - Sepsis bundle = 35 lives saved in 2 years
 - STEMI door to balloon 90% < 66 minutes
 - Stroke door to thrombolytic 77% in < 60 minutes
- Nearly 2,500 implemented improvement projects
- 68,000 implemented ideas
- World Class Employee Engagement (as measured by Gallup our Engagement Ratio is 12.6 to 1. National Best practice/avg. is 4.6 to 1)
- Hospitals' service outcomes are between ~75th – 95th percentile (HCHAPS Overall Rating results)
- \$186M of dollars documented savings since 2009

Intermountain Accomplishments (for 2017)



SSEs decreased
by nearly 50%



Most CMS 4 or 5
Star Hospitals in
History



↑ clinic Access w/nearly
75% with extended hrs
& 75% PCPs meeting
3rd Next available appt
standards



Total Projects:
1,789
(with 941 best
practice shares)

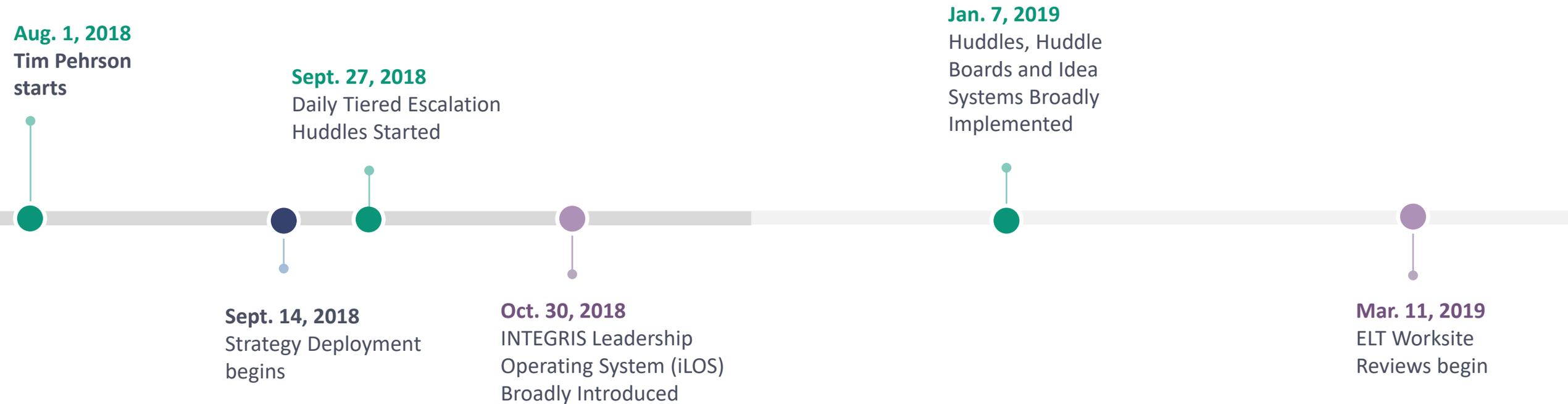


Total Implemented
Ideas:
23,144 (7,294 safety)



Total Savings:
\$19.4M

Creating a Tipping Point – Culture of Improvement



INTEGRIS Accomplishments



**19% Reduction in
OSHA Recordables
YTD**



**Ideas: 7644
Safety and Quality
Ideas: 3277**



**697 Huddle Boards
since Jan. 7, 2019**



**470 Resolutions
through Tier 5 Daily
Escalation Huddles**



**42% Reduction
in SSEs**



**57% increase in
Primary Care clinics
with after hour access**



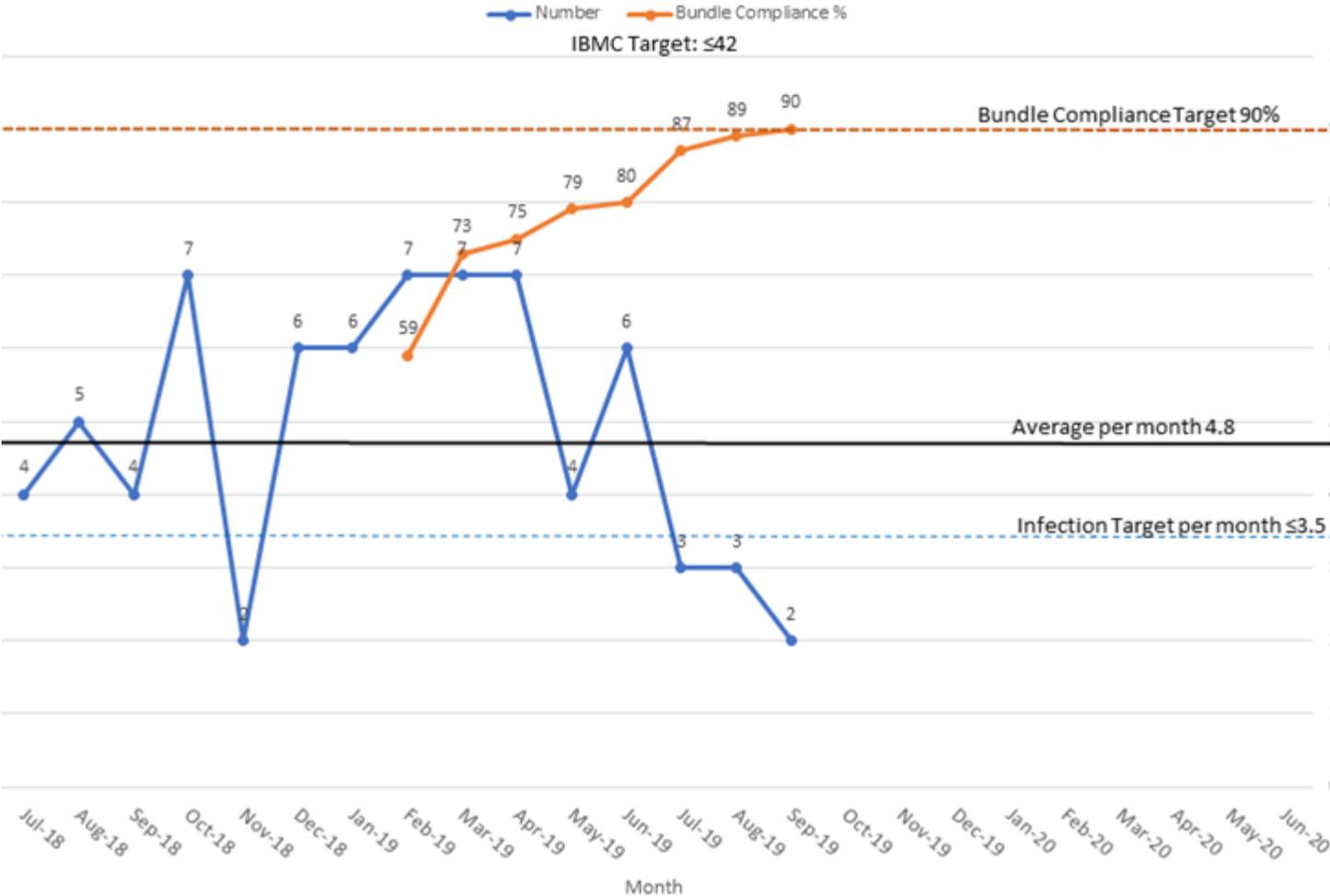
**\$59M Savings
FY19 in Continuous
Improvement**

