Nashville General Hospital
A
ACoS: American College of Surgeons
ACR: American College of Radiology
ACS: American Cancer Society
AHRQ: Agency for Health Research and Quality
AIDET: Acknowledge, Introduce, Duration, Explanation, and Thank you – The five fundamentals staff is trained to use to reinforce a positive customer service experience
ANCC: American Nurse Credentialing Center
AR: Accounts Receivable
BOT: Board of Trustees

B
CDC: Center for Disease Control
CEO: Chief Executive Officer
CFO: Chief Financial Officer
CMS: Centers for Medicare & Medicaid Services
CNA: Community Needs Assessment
CIO: Chief Information Officer
CMO: Chief Medical Officer
CNO: Chief Nursing Officer
CT: Computed Tomography

D
DOH: Department of Health
DOL: Department of Labor

E
EAP: Employee Assistance Program
ED: Emergency Department
EEOC: Equal Employment Opportunity Commission
EOCC: Environment of Care Committee
ELT: Executive Leadership Team
EMR: Electronic Medical Record

F
FDA: U.S. Food and Drug Administration
FIG: Friends in General

G
GPO: Group Purchasing Organization

H
HAI: Hospital Acquired Infection
HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
HIM: Hospital Information Management
HIPAA: Health Information Portability & Accountability Act
HL7: Health Level Seven – Framework for exchange, integration, sharing, and retrieval of electronic health information
HR: Human Resources

I
ICU: Intensive Care Unit
IP: Inpatient
IT: Information Technology
LEAN: A method to provide added-value while minimizing waste

LOS: Length of Stay

MD: Doctor of Medicine

MEC: Medical Executive Committee

MMC: Meharry Medical College

MNHA: Metropolitan Nashville Hospital Authority

MOU: Memorandum of Understanding

MRI: Magnetic Resonance Imaging

MVV: Mission, Vision, & Values

NDNQI: National Database of Nursing Quality Indicators

NHO: New Hire Orientation

NGH: Nashville General Hospital

NHSN: National Healthcare Safety Network

NICU: Neonatal Intensive Care Unit

NP: Nurse Practitioner

OB: Obstetrics

OB/GYN: Obstetrics & Gynecology

OIG: Office of Inspector General

OSHA: Occupational Safety and Health Administration

PACS: Picture Archive Communications System

PACU: Post Anesthesia Care Unit

PCMH: Patient Centered Medical Home

PDSA: Plan Do Study Act

PGA: Press Ganey Associates – An independent partner organization that provides patient satisfaction surveys, management reports, and national comparative databases

PI: Performance Improvement

PRN: As Needed

QMC: Quality Management Council

RN: Registered Nurse

SEIU: Service Employee International Union

SA: Strategic Advantage

SC: Strategic Challenge

SPP: Strategic Planning Process

THA: Tennessee Hospital Association

TJC: The Joint Commission

VOC: Voice of the Customer

VU: Vanderbilt University
Once termed “City Hospital”, Nashville General Hospital (NGH) was Nashville’s first full service medical facility. The then 60-bed hospital opened April 23, 1890 staffed with one physician and seven nurses to care for the city’s most acutely ill citizens. In 1998, NGH moved from the original hospital building following an approved proposal to the city aligning NGH with another historically rich medical facility, Meharry Medical College (MMC). Today NGH is a licensed 150-bed academically affiliated, community hospital located on the Meharry campus.

NGH is often referred to as the city’s “safety net hospital”. It is viewed as such because the city provides financial support which in return, the hospital provides care to the city’s most vulnerable population, those without a means to obtain healthcare. The money received from the city is basically a fee for services. The city allocates a set amount of funds each year and the hospital provides health care services for all who qualify for the Charity Program. The remainder of the organization’s operating income is obtained through insured customers and insured customers.

The Friends In General (FIG) Foundation is NGH’s charitable arm. FIG provides resources to support NGH community services. Mammograms in May (MIM) is FIG’s signature program which enables NGH to offer free screening mammograms for women over the age of 40 who haven’t had a mammogram in the last year. This program began in 2003 and continues to successfully impact the community, serving many women who otherwise would not have access to a screening mammogram.

Healthcare is an ever changing landscape, particularly as it relates to continuous reductions in reimbursement, the uncertainty of whether Tennessee will ever expand their Medicaid program (TennCare), and the subsequent rise in volume of Most likely this uncertain background was enough to make the city take a long look at whether they should even be in the healthcare business. As a result, NGH went through a multi-year period of interim management and struggled with the challenges that accompany the lack of permanent leadership.

In late 2014, the city committed to offering a full service hospital and in early 2015, NGH welcomed a new Chief Executive Officer; a visionary who believes in the Baldrige Framework to drive organizational improvement. A framework sorely needed to rebuild a hospital that had endured a very tough time.

NGH offers a comprehensive spectrum of locally-based hospital services in a wide range of specialties to meet the community’s needs. The organization’s main health care service offerings are: Inpatient services, Emergency services, Outpatient services and hospital based Physician Clinics. These services are delivered at the facility described in P.1a(4).

Inpatient services include; three medical surgical floors, a critical care unit, the women’s service floor (labor and delivery, postpartum, and newborn care with level II NICU), and a dedicated floor for forensic care (state department of corrections).
Emergency care is provided 24/7. Emergency visits average 37,000 annually and account for 60% of hospital admissions. Outpatient service offerings include imaging, laboratory, physical therapy, and an oncology infusion suite. The Clinic at NGH provides an array of outpatient clinic services with the highest volume service lines being internal medicine, orthopedics, cardiac, and gastroenterology.

**P.1a(2) Mission, Vision, and Values**

The hospital’s Mission, Vision, and Values (MVV) were updated during the 2015 strategic planning process. The MVV (Figure P.1-1) were refined to better reflect the organization’s core purpose and focus.

The organization’s first step to assuring a culture grounded in MVV is to introduce these guiding principles during New Hire Orientation (NHO). The MVV can be found throughout the organization via facility postings, guest services booklet, the physician lounge, the hospital website, and department huddle boards. Every decision made is done so in alignment with the MVV. The MVV also serve as a basis for strategic planning and development.

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

NGH believes the key to delivering compassionate, quality care is an engaged workforce. Bedside to curbside, every encounter with a member of the workforce is an opportunity for NGH to develop a loyal customer relationship. Relationship building is a vital first step to achieving the organization’s mission of improving the health and wellness of the community.