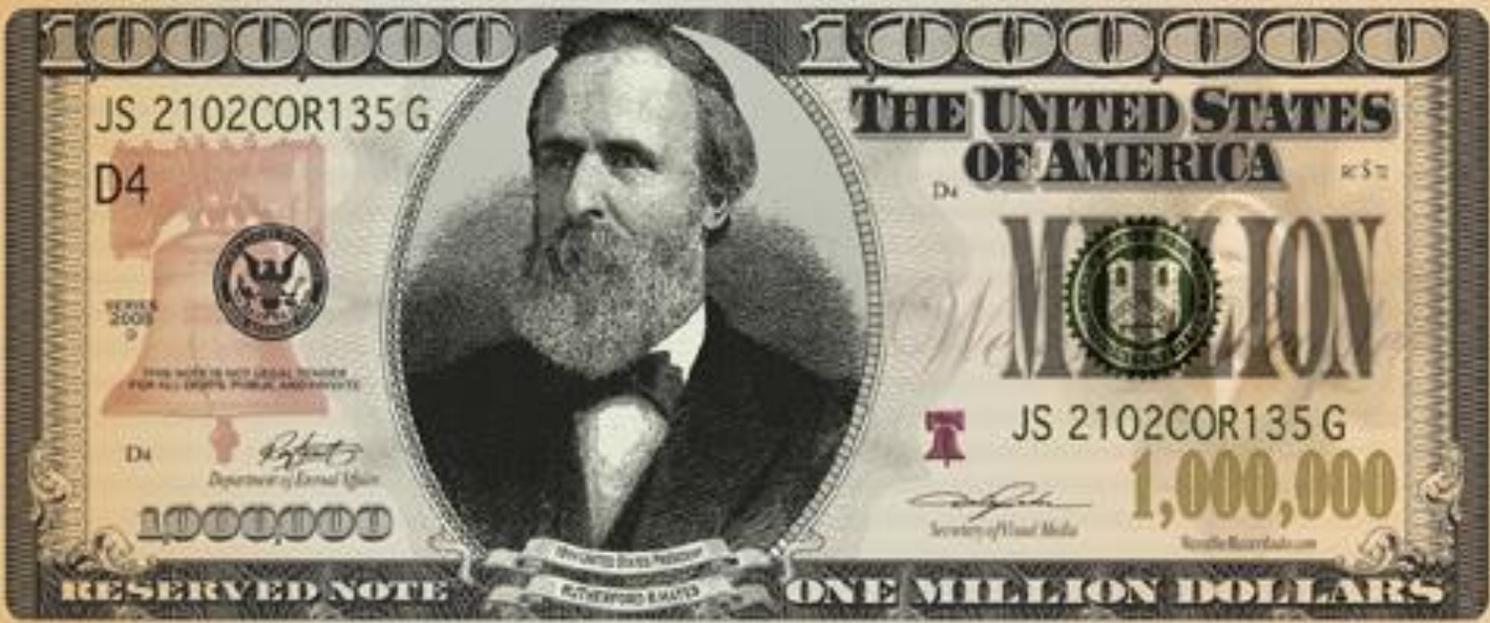
**23% ↑
79% ↑**

**Growth in External
and Internal Transfers
\$27.4 Net Revenue**

Budding Culture of Continuous Improvement

Number of Central Line-Associated Blood Stream Infections (CLABSI), INTEGRIS Baptist Medical Center, FY 2019-2020





How?

I. Change Mindset & Approach

Changing Mindset and Approach

Every leader does their own thing to drive results.....



**Enterprise-wide Leadership
Operating System**

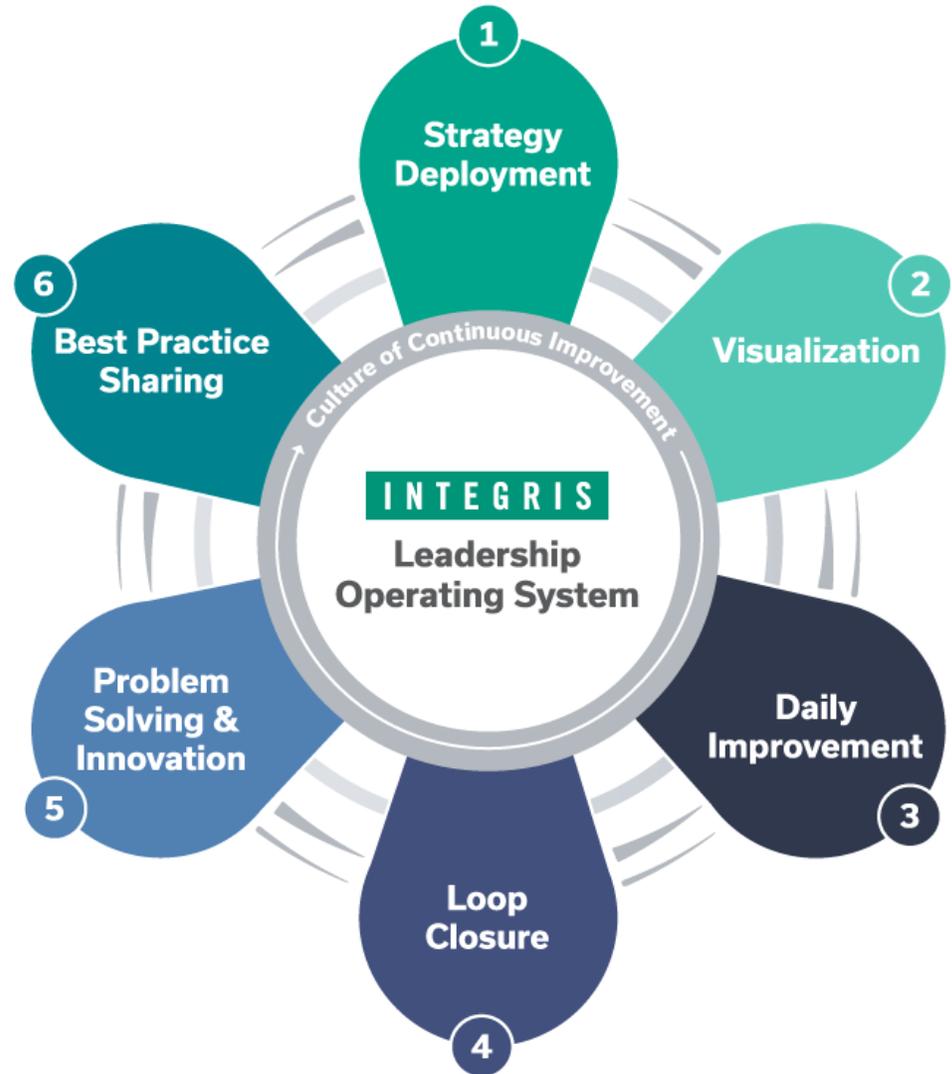
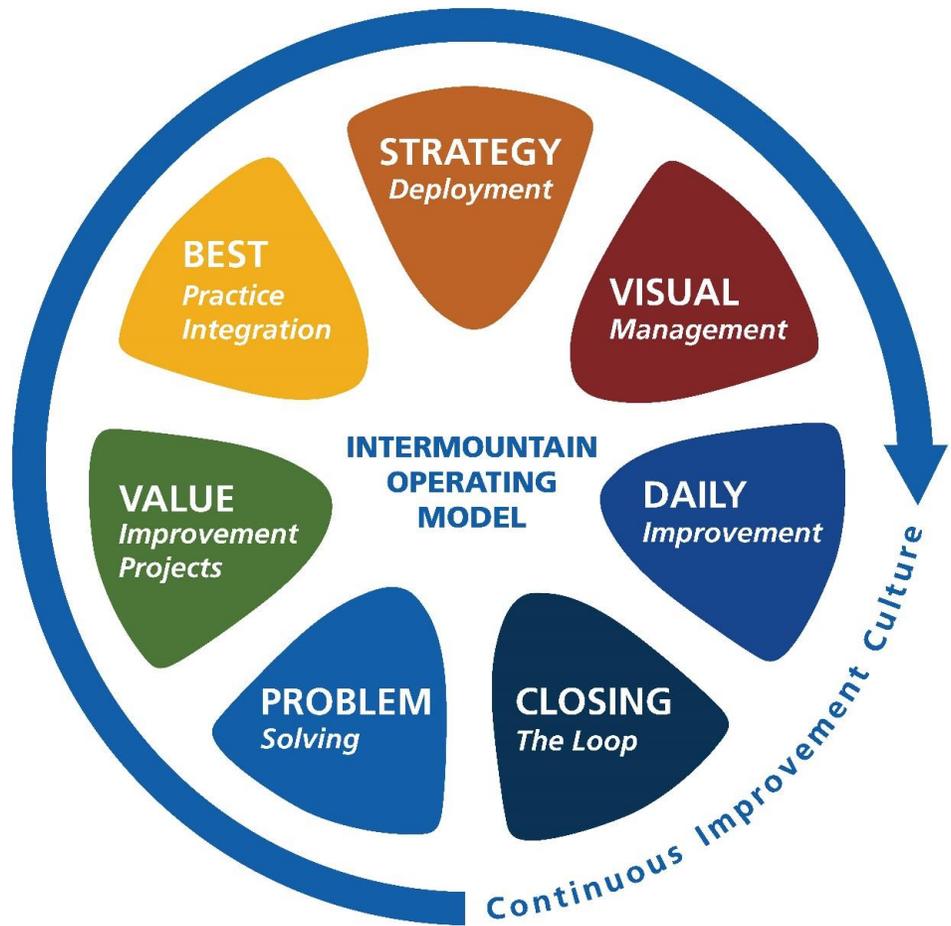
Implemented in small pilots over many years.....



**Implemented broadly over
a short period of time**

II. Create a Leadership Operating System

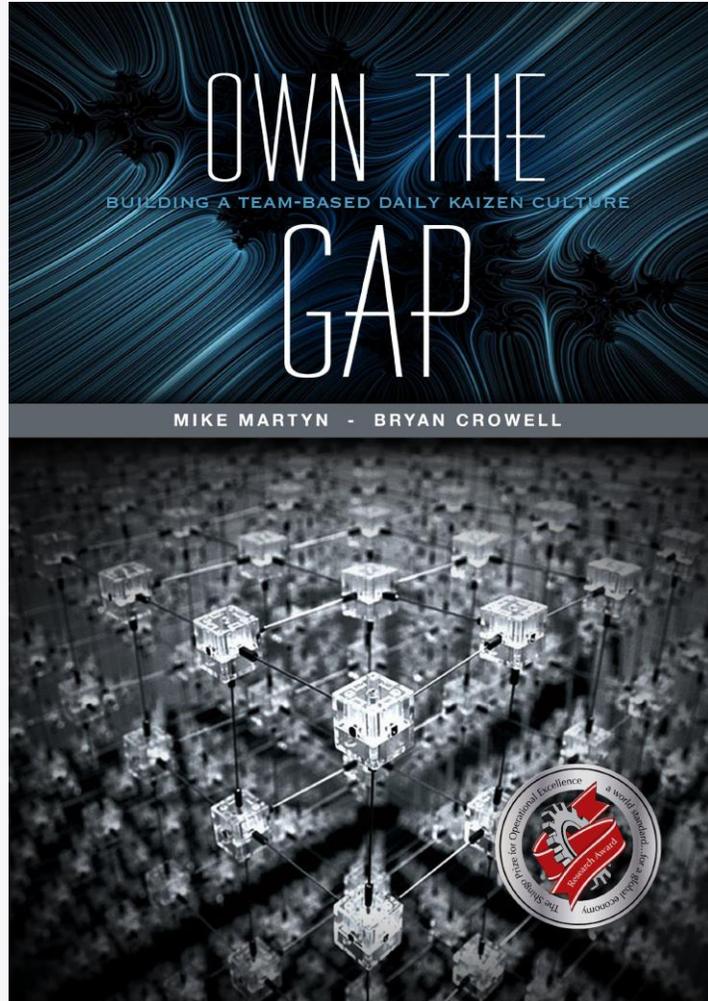




INTEGRIS Leadership Operating System



Best Book on Operating Systems



Own the Gap
Win the Prize

III.

Do Strategy Deployment

Strategy Deployment

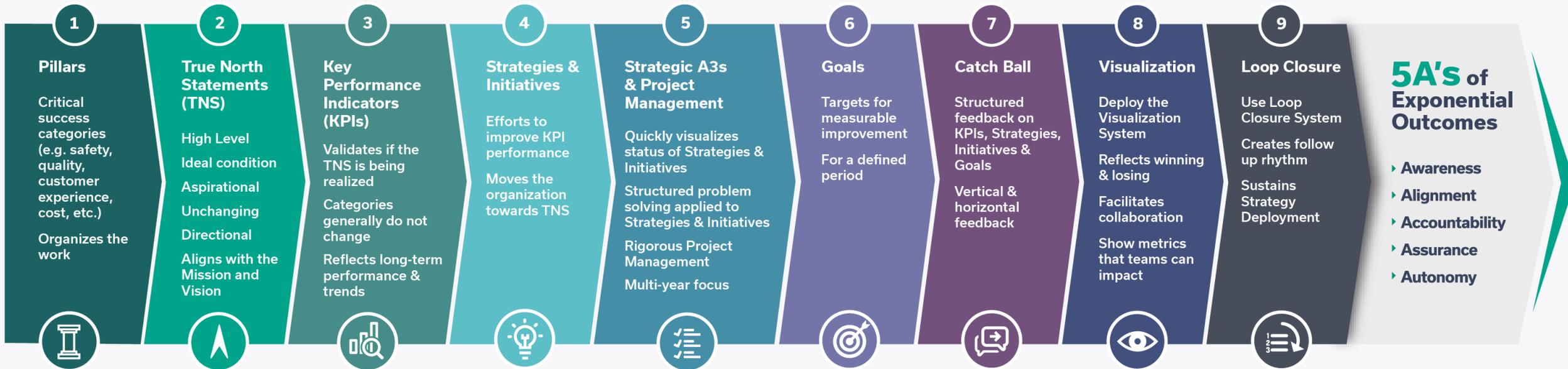


Strategy Deployment

What does it mean to be successful?

Clearly aligned expectations of what it means to be successful at each level of the organization, including aligned KPIs, Strategies, Initiatives and Goals.

The Strategy Deployment Sequence



1

Pillars

Critical success categories (e.g. safety, quality, customer experience, cost, etc.)