NGH workforce groups are employees and physicians (including physician extenders). The 546 full time employee workforce presented in Figure P.1-2 is composed of 56.4% clinical, 32.8% support services, and 10.8% executive and mid-level managers. NGH uses contract staffing for less than 2% of the workforce. Contract staff is primarily in the nursing specialty areas. Educational and certification requirements for all positions are detailed in individual job descriptions.

<table>
<thead>
<tr>
<th>Figure P.1-1</th>
<th>Mission, Vision, &amp; Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mission</strong></td>
<td>To improve the health and wellness of Nashville by providing equitable access to coordinated patient-centered care, supporting tomorrow’s caregivers, and translating science into clinical practice.</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Leader in exceptional community healthcare “One neighbor at a time.”</td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td>Compassion - to those we serve and to each other.</td>
</tr>
<tr>
<td></td>
<td>Honesty and integrity - in all we say and do.</td>
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<tr>
<td></td>
<td>Accountability - to society, our community &amp; each other.</td>
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<tr>
<td></td>
<td>Respect - and dignity for all human kind.</td>
</tr>
<tr>
<td></td>
<td>Teamwork - to achieve our mission, vision, and values.</td>
</tr>
</tbody>
</table>

NGH serves as the index hospital for MMC and has 140 active medical staff members. A majority of the medical staff is comprised of MMC physicians who provide primary and specialty care services. Additionally, community physicians, Vanderbilt University (VU) physicians, and contracted medical groups for emergency and anesthesia services make up the remainder of the physician staff.

NGH has long believed that a mission-driven culture is at the heart of its workforce. January 2016, in an effort to obtain workforce engagement data and the key drivers to their organizational commitment, NGH contracted with an independent company to obtain actionable engagement survey information. The survey results confirmed the primary driver of employee engagement is that people like the work they do.

NGH has a Memorandum of Understanding (MOU) with Service Employee International Union (SEIU) Local 205. The agreement allows employees in specific job titles to union representation in disciplinary matters. This agreement is not considered a bargaining unit agreement and 20% of the workforce hold membership.
Workforce health and safety requirements are consistent with those of other healthcare organizations. Job descriptions outline special health and safety requirements relative to specific positions. An employee health practitioner provides annual employee health screenings to include vaccinations, TB testing, exposure follow-up to blood borne pathogens, chemical and other hazardous materials.

**P.1a(4) Assets**
NGH leases a 354,734 square foot facility to provide the healthcare service offerings noted in P.1a(1). NGH maintains a staffed-bed total of 114 comprised of medical-surgical, intensive care, cardiac step-down, and women’s services.

Peri-operative services consist of a same-day surgery unit, 6 operating rooms, 1 specialty room and a 9 bay Post Anesthesia Care Unit (PACU). An Emergency Department and a 19, individual bay, outpatient chemotherapy unit make up the remainder of the hospital. NGH is also host to The Clinic at NGH which is comprised of both primary and specialty clinics.

NGH invests in a range of equipment from diagnostic to surgical in support of the delivery of high-quality, patient-focused services. NGH incorporates specialized equipment such as digital mammography, multi-slice CT, Nuclear Medicine and Cardiac Catheterization. Most recently, NGH installed a wide-bore MRI with ambient room lighting. The ambient environment is an extra measure NGH took to enhance the patient experience, particularly for those who are anxious or claustrophobic.

With a strategy to focus on a more integrated Information Technology system, NGH technology investments include an electronic medical record (EMR), remote access for physicians, and most recently, patient portal. Bar code scanning for bedside blood draws and medication administration are among the technologies NGH uses to provide safe, quality care. NGH connects radiology services throughout the hospital via the Picture Archival and Communications System (PACS) used to store digital images which are then available at the physician’s figure tip no matter his location.

**P.1a(5) Regulatory Requirements**
Operating in the highly regulated health care environment, NGH has policies and processes in place to ensure compliance with local, state, and federal requirements. In addition to mandatory regulatory requirements, NGH adheres to voluntary accreditations such as The Joint Commission and the American College of Surgeons Commission on Cancer.

**P.1b(1) Organizational Structure**
The Metropolitan Nashville Hospital Authority (MNHA) provides governance to NGH. The seven member Board of Trustees (BOT) is appointed by the Metropolitan Nashville and Davidson County Executive Officer [Mayor] and confirmed by City Council majority. The BOT is composed of three physicians, a registered nurse, and three other respected community leaders. The BOT appoints the organization’s CEO and provides direction through regularly scheduled board meetings. BOT guidance is also provided by board member representation on both the Finance and Compliance Committees.

The Medical Executive Committee (MEC) consists of the physician chiefs of service for each department. The MEC oversees the quality of professional services provided by practitioners with clinical privileges at NGH, subject to final BOT authority. The MEC Chair attends BOT meetings and reports on medical staff activities. The BOT has a medical committee which reviews physician and other practitioners’ credentials to be granted privileges to serve on the NGH medical staff. The BOT then reviews and if appropriate approves the credentialing and privileging decisions of its Medical Staff Committee.
The ELT leads the hospital and ambulatory clinics and in addition to the CEO, consists of: the Chief Nursing Officer (CNO), Administrative Director of Clinical and Support Services, Chief Finance Officer (CFO), Chief Medical Officer (CMO), Chief Information Officer (CIO), Director of Human Resources, Chief Population Health and Quality Officer, Director of Marketing and Community Relations, Director of Performance Excellence and General Counsel. The ELT reports to the CEO and attends hospital board meetings.

P.1b(2) Patients, Other Customers, and Stakeholders

NGH’s customers are their patients. Patients are further segmented by healthcare service locality: inpatient, outpatient, emergency, and physician clinic.

NGH considers key stakeholders to be those having the greatest impact on the hospital’s ability to deliver services. The stakeholder group is comprised of patients, physicians, employees, students, governance, and community.

P.1b(3) Suppliers and Partners

NGH recognizes collaborative relationships are essential in the ability to provide a high quality, low-cost healthcare delivery service. As such, in addition to a key stakeholder, NGH regards physicians and MMC as their most vital partners.

Physicians actively participate in hospital-wide Medical Staff Committees and departmental service line meetings. Communication with physicians occurs by way of the monthly Chiefs’ breakfast with the CEO, monthly Medical Executive Committee (MEC), hospital Medical Staff Liaison Committee meetings, Resident Quality and Patient Safety meetings and regular leadership meetings between MMC and hospital leaders.