Organizes the work



The Strategy Deployment Sequence



2

True North Statements (TNS)

High Level

Ideal condition

Aspirational

Unchanging

Directional

Aligns with the
Mission and
Vision



Safety

| *is zero harm to patients
and caregivers.*

The Strategy Deployment Sequence



3

Key Performance Indicators (KPIs)

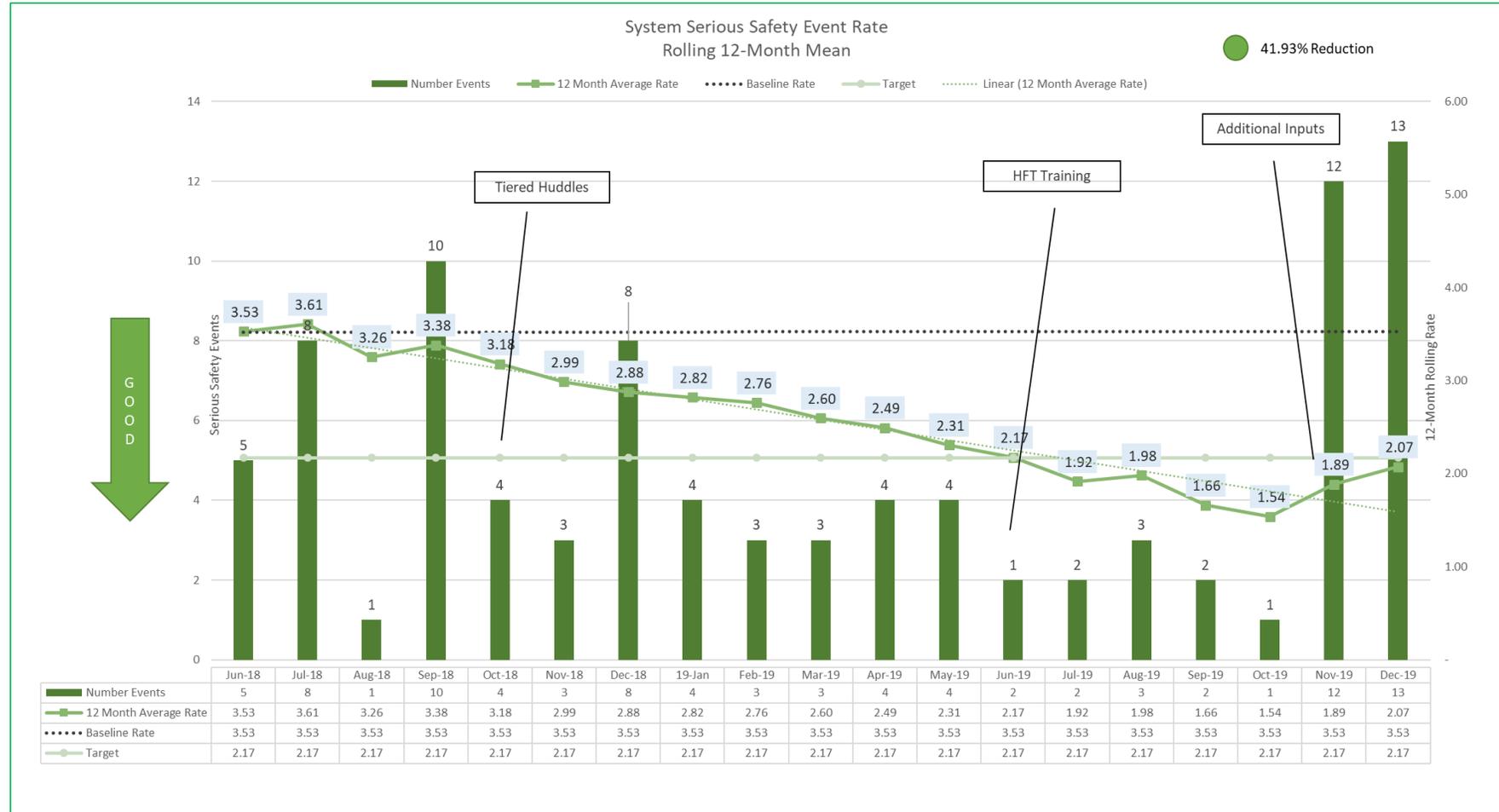
Validates if the TNS is being realized

Categories generally do not change

Reflects long-term performance & trends



Serious Safety Events (SSEs)



The Strategy Deployment Sequence



4

Strategies & Initiatives



Efforts to improve KPI performance

Moves the organization towards TNS



2019 INTEGRIS Health Strategy Connection Tool													
True North Statements							Safety	Quality	Experience	Access	Affordability	Engaged Caregivers	Smart Growth
KPIs							Safety is seen to harm to patients and caregivers.	Quality is evidence-based, highly reliable care leading to top performance nationally.	Experience is remarkable and personalized service that leads to lasting loyalty.	Access to care and information received when, where and how customers want it.	Affordability is caregivers appropriately reducing the total cost of care for patients.	Engaged Caregivers are inspired to continuously improve outcomes in all phases.	Anticipate community needs to advance INTEGRIS' mission as a market leader and most trusted name in healthcare.
#	2021 ELT Initiatives	Prioritization (select 1 - 10, per strategy, with one being the highest priority)	Owner	ELT Owner	Review	Venue	Safety	Quality	Experience	Access	Affordability	Engaged Caregivers	Smart Growth
	Evidence-based Practice: Always deliver safe, high quality, well-coordinated, affordable healthcare through physician-led multidisciplinary teams that adopt evidence-based guidelines or create and utilize consensus-based standardized care protocols.		Dr. Tommy Ibrahim / Kerri Bayer	Dr. Tommy Ibrahim / Kerri Bayer			1	1					
1	Safety: Culture of Safety - Patients: Create a culture of safety for patients.		Kim Corcoran	Kerri Bayer	Quarterly	ELT	1	✓	✓		X	✓	
1	Quality: Event Reporting: Identify and implement a single source integrated event tracking system that supports a culture of reporting. Align the event tracking system with an enterprise-wide Corrective Action Review System (CARS), with appropriate process escalations to improve awareness, response, and timely resolution of nonconformities (drawing best practices from outside of healthcare). *NEST UNDER #1-Culture of Safety*		Kim Corcoran	Kerri Bayer	Quarterly	EOT	✓	1					
2	Safety: Culture of Safety - Caregivers: Support an environment where Caregivers feel safe and empowered to resolve safety concerns while increasing awareness of, preparedness for, and response to workplace violence.		Brian Roberts	Chris Hammes	Quarterly	ELT	1	✓	✓		✓	✓	
3	Quality: Length of Stay: Develop and execute a plan to improve hospital flow and reduce length of stay		Natha Norman	Kerri Bayer	EOM	EOT	✓	1	✓		✓	✓	✓
4	Quality: Clinical Documentation: Improve clinical documentation to reflect the care being rendered to INTEGRIS patients.		Kati Beisel	Doug Smith	Quarterly	ELT	✓	1			✓	✓	
5	Quality: Publicly Reported Measures of Quality: Achieve top decile performance in publicly reported measures of quality while achieving profitable performance in the CMS Value-Based Purchasing penalty program and zero penalties in the Hospital Acquired Condition Reduction Program and Hospital Readmission Reduction Program.		Susie Jones	Kerri Bayer	Quarterly	EOT	✓	1	✓		✓	✓	
5	Safety: Hospital Acquired Infections: Identify and deploy evidence-based best care practices to reduce Hospital Acquired Infections and sustain achieved improvements. *Nest under PRMQ*		Susie Jones	Kerri Bayer	Quarterly	EOT	✓	1	✓		✓	✓	
5	Safety: Patient Safety Indicators: Identify and deploy evidence-based best care practices to reduce rates with patient safety indicators and sustain achieved improvements. *Nest under PRMQ*		Susie Jones	Kerri Bayer	Quarterly	EOT	1	✓	✓		✓	✓	
5	Quality: Mortality: Identify and deploy evidence-based best care practices to reduce Mortalities and sustain achieved improvements. *Nest under PRMQ*		Susie Jones	Kerri Bayer	Quarterly	EOT	✓	1	✓		✓	✓	
5	Quality: Readmissions: Identify and deploy evidence-based best care practices to reduce Risk Adjusted Readmissions and sustain achieved improvements. *Nest under PRMQ*		Natha Norman	Kerri Bayer	Quarterly	EOT	✓	1	✓		✓	✓	

The Strategy Deployment Sequence



5

Strategic A3s & Project Management

Quickly visualizes status of Strategies & Initiatives

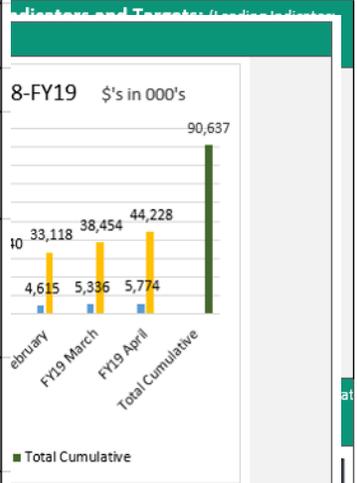
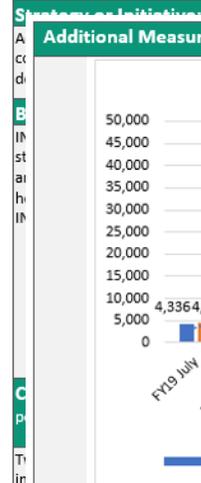
Structured problem solving applied to Strategies & Initiatives

Rigorous Project Management

Multi-year focus



Activity	Start Date	Target Date	Owner	Status	Notes
Protiviti Audit Validation (1st Qtr.) and Results Incorporation.	On Going	4/15/19	NR	Complete	Pending 12/31 Audit Adjustments represented in ME March results.
ELT Steering Committee Consideration:		4/16/19	PMO	Complete	PMO to schedule meeting to discuss.
Reserve Methodology endorsement.				Complete	
Who is authorized to establish Advancing INTEGRIS Program definitions and modifications to those definitions as needed?				Complete	
Who has the authority to say what the 5 year \$181M target is inclusive of? If the organization decides to change what should be included in the \$181M target, who has the authority to approve that change?				Complete	
Who is authorized to approve initial AI measurement methodologies and changes to those methodologies throughout the course of the program?				Complete	
Netting out Cost of Attainment (Vizient and Navigant Fees)?				Complete	
Confirm Realization Agreeance (Year Realized). Incentive Comp Considerations.				Complete	
FY20 Budgeting and Facility Contributions Refinement.	3/8/19	On-going	NR	Complete	Originally submitted accepted.
Develop alternate FY20 AI Budget Models for consideration (greater contributions).	5/28/19	On-going	DM	Complete	Models developed, will hold for now.
Establish greater visibility of Vizient Initiatives (Pending or Lagging in the process).	5/28/19	On-going	PMQIMP	On Track	Establish recurring cadence for Executive Level review, to understand potential associated with initiatives that are either Pending or
Develop A3 Initiative KPI for Initiatives On Hold or Pending w/dollar value reflected.	6/17/19	7/19/19	PMO	On Track	
Establish timeline for EOY FY19 AI AIP Results Validation in partnership w/Protiviti.	6/7/19	On-going	PMO	Complete	Team discussion complete.
Establish FY20 Protiviti Audit Schedule/Cadence.	6/12/19	On-going	BR	On Track	Hours allocation confirmed..BR will close loop with PMO wk of 6/17.



f additional FTEs

Initiative:

Initiative has utilized a collaborative

quired

The Strategy Deployment Sequence



6

Goals

Targets for measurable improvement

For a defined period



Goals

10% increase from FY19 baseline in patient and caregiver safety event reporting

The Strategy Deployment Sequence



7

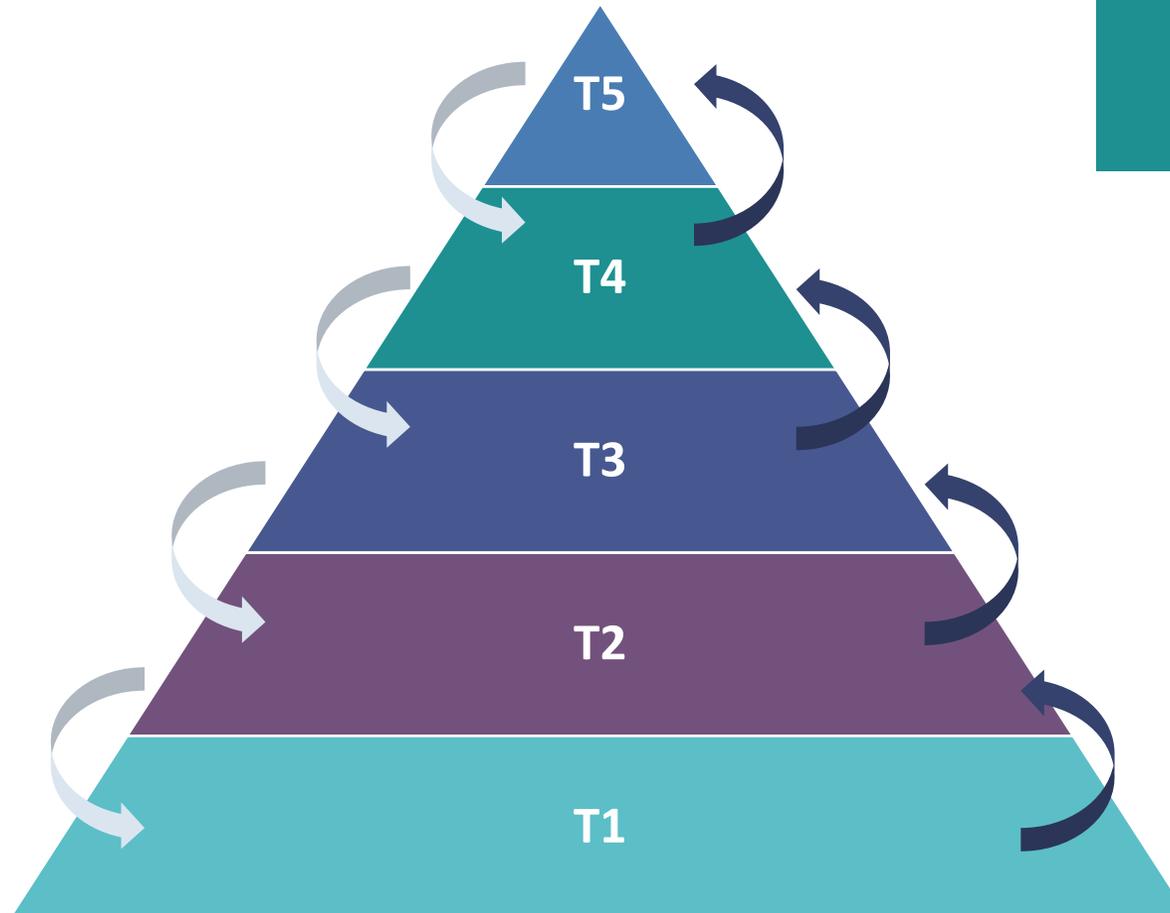
Catch Ball

Structured feedback on KPIs, Strategies, Initiatives & Goals

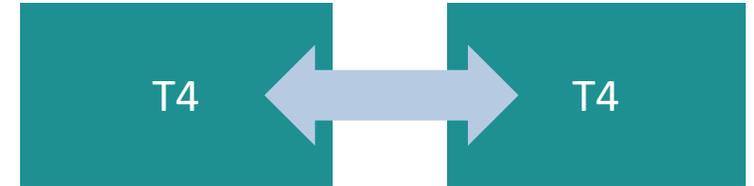
Vertical & horizontal feedback



Vertical CatchBalling



Horizontal CatchBalling



The Strategy Deployment Sequence



8

Visualization

Deploy the Visualization System

Reflects winning & losing

Facilitates collaboration

Show metrics that teams can impact



Standard Calendar

Time	1st Tuesday	2nd Tuesday	3rd Tuesday	4th Tuesday	5th Tuesday
8:00					
8:15					
8:30					
8:45	Dedicated CI Time	ELT ILOS Steering Huddle	Dedicated CI Time	ELT Variance Huddle	Dedicated CI Time
9:00		Dedicated CI Time		Dedicated CI Time	
9:15					
9:30					
9:45	TS Daily Escalation Huddle				
10:00					
10:15	ELT Strategy Review	ELT Strategy Review	ELT Strategy Review	ELT General Session	ELT Strategy Review
10:30					
10:45					
11:00					
11:15	ELT General Session	ELT General Session	ELT General Session		ELT General Session
11:30					
11:45					
12:00					
12:15					
12:30					
12:45					
1:00					
1:15					
1:30	ELT Compliance Review	ELT Growth Team	ELT Ops Review		ELT Team Dynamics
1:45					
2:00					ELT Partnership Lookback
2:15					
2:30	ELT Board Prep		ELT Payor Strategies		
2:45					
3:00					
3:15					
3:30					
3:45					
4:00					
4:15	Leadership Huddles	Leadership Huddles	Leadership Huddles		Leadership Huddles

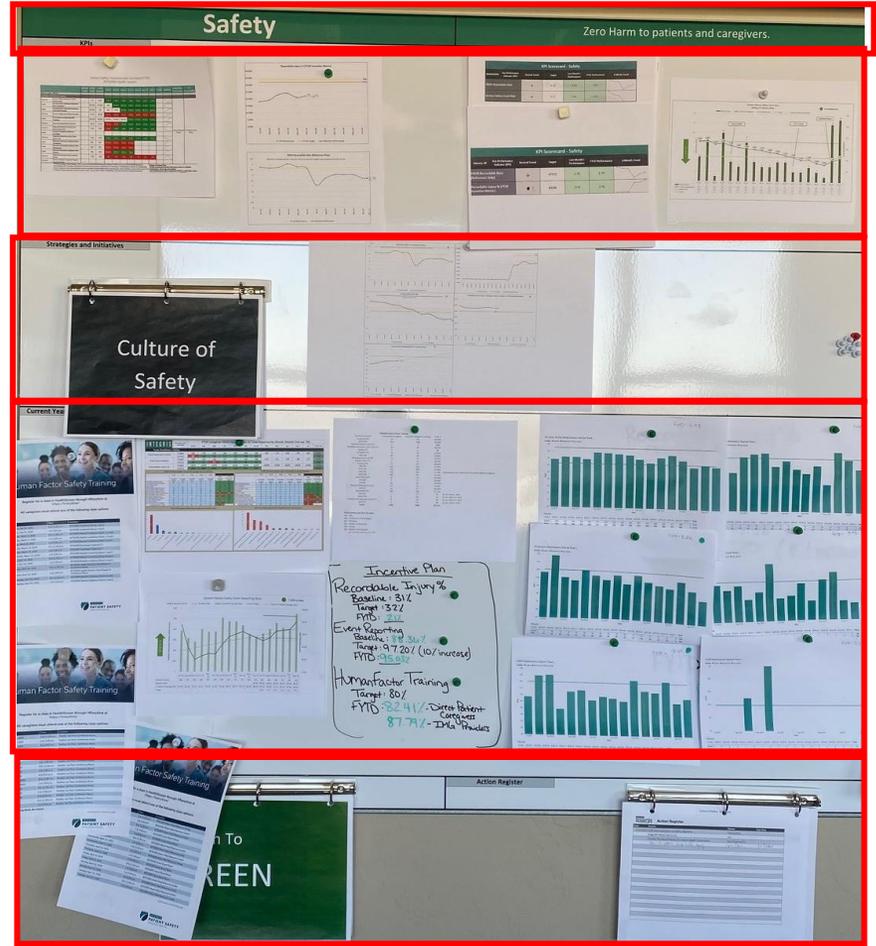
Pillars & TNS

KPIs

Strategic Initiatives

Goals and Watch Metrics

RTG & Action Register



The Strategy Deployment Sequence



9

Loop Closure

Use Loop Closure System

Creates follow up rhythm

Sustains Strategy Deployment



Strategy | Ops | Worksite Reviews



Return to Green Action Plan: Caregiver Safety

Goal: Provide an environment/culture supporting Zero Harm to our Caregivers through the engagement of all.		FY18 Target: < 323 OSHA Recordable Employee Injuries.	Current: As of ME Dec, System Recordable Plan is within target.	Department: Disability Management		
#	Who	What	Why	When	How	
#	Owner	Action Steps	Reason	Plan Date	Status	Approach
3	Jackie Lockett/Jennifer Milligan	Unit Based COS Committee Deployment Plan for ISMC.	Increase in Recordable Events at ISMC.	Month End January	Pending	Develop a plan to incorporate review of OSHA events and Actions in an existing committee.
7	Lewis Perkins/ Jennifer Milligan	Introduction to Just Culture/ IBMC Root Cause review - Nursing Leadership meeting.	Leadership Development on how to complete a 5 Why that will support behavior changes.	1/30/2019	In progress	Discuss the Just Cause concept/ provide demonstration of using tool. - Interactive approach.
8	Jennifer Milligan	Evaluate HPI Program Elements for incorporation.	Requested	3/29/19	Assigned	
	IBMC Needlestick Committee (Jennifer Milligan)	Develop Clear Criteria for Caregivers to utilize Face Shields	Tier 3 Huddles Request Total Reported is down at IBMC	1/31/19	Pending	NS/ Splash Trending to be reviewed by committee- Develop criteria and communicate information to frontline caregivers.
	IBMC Needlestick Committee (Jennifer Milligan)	Develop Caregiver plan/Standard practice to follow for prevention of Patient Movement related Needlesticks	Patient movement related Needlesticks are one of the top 3 root causes of YTD NS events at IBMC.	1/31/19	Pending	Basic Cause of NS event reviewed by committee, develop standard practice to reduce risk. Communicate practice to frontline caregivers.