Group Purchasing Organizations (GPO) and equipment services vendors also have important relationships with NGH; as they impact the organization’s ability to provide access to safe, high quality, affordable health care. NGH manages supply costs by working with GPOs to maximize purchasing power and improve vendor contract terms and pricing. Key supply chain requirements include competitive pricing, timely delivery, product availability, and quality.

NGH contracts with a medical equipment service vendor for biomedical equipment coverage. The use of an external resource to provide this coverage enables NGH to acquire the expertise for various types of equipment, sustain uptime availability of the equipment, and provide a cost effective management solution. Key mechanisms for two-way communication with the GPO and equipment vendor includes face-to-face meetings (as the equipment vendor has representatives on site), telephonic and electronic communication to include monthly blogs.

P.2 Organizational Situation

P.2a(1) Competitive Position

NGH provides healthcare in a highly competitive setting that hosts six hospitals within a ten mile radius of NGH. One of the six hospitals is a dedicated pediatric facility thus only five are seen as true competitors. The surrounding competitive facilities range in licensed bed size from 317 to 1,025. Numerous free standing imaging centers and laboratories exist within the Nashville community providing competition to all the local hospitals.

In addition to the acute care market, NGH physician clinics face competition from minor medical clinic offerings such as Kroger and CVS.

Relative to the surrounding hospitals, NGH is a smaller, 150 licensed-bed facility. Affiliated with Meharry and Vanderbilt Medical Schools, NGH serves a population eligible for significant research and grant funding. The primary leverage NGH has in such a competitive environment though is its size. Not all who seek healthcare services are comfortable in a larger, mega-size environment. There exists the population who want a close-knit, family type atmosphere; this is the brand NGH aims to deliver.

P.2a(2) Competitiveness Changes

Key changes that affect NGH’s competitive situation include:

- Community Health Care Services (Health Department clinics, private clinics, etc.)
• Physician recruitment and service provision alignment with MMC.
• Hospital's physical capacity constraints.
• Healthcare delivery paradigm shift from fee for service to fee for value

• MMC partnership
• Metro Incentive Program
• Good government relations

P.2a(3) Comparative and Competitive Data

Sources for comparative data available within the healthcare industry include: The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), National Healthcare Safety Network (NHSN), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Agency for Health Research and Quality (AHRQ), National Committee for Quality Assurance (NCQA) and Tennessee Hospital Association (THA).

In 2016, NGH contracted with Press Ganey (PG) to obtain comparable metrics data for similar size facilities. Healthcare institutions seldom share results with each other thus NGH acquires most comparative data from publicly accessible sites. Limitations with comparative and competitive data include timeliness of data, consistency in how the data is reported, and cost of procurement – particularly data from commercial companies.

P.2b Strategic Context

NGH identifies and reviews strategic challenges and advantages during the Strategic Planning Process (SPP). At the 2015 strategic planning retreat, NGH leadership identified:

NGH Strategic challenges (SC):

• Nashville landscape – there are many hospitals, with so many in the area, we are all competing for the same resources
• Community perception of the service quality of a city hospital
• Disproportionate payer mix
• Footprint – no satellite clinics
• Age of the physical plant/aged IT infrastructure and Equipment

NGH Strategic advantages (SA):

• Talented, strong leadership team
• Clinical expertise
• Privilege of focus due to size, whereas other much larger facilities take longer to accomplish the same objective

P.2c Performance Improvement System

NGH’s systematic approach to continuous process improvement is Plan-Do-Study-Act. NGH improves through PDSA and the use of industry standard quality tools such as root cause analysis, best practice sharing, and evidence based research and practice models. When a process has been identified as not meeting customer or operational needs, or there exists a defect in the process outcome, staff uses PDSA to develop improvements. Collaborative improvement teams analyze existing processes and recommend changes. Hospital wide improvement projects are reported to and overseen by the Quality Management Council (QMC). In 2015, NGH further enhanced their approach to process improvement by training designated staff to be LEAN coaches. Coaches serve as improvement advisors and assist the organization in providing a more value-added, customer-focused service.
1. Leadership
1.1 Senior Leadership: How do your senior leaders lead the organization?
NGH Senior Leaders, known as the Executive Leadership Team (ELT), in conjunction with the Board of Trustees (BOT), establishes direction for the organization through the strategic planning process (SPP, Figure 2.1-1). It is here that stakeholder and various performance inputs are taken into consideration to determine short and long term action plans. ELT then guides the organization by intentionally aligning actions with the mission and strategic plan. This alignment creates a focus on achievement of long term goals while providing leaders at all management levels a “checklist” in which to gauge their decisions. Any time a leader takes an action or makes a decision they ensure it supports the mission; it supports the organizational goals, and it is in keeping with our values.

1.1a(1) Vision, Values, and Mission
The MVV are reviewed during the SPP and any changes are recommended to the BOT for final approval. The mission statement was refined in late 2015 to reflect the three reasons NGH exists: to provide equitable access to coordinated patient-centered care, support tomorrow's caregivers, and translate science into clinical practice. The vision was also revised to reset the organization’s aim, to become a leader in community healthcare, “One neighbor at a time”.

The MVV are who we are; it’s what we do. As such, they are formally introduced as the first agenda item at New Hire Orientation (NHO). The mission can be heard being recited at huddles, committee meetings, and staff meetings. The MVV are deployed as depicted in Figure 1.1-1.

1.1a(2) Promoting Legal and Ethical Behavior
Senior Leaders promote an environment committed to legal and ethical behavior through personal actions, setting clear expectations, and ensuring availability of resources. Honesty and integrity in all we say and do are among NGH’s values. Every year ELT disclose conflict of interest, review and uphold policies regarding behavior, privacy, and conduct. ELT actively participate on the monthly Patient Rights and Ethics Committee. The Compliance Office ensures resources such as the compliance hotline are available, monitored and investigated.

1.1a(3) Creating a Successful Organization
NGH’s efforts to build an organization that is successful now and in the future start with their vision. This vision is a goal intended to inspire and raise performance throughout the organization.

![Figure 1.1-1: MVV Deployment](image)

The SPP is used to address organizational success as it is during this process that current performance is assessed and short and long term action plans are developed. Cascading and aligning of strategic objectives to achieve these plans enables an environment of empowerment and contribution from the workforce.