Leader Standard Work

Times Per Year	1	2	3	4	5	6
Review & Finalize Board Packets	Feb	Apr	June	Sep	Nov	
Review & Finalize Board Committee Packets	Feb	Apr	June	Sep	Nov	
Update Personal LSW	Mar	Jul	Nov			
Update Personal KPSW	Apr	Aug	Dec			
Update the Agenda Master	May	Nov				
Update Scorecards	Jun	Dec				
Update Strategic Initiatives I Own	Jan	Feb	Mar	Apr	May	Jun
	Jul	Aug	Sep	Oct	Nov	Dec
Adherence to Dedicated CI Tiime	Jan	Feb	Mar	Apr	May	Jun
	Jul	Aug	Sep	Oct	Nov	Dec
Ops Worksite Reviews	BMC CVH	ED Sper	SW Hosp	LSW Dec	Grv ICI	Bas N
	CC HPI	Moora IH	RevC SCO	Del OKC	DLO IC	NZT IC
	IMG Mw	IMGYK	IMG S			
Attend MECs (1 X per Year)	BMC CVH	SW ED	LSW Bas	Grv MI		
Attend Gen Med Staff (1 X per Year)	BMC CVH	SW ED	LSW Bas	Grv MI		

The Strategy Deployment Sequence

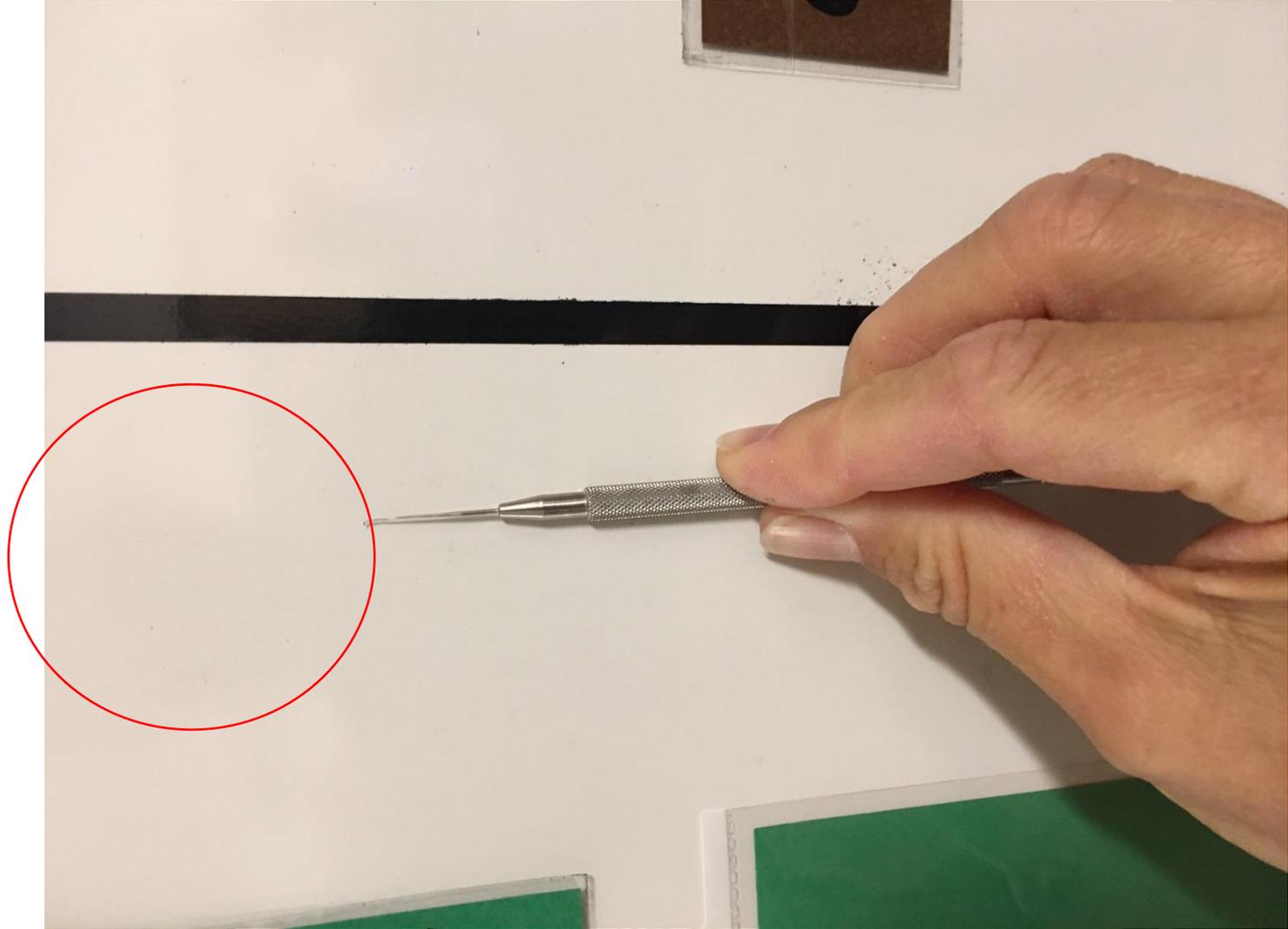


Results of Strategy Deployment

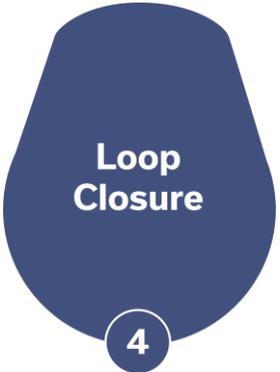


5A's of Exponential Outcomes

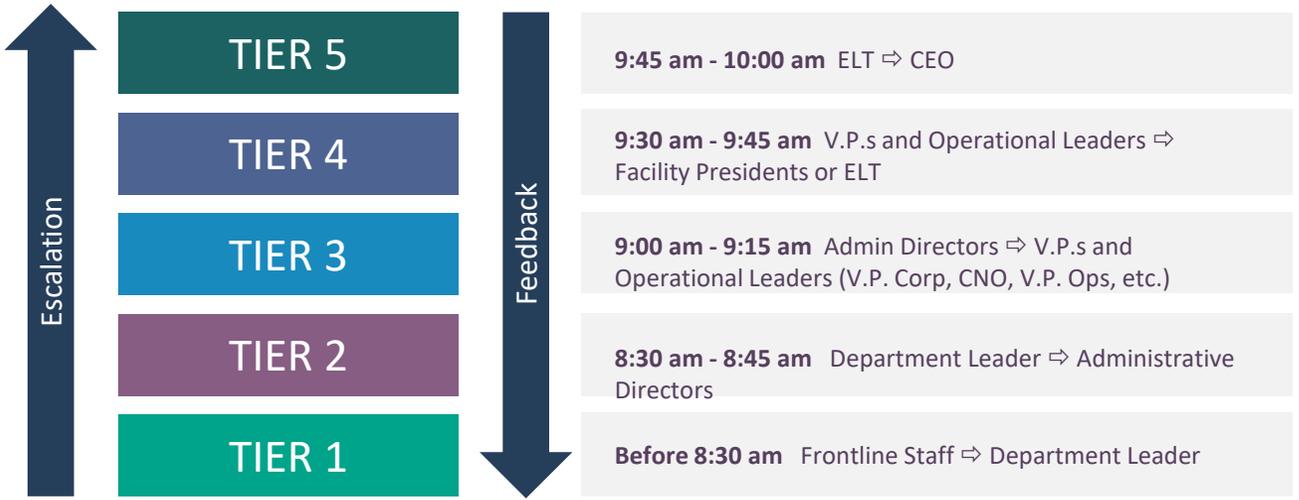
- ▶ Awareness
- ▶ Alignment
- ▶ Accountability
- ▶ Assurance
- ▶ Autonomy