NGH uses the Baldrige Framework as a self-assessment tool. ELT meets bi-weekly to identify and prioritize actions to improve future self-assessments. Six criteria teams, one team for each process category, were also established. The teams consist of mid-level managers led by an ELT member. The teams initially identified strengths and opportunities for improvement against the Baldrige Framework. The criteria teams now serve ad hoc, activated when needed by the chairing ELT member.

1.1b(1) Communication
Communication in healthcare facilities is essential due to the fact they operate 24/7. Ensuring the entire workforce receives the same message, and the opportunity to provide valuable feedback, is important to organizational success. ELT’s approach for communication with the workforce, their patients, and key stakeholders are depicted in Figure 1.1-2. Face to face venues are preferred as it allows for two-way communication, but not always an option.

Communication is also cascaded. An example would be the sharing of a key decision during an ELT meeting. Key decisions made during a weekly CEO brief, would be cascaded from ELT to their direct reports, who in turn share information with their staff.
1.1.1b(2) Focus on Action
ELT creates a focus on action to achieve the organization’s mission through the four strategic pillars: People, Service, Quality, Stewardship and the objectives in each area. ELT shares the organization’s strategic plan with every leader at the Leadership Retreat. ELT reviews their administrative scorecard with their direct reports who in turn develop department level scorecards. These scorecards, along with the corresponding indicators which the cards are used to track, provide alignment toward strategic objective achievement from the organizational level to the departments. Department leaders are expected to work with their staff to ensure individual performance goals align with, and support, the strategic goals.

1.2 Governance and Societal Responsibilities:
How do you govern your organization and fulfill your societal responsibilities?

1.2a(1) Governance System
NGH is governed by an appointed 7 member Board consisting of that described in section P.1b(1). The officers of the BOT include a Chairperson, Vice-Chairperson, and a Secretary.

The Chairperson is selected by a majority of the members of the board and presides over all board meetings. The hospital’s Chief Executive Officer (CEO) serves as the MNHA’s Chief Administrative Officer and is responsible to the board for the administration and execution of its programs and policies. Regular board meetings are held at least quarterly. The BOT approves the organization’s strategic plan and monitors performance against it. The BOT oversees the organization’s performance in the areas of fiscal integrity, regulatory compliance, quality metrics, and medical staff service and credentialing.

1.2a(2) Performance Evaluation
The BOT evaluates the CEO through its Chairperson as outlined in the Rules and Regulations of the Hospital Authority of Metropolitan Nashville and Davidson County. The CEO annually evaluates members of the ELT using the Job Performance Evaluation Form.

1.2b(1) Legal, Regulatory, and Accreditation Compliance
NGH employs many approaches to anticipate and address public concern with health care services and operations. Quality of care is a primary public concern. It is similarly as important to NGH who participates in The Joint Commission’s (TJC) voluntary accreditation process. TJC is an independent entity whose accreditation and certification are recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. TJC accreditation cycle is every three years.

Other approaches to address public concern are the Quality and Risk Management processes which are overseen by the Quality Management Council (QMC) and Environment of Care (EOC) Committee. The QMC and EOC are multi-disciplinary teams consisting of representatives from across the organization. Measures undertaken by these teams include chart audits, patient tracers, and routine facility inspections, all measurements of quality care delivery and a means to identify possible patient or workforce safety risks. Results are reported monthly to the governing committee and maintained on file in the Quality Department.

A proactive measure to anticipate and address public concern with future health care services is the Community Town Halls. Annually, the CEO hosts scheduled “Town Halls” at primary service area locations to solicit feedback from the community.

<table>
<thead>
<tr>
<th>Communication Mechanisms</th>
<th>Patients</th>
<th>Employees</th>
<th>Physicians</th>
<th>Suppliers</th>
<th>Governance</th>
<th>Community</th>
<th>Frequency</th>
<th>Flow</th>
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<tr>
<td>New Hire Orientation</td>
<td>X</td>
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<td>Community Town Halls</td>
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<td>Super Sixties Luncheon</td>
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<td>CNO Chat Sessions</td>
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<td>2</td>
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</table>

Legend: A = annual, Q = quarterly, M = monthly, W = weekly, D = daily. Communication Flow: 1 = one way, 2 = two way.
These discussions allow for two-way communication with former, current, and potential patients which provides valuable feedback included during the SPP. ELT serve on community boards, advisory committees, compliance boards, and other community assemblages, all opportunities for NGH to listen and learn of customer requirements or anticipated concerns.

1.2b(2) Ethical Behavior
NGH promotes and ensures ethical behavior beginning at NHO where every employee receives an Employee Handbook and expectations of employee conduct and Conflict of Interest are introduced. The Compliance Officer discusses regulatory and ethical matters to include HIPAA, EMTALA, and the whistle blower act. New hire employees sign a code of conduct and a confidentiality and security agreement. Staff is educated regarding the compliance hotline which is a dedicated phone line for anyone to report questionable conduct or behavior not in keeping with NGH values and policies. Legal and ethical behavior is reinforced through:

- mandatory annual completion of HIPAA, compliance, and patient rights through the electronic learning system
- adherence to established policies and procedures.

Risk Management conducts random chart audits for possible privacy breaches. Suspected breaches are investigated and addressed through the disciplinary system. Intentional breaches result in termination as there is zero tolerance for that behavior.

The Compliance Officer monitors the hotline and investigates all messages. Individuals leaving their contact information receive a thank you call for voicing their concern and are later contacted to acknowledge investigation completion. The Compliance Officer communicates any founded ethical violations to the BOT and ELT.

The seven-member, voluntary BOT are all independent board members. As with ELT, new BOT members acknowledge and complete a Conflict of Interest Form. Purchasing Department personnel also disclose Conflict of Interest.

1.2c(1) Societal Well-Being
NGH is committed to improving community health and societal well-being. March 2016 NGH became a milk depot, the first step in helping to establish a breast milk bank in the state. Breast milk banks provide premature and other at risk babies the life-saving human milk they need. There are only 18 milk banks in the U.S.; a milk bank in Tennessee means the ability to better serve medically vulnerable babies across the state.

The organization contracts with vendors experts in the disposal industry to ensure safe disposal of potentially hazardous wastes to include chemical, pharmaceutical, nuclear radiation, and solid waste products.