IV. Implement Cultural Accelerators



Daily Tiered Escalation Huddles



- Aug. 1, 2018**: Tim Pehrson starts
- Sept. 14, 2018**: Strategy Deployment begins
- Sept. 27, 2018**: Daily Tiered Escalation Huddles Started
- Oct. 30, 2018**: INTEGRIS Leadership Operating System (iLOS) Broadly Introduced
- Jan. 7, 2019**: Huddles, Huddle Boards and Idea Systems Broadly Implemented
- Mar. 11, 2019**: ELT Worksite Reviews begin



Daily Improvement
3

Idea Boards



IDEA CARD ✓

Name/Team: Janalyn

Date: 3-8-17 Completed Date: 4-27-16

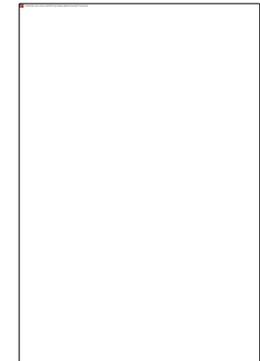
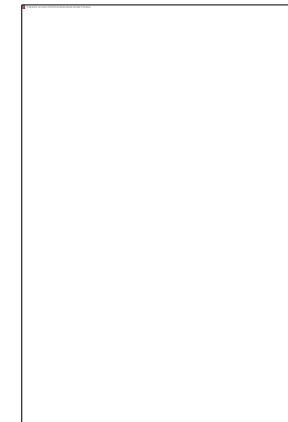
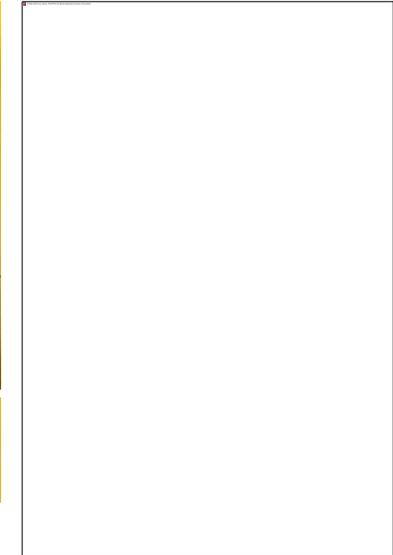
Problem: CLINICS don't know our routine exams for views or the wording. (Xrays, CT, Nuc med, MRI etc)

Idea: Coordinate with someone from the clinics and create an exam sheet of routine exams that are ordered.

How would we measure success? Less phone calls from clinics asking what exam to put in.

Approved: [Signature] Assigned to: _____

Progress Notes: Folders were pushed out to clinics, ER & med/surg.

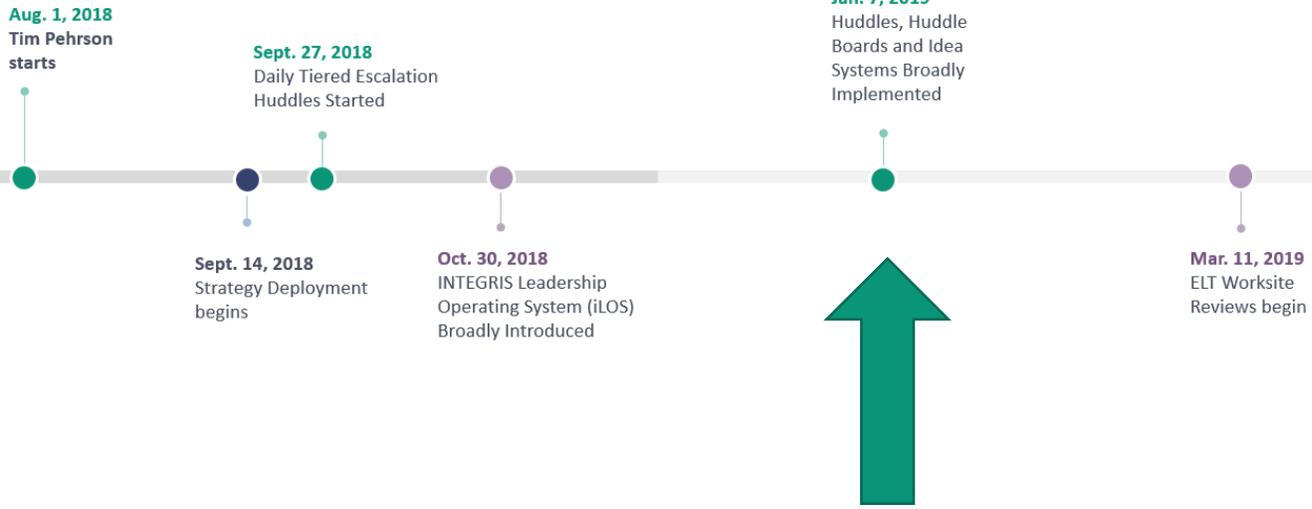


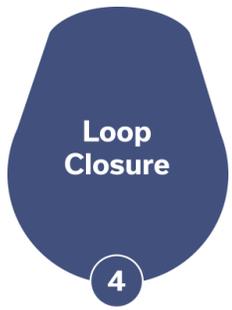
Loop Closure
4

Implement Huddles

Visualization
2

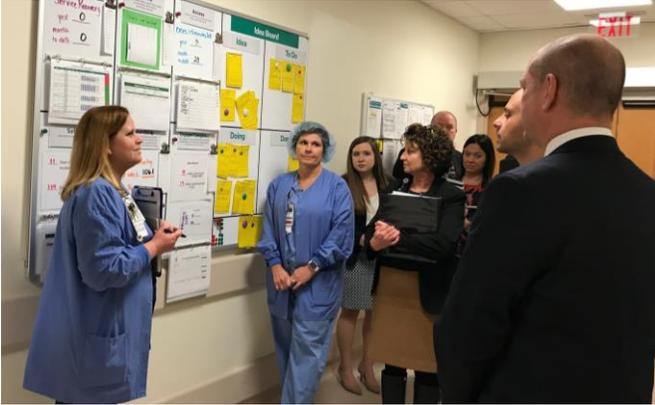
and Huddle Boards





Worksite Reviews

Worksite Reviews (WSRs) are regular times where leaders go to the worksite in the areas of their accountability to see the team’s progress towards achieving Strategies, Initiatives, KPIs and Goals, to discuss Return to Green plans, and to recognize teams.



Creating a Culture of Continuous Improvement



Tipping Point Keys to Successful Broad Adoption of A Continuous Improvement Culture

- I. Change Mindset & Approach
- II. Create a Leadership Operating System
- III. Do Strategy Deployment
- IV. Implement Cultural Accelerators



Sepsis Bundle Status

Date _____

**TIME
ZERO**

COMPLETION GOAL TIME

STATUS

COMPLETION GOAL TIME

STATUS

This Process Saved 35 Lives in 2 years

Date _____

**MAINTENANCE
BUNDLE**

COMPLETION GOAL TIME

STATUS

Intermountain
Healthcare
Continuous Improvement

Questions?