1.2c(2) Community Support
The city of Nashville, specifically the zip codes immediately surrounding NGH, represent our key communities. Aside from the substantial charity care, NGH supports key communities through annually scheduled events such as community fairs, wellness screenings, and health education opportunities. Offered screenings and educational events include blood pressure and glucose screenings and educating the public on illness prevention, various signs and symptoms, and hospital provided services.

NGH’s approach to systematically support and strengthen key communities begins at strategic planning where focus is on the community needs and its overall health. Analyzing the top admitting diagnoses assists in determining possible measures to improve community wellness. This data, and state data, is examined on an ongoing basis. The resultant information is used to determine community outreach activities for the year and the possible need for new service lines.

NGH also provides community support through FIG, its 501c3 arm. FIG works with national and local organizations to raise money for capital improvements and special projects. The funds raised further extend NGH’s ability to meet its mission. An example of a special project was the creation of the Oncology Fund in 2014. This fund was established through donations received from Team Chad, an organization dedicated to serving patients and families impacted by cancer. The Oncology Fund assists cancer patients who incur unanticipated expenses, other than tests and treatment. The fund is intended to ease the patient’s burden and allow them to focus on fighting disease.
2. Strategy

2.1 Strategy Development: How do you develop your strategy?

2.1a(1) Strategic Planning Process
During the time the city was evaluating to what degree they should offer healthcare services, the hospital endured years of interim senior leadership. “Restructuring consultants” were contracted to determine the viability of the hospital’s future. As a result, there was a multi-year gap in which strategic planning did not occur. In late 2014, the commitment was made that NGH would remain a full service hospital. A permanent CEO was employed and NGH held the first strategic planning session in the fall of 2015, six years since the last one.

The BOT and ELT met to review performance, assess the healthcare landscape, consider strategic challenges and advantages, and establish a plan to move forward. In alignment with the NGH’s pillars: People, Service, Quality, and Stewardship, the BOT had set five year goals.

2.1a(2) Innovation
Innovation is incorporated during the SPP in the evaluation phase. It is here that gathered data is reviewed and analyzed for strategic opportunities. At the 2015 strategic planning retreat, information regarding best practice, research data, and NGH’s current Emergency Department (ED) utilization was used to determine the need to establish a certified Patient-Centered Medical Home (PCMH). The PCMH would be an ideal fit as many of our patients have chronic conditions that can be more effectively and efficiently managed through a PCMH rather than an ED crisis visit.

2.1a(3) Strategy Considerations
Patient, workforce, and stakeholder preferences and requirements are acquired via a number of Communication Mechanisms (Figure 1.1-2). This information is used to determine gaps and opportunities between community needs and offered health care services.

2.1a(4) Work Systems and Core Competencies
NGH’s key work systems are the Healthcare Delivery and the Service Support Systems which are supported by the processes referenced in 6.1.

2.1b Strategic Objectives

2.1b(1) Key Strategic Objectives
The organization’s long term goals, key objectives and timetable for achieving them are outlined in the strategic plan summary (Figure 2.1-2).

2.1b(2) Strategic Objective Considerations
The intentional selection of measures that support each of the long term goals: One of Nashville’s Best Places to Work, An Exceptional Patient Experience, Quality Care and Outcomes, and Improving Fiscal Responsibility, ensures a focus on creating and balancing value for patients, the workforce and stakeholders.

2.2 Strategy Implementation: How do you implement your strategy?

2.2a(1) Action Plans
Key short and long-term action plans are included on the strategic plan summary (Figure 2.1-2). ELT develops long-term action plans. One ELT member is assigned as primary owner of each action plan and has overall responsibility to ensure completion.

2.2a(2) Action Plan Implementation
Department leaders (DLs), working with their respective ELT, develop action plans to support the long term action plans and overall strategic objectives.

ELT create administrative scorecards to monitor the performance of indicators which will drive the performance indicators. DLs create scorecards that support their ELT’s scorecard and the overall strategic goals. The scorecards provide a tool for monthly and quarterly review at the unit and executive levels. Scorecard review enables measures not performing to target to be promptly identified and addressed.
The cascading of goals and plans ensures alignment throughout the organization. Huddle boards with key performance indicators aligned with the hospital’s goals have been deployed in a number of departments. The huddles allocate intentional time for daily review of key performance indicators. The huddle boards provide an avenue for innovation from front line staff, the individuals most aware of day to day challenges that effect organizational performance.

2.2a(3) Resource Allocation
Financial and other resources needed to support action plan achievement are budgeted during the annual budgeting process. DLs submit preliminary budgets to their ELT member and Finance for review. The draft budgets are based on our prior year’s performance and include projected resources for strategic action plans. Following review and approval, department budgets are rolled into one organizational budget and submitted to the city.

Capital dollars, and a portion of operating dollars, are allocated from the city’s budget which consists of predominantly tax dollars and bonds. NGH competes for funding with other Nashville Davidson County government departments (fire, police, parks, etc.). The city budget approval process is in June and the hospital’s fiscal year begins in July. Resource allocation review is part of the SPP discussions.

2.2a(4) Workforce Plans
DLs work with their ELT member to identify resources needed to accomplish their action plans. Should there be a need to change workforce capacity or capability; potential staffing changes are collaboratively addressed by action plan leaders and Human Resources (HR).

2.2a(5) Performance Measures
The key performance measures used to track achievement and effectiveness of action plans are shown in Figure 2.1-2.
2.2a(6) Performance Projections
NGH targets are our performance projections. Figure 2.1 reflects the target for our next fiscal year. Due to the lapse in strategic planning, changing to different vendors for survey data collections, and other factors, NGH had to first establish a baseline which is also indicated.

2.2b Action Plan Modification
There may be times when change to an action plan is needed such as, customer needs change or market opportunities arise. When this occurs, the information is brought forward and shared with ELT. Current strategies and data are reviewed against the needed change in direction. Recommended changes are considered and action plan adjustments are made. An example of this was in 2015 when NGH decided to design and offer an employee wellness program. Initially, a consultant was obtained to propose and implement the program. ELT reviewed the project timeline versus project status and the potential opportunity to expand this program city wide. Based on these reviews, the decision was made to use internal resources to develop the wellness program. NGH has the talent to roll out a wellness program that is top-notch, cost effective, and with quality outcomes.

3. Customers
3.1 Voice of the Customer: How do you obtain information from your customers?
3.1a Listening to Patients and Other Customers

3.1a(1) Listening to Current Patients
NGH uses several mechanisms (Figure 1.1-2) for customer listening and to obtain actionable information. Feedback comes from current patients by way of patient satisfaction surveys, patient rounding, community surveys, and social media.

- Patient Satisfaction Surveys: NGH engages Press Ganey (PG) to conduct a formal telephone survey. Surveys are tailored to the setting in which the service was provided. For example, inpatient units participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys. HCAHPS is a CMS initiative to provide a national, standardized collection of patient satisfaction scores for anyone to access through the Hospital Compare or the Medicare Web sites. In 2016, NGH contracted with a third party vendor to survey Outpatient, Emergency Department, and Physician Clinic patients.

- Patient Rounding: Nurses round hourly on their patients and Nurse Managers round daily on all patients on their units. This enables face to face, real time feedback from patients and assists with service excellence.

3.1a(2) Listening to Potential Patients
NGH captures actionable information from potential customers by way of health fairs, community town halls, super sixties luncheons, and social media.

- Community Surveys: Participants in community events such as health fairs are asked to complete a five-question open-ended survey.

- Website: Customers may provide NGH feedback via our website or Facebook page. Social media options are monitored by the PR Director who receives immediate notification and responds as appropriate.

3.1b Determination of Patient Satisfaction and Engagement
3.1b(1) Satisfaction, Dissatisfaction and Engagement
The primary listening mechanisms NGH employs to determine patient satisfaction, dissatisfaction and engagement are nationally administered patient surveys as explained in 3.1a(1). Survey data and verbatim comments are reviewed monthly. The results are trended, presented at QMC, and shared with DLS. Patient satisfaction and dissatisfaction is also assessed through feedback obtained through face-to-face events such as Nurse Manager patient rounds and Community Town Halls.

3.1b(2) Satisfaction Relative to Competitors
NGH obtains information on patient satisfaction relative to other organizations via the information provided by our patient satisfaction vendor. NGH is able to benchmark patient satisfaction results against other hospitals the same size, nationally and locally with facilities in the large PG data base.

3.2 Customer Engagement: How do you engage patients by serving their needs and building relationships?
3.2a Service Offerings and Patient Support
3.2a(1) Service Offerings
Healthcare services offering are determined based on similar offerings for an acute care hospital and during the SPP. NGH identifies and adjusts health care service offerings, to include new service offerings, through the SPP. During the SPP process, gaps in
service offerings may be identified as are innovation opportunities to attract new patients. An example of an innovated opportunity to better serve our patient population was the April 2016 opening of an on-site outpatient pharmacy. This new service offering, located on the first floor prior to leaving the clinics, will improve patient compliance with medication regimens which will lead to better outcomes.

3.2a(2) Patient Support
NGH uses multiple mechanisms to enable patients to seek information and support. Patients at all stages, current, former, and potential, access information through the hospital website, educational brochures, guest services packets, health fairs, wellness screenings, and community outreach.

The Public Relations and Marketing Department, working collaboratively, with the Information Technology (IT) Department, are currently redesigning the hospital website to create a friendlier, more robust navigational tool for patient information.

3.2a(3) Patient Segmentation
NGH determines patient groups and market segment during the SPP. During the Assessment Phase, information such as utilization patterns, referrals, and other market data are analyzed. The analysis enables ELT to validate current patient groups and identify possible future groups. Future opportunities are based on a review of strategic opportunities and advantages, competitive position, the organization’s capability and the potential for growth.

3.2b Patient Relationships
3.2b(1) Relationship Management
Relationship building is important to many businesses and in healthcare even more so. Hospitals care for people who often are at their most vulnerable. Trust is integral to the healing process; trust and belief in one’s care team. NGH nurtures relationships with patients serving them with dignity and guided by our CHART values.

NGH’s first step in building and managing patient relationships begins with a friendly smile. A greeter welcomes customers upon arrival. The greeter aids with way finding, assists wheelchair patients, and helps relieve patient anxiety for any overwhelmed customer entering a healthcare environment for the first time. Relationship building measures includes courtesy valet parking, the use of AIDET, patient room whiteboards to keep them informed of their care, Nurse Manager and Patient Advocate rounding.

A 2016 cycle of learning to enrich our relationship building, was the addition of a full time Patient Advocate. The Patient Advocate proactively rounds on patients their second day of admission. This provides the patient a personal resource and an avenue to voice any dissatisfaction, a proactive step to effectively manage any concerns before it becomes a complaint.

The annual Celebration of Life event is one of our pinnacles in relationship building. This event recognizes and honors current and former oncology patients and their families for their courageous battles. Often at this event it is the patients who turns the tables and celebrates their caregivers.

3.2b(2) Complaint Management
At NGH, patient advocacy is everyone’s responsibility. Employees are trained and empowered to resolve complaints as close to real time as possible. Using this service recovery method, complaints are addressed at the lowest possible level. If resolution is not possible, the complaint is escalated through to the DL and ultimately the Patient Advocate if necessary.

The Patient Advocate maintains a log of all complaints and this year began trending complaints by location and nature of the complaint. This information is available on site.

4. Measurements, Analysis, and Improvement of Organizational Performance
4.1 Measurement, Analysis, and Improvement of Organizational Performance: How do you measure, analyze, and then improve organizational performance?

4.1a(1) Performance Measurement
Healthcare management is data driven and monitoring performance indicators is essential to driving improvement. During the SPP, ELT determine the indicators to be tracked that represent the key measures of success as it relates to the strategic goals (Figure 2.1-2). Once the hospital scorecard is established it is shared with DLs and unit level scorecards are created. This allows the corresponding measures of success to be tracked to the unit level.
Clinical and operational information systems collect and store data using standard data definitions. Information for tracking daily operations and overall organizational performance are captured and retained in several databases for aggregation, analyzing, and easy access. Leaders can review standard reports such as: daily census, length of stay, volumes, and revenue and expenses.

4.1a(2) Comparative Data
NGH selects and uses comparative data from various sources state and national sources such as TJC, CMS, CDC, NHSN, THA, and Baldrige award winners. ELT determine comparative data sources to be used to provide best practice and benchmarks. Using evidence-based, best practices and comparisons to top performers allows NGH to know the gap between current performance and what is needed to achieve top level performance. Indicators are reviewed monthly and quarterly and gaps between performance and targets are explored.

4.1a(3) Patient Data
NGH obtains VOC data from the various sources noted in Figure 1.1-2. Information obtained via VOC is shared with DLs at morning huddle, the monthly manager’s meeting, and monthly QMC meetings. VOC information is shared with physicians at the monthly Chief’s Breakfast and Medical Executive Committee Meetings. Reports such as the HCAHPS are trended over time and compared to like facilities. This information is used to review patient identified opportunities for improvement. Using this information DLs and physicians can establish improvement priorities and action plans. The May 2016 remodel of the Women’s Services Unit was a result of VOC feedback received from former patients and physicians.

4.1a(4) Measurement Agility
As a result of the years that NGH did not participate in a SPP, functions of the performance measurement system are being rebuilt. Using the Baldrige Framework to identify opportunities in current performance, NGH’s plan is to evaluate the performance measurement system annually. The regularly scheduled organizational performance reviews will ensure NGH is able to respond to unexpected organizational or external changes.

4.1b Performance Analysis and Review
NGH assesses and monitors organizational performance through scheduled reviews. Meetings held by the ELT member responsible for oversight, provide updates that address performance in areas that include clinical outcomes, utilization management, revenue cycle performance, and the status of human resource initiatives. These reviews allow for evaluation of performance, trends, and how the organization is performing against established targets. This provides ELT a snapshot of our strategic progress and organizational success.

NGH also uses the Baldrige Framework and best practices utilized by Malcolm Baldrige recipients to assess organizational performance.

4.1c Performance Improvement
4.1c(1) Best Practices
Best-practice sharing is facilitated through reports, monitored metrics, and dashboards reviewed during Quality Management Meetings. DLs discuss current performance and trends. This provides an environment for similar type units to share information. Members also share benchmarks for monitored indicators obtained through their respective professional associations and share best practice knowledge obtained at professional seminars.

4.1c(2) Future Performance
NGH projects future performance based on historical data, trends, utilization, and growth opportunities. During the SPP possible changes on the horizon are also considered they may impact performance.

4.1c(3) Continuous Improvement and Innovation
NGH uses performance review findings to establish improvement priorities based on the performance of the measure. Measures falling below target are identified for swift corrective intervention.

4.2 Knowledge Management, Information, and Information Technology: How do you manage your organizational knowledge assets, information, and information technology infrastructure?
Accurate and timely information is essential to accomplish our mission. Physicians, nursing, support staff, administrators, must have the proper data available and in a format they can use.

4.2a Organizational Knowledge
4.2a(1) Knowledge Management
NGH manages organizational knowledge through a centralized IT department, standardized IT products and software, common enterprise information systems, meetings, education, and policies.
4.2a(2) Organizational Learning
Data and information are made available to drive fact-based decision-making, clinical care decisions, workforce education, performance improvement, and operational efficiency. Knowledge and resources are used to embed learning in a variety of ways. For example, the EMR is used across the continuum of care providing all clinicians with the same, real-time information to support coordinated care. Upon patient admission, medications are reviewed to see if any should be withheld during the hospital stay. This is referred to as medication reconciliation. This process is performed when a patient is transferred between units and again when they are discharged to ensure the patient is not overmedicated or receiving contraindicated medications.

4.2b Data, Information, and Information Technology
4.2b(1) Data and Information Quality
NGH ensures data integrity and accuracy through workforce training, systems checks and balances, required fields, user-friendly dropdowns and random audits. Data flow from the hospital information system (HIS) is available in most instances instantly because the modules are integrated or through the use of interfaces. In some instances, such as billing data which is sent in batches or through file transfer protocol (FTP) feeds, information is available for the end user within 24 hours.

4.2b(2) Data and Information Security
Security of sensitive or privileged data is ensured through multiple measures. NGH maintains password requirements that expire every 90 days. Employees sign confidentiality and security statements, and computer stations are set to timeout when not in use. Virus protection and malware are used to prevent unauthorized access to systems. Measures for physical data security include locating the primary network off-site as it resides at the city’s data center. Local network equipment is placed in secured locations with physical locks.

4.2b(3) Data and Information Availability
NGH ensures the availability of organizational data and information by maintaining nightly backups of our critical systems. Availability is also ensured as network equipment is located at the Nashville Metropolitan Government Data Center. All data and information in the HIS is backed up nightly. In the event of a system failure NGH would revert back to the most recent backed up data.

4.2b(4) Hardware and Software Properties
NGH ensures that hardware and software are reliable, secure, and user-friendly through the use of policy and procedures and IT standards. Firewalls, anti-virus/spam filters and other technology provide further system protection. The IT department pushes patches and updates to ensure a safe network environment.

4.2b(5) Emergency Availability
As part of emergency preparedness, critical systems are backed up nightly. In the event of a planned or unplanned downtime, to ensure continuity of care, all departments remain consistent through the use of pre-established downtime procedures. NGH servers are virtualized which allows for easier replication and faster deployment in the event of an outage.

5. Workforce
5.1 Workforce Environment: How do you build an effective and supportive workforce environment?
The extended years of interim senior leadership severely impacted the workforce. Lack of stable leadership coupled with the city’s uncertainty to remain in the healthcare business created a challenging work environment. In 2015 when a permanent CEO was obtained, he inherited a workforce that was mission-driven at its core but had dredged through a period in which many foundational elements characteristic of high-performing organizations were absent. The aim quickly became to build an empowered and effective workforce. Staffing capacity and capability needs were considered. Vacant positions and vital roles, once filled by contract staff, were assessed against the hospital business model. At the strategic retreat and subsequent strategy meetings, workforce was and is considered against action plans. The revised MVV provided the workforce with an identity and direction.

5.1a Workforce Capability and Capacity
5.1a(1) Capability and Capacity
The systematic approach to workforce capability and capacity begins with business need. For example, in 2016 when NGH converted to all private rooms, another unit was opened to allow for the same bed capacity. The CNO, working collaboratively with HR, identified staffing compliment to include number of staff and skills. Capability was based on the unit type, medical/surgical, and competency-based job descriptions were used to outline position requirements. Staffing level was determined using standard industry staffing ratios.
5.1a(2) New Workforce Members
Open positions are posted internally for seven days. Recruitment also occurs externally through employment websites, job fairs, and affiliation with various higher education institutions. HR initially screens candidates for skills match and if they align with the position requirements are referred to the DL for interviewing.

Once an applicant is selected, the unit DL works with HR to complete the hiring process. This portion of the process includes background check, an alcohol and drug screen, and a licensure check when applicable.

Physician recruitment happens in two ways. NGH either works jointly with their MMC partners to obtain the needed medical specialty or the medical specialty is provided through one of the credentialed community physicians.

5.1a(3) Work Accomplishment
NGH organizes and manages the workforce by aligning the various departments with respective ELT members. This structure groups units of similar function together: nursing services, ancillary services, information and support services. Work management is accomplished through rounding, protocols, and policies and procedures.

Departments and service lines work collaboratively to fulfill their mission of providing coordinated, patient-centered care. These efforts are demonstrated from the onset of patient admission when a multidisciplinary team agrees on the best care plan goals for their patient.

Workforce members know it is a team effort to accomplish our work. Though they may not be providing direct patient care, they realize supporting the people who do is their contribution to the care team.

5.1a(4) Workforce Change Management
NGH prepares the workforce for changing capability and capacity needs through cross-training and the use of PRN staff. A cross-trained workforce allows for the ability to deploy staff to other areas of the hospital. Such an event, on a more short-term timeframe, recently occurred in the Emergency Department (ED). Due to unpreventable circumstances, the ED experienced a staffing crisis. When word got out, nurses from Infection Control and Nursing Education, previously trained ED nurses, arrived to help provide care.

The Daily Census Report is sent every morning to leaders and reviewed for possible staffing change needs. NGH is previewing productivity tools to assist in providing real time productivity data. Position Authorization Forms (PAF) must be submitted to ELT for any vacant or new position. This allows for oversight and if needed, potential workforce reduction to be managed through attrition.

5.1b Workforce Climate
5.1b(1) Workforce Environment
NGH ensures workplace health, security and accessibility through the Environment of Care Committee (EOCC). The EOCC consists of Employee Health, Emergency Management, Security, and multidisciplinary representation from across the hospital. The EOCC meets monthly to review workplace environment data and conducts monthly department surveillance rounds to ensure the environment is safe for patients and the workforce.

Workplace health includes offering staff free flu vaccinations and other vaccines for their protection. NGH is in the process of offering a workforce wellness program. The program enables employees to complete an annual health screening/assessment to include blood pressure, glucose and biometric screenings. Participants have access to programs and activities such as smoking cessation, nutritional counseling, fitness classes, and the PCMH.

NGH conducts safety and security drills to include fire drills, mass casualty, and workplace violence. Security measures include the use of electronic badge access which limits access in secured areas (pharmacy, ED, etc.) and hospital entry after-hours. Departments with a high potential for violence receive de-escalation training. Departments at high risk also have panic alarms installed to alert security to threatening circumstances or may have security personnel stationed there.

NGH ensures workplace accessibility by compliance with ADA standards. ADA and ergonomic assessments are provided upon request.

5.1b(2) Workforce Benefits and Policies
Workforce is supported by services, benefits, and policies, some of which also encompass the employee’s family. The workforce benefits package includes medical, dental, life, and the Employee
Assistance Program (EAP). Vision coverage, short and long term disability, and flexible spending accounts are also offered. Paid vacation and sick days, leave of absence policies, and retirement benefits bring balance to work and home life.

A popular benefit offering is the Metro Incentive Program. This program gives employees, and their family, the ability to access NGH providers and facility resources without incurring any co-payments or deductibles.

5.2 Workforce Engagement: How do you engage your workforce to achieve a high-performance work environment?

5.2a. Workforce Engagement and Performance
NGH knows that an engaged workforce is a high-performance workforce. Workforce engagement is one of our primary focus areas and cultivating and retaining a team of engaged and empowered employees is a priority. Lead by Human Resources, NGH engagement efforts are in the early stages. In March 2016, the first engagement survey was administered; NGH is holding a leadership retreat and will review the results and determine next steps.

5.2a(1) Organizational Culture
NGH is striving for an organizational culture characterized by open communication, high performance, and an engaged workforce. ELT believes an informed workforce is an engaging workforce. Figure 1.1-2 shows the communication mechanisms used to ensure information sharing. DLs participate in various communication venues to include staff meetings, huddles, and department newsletters. As NGH continues their pursuit of service excellence, transparency and communication continue to be emphasized.

5.2a(2) Drivers of Engagement
To determine the key drivers of workforce engagement NGH contracted with a third party vendor. Survey results are shared with the respective DLs. NGH is contracting to have a physician engagement survey administered in the near future.

5.2a(3) Assessment of Engagement
NGH uses formal and informal mechanisms to assess employee engagement; the formal process being the annual employee engagement survey. In addition to this survey, NGH reviews and considers retention, absenteeism, injuries on duty, community event participation, and performance evaluations to be employee engagement indicators.

5.2a(4) Performance Management
The workforce performance management system supports high performance and workforce engagement. This is accomplished through job descriptions, position-specific competencies, goal setting, counseling, and performance reviews. Job descriptions include organizational and job specific expectations. Skills and competencies specific to each position accompany the annual review process. Performance assessment is continuous. Leaders are expected to assess, coach, and if needed, provide additional training or an improvement plan. The immediate supervisor conducts a formal performance evaluation annually. New workforce members are evaluated at the second and fifth months of employment.

NGH has an HR Steering Committee currently considering the best means to recognize high performance. Presently, high performance is recognized in the hospital newsletter and during huddles.

5.2b Workforce and Leader Development
5.2b(1) Learning and Development System
NGH deploys various approaches to learning and development which support the organization’s needs and the personal development of our workforce. Learning and development begins at NHO with introduction to our MVV. NHO and the annual online education program addresses ethics, safety, HIPAA, and other mandatory learning.

Learning and development is addressed through organizational events such as skills fairs and the Back to Basics course offered earlier this year. These approaches are used to reinforce knowledge required to provide safe, quality care.

DLs budget for external learning and development needs based on the strategic plan. An example was the strategic initiative to establish the PCMH. Needs were assessed, finances budgeted, and resources identified to be trained in the PCMH standard elements.

5.2b(2) Learning and Development Effectiveness
NGH evaluates the effectiveness and efficiency of learning and development programs by ensuring specific learning objectives are obtained. Measures used to determine learning and development effectiveness include post-tests, skills demonstration, and course surveys. The effectiveness of the learning and development system is reflected in the
organization’s overall performance.

5.2b(3) Career Progression
Career progression is managed during the Performance Management system. Career goals are discussed as part of performance counseling and annual evaluations. An individual identified as a potential candidate for training and advancement opportunities is assessed for mutual interest. This enables a balance of individual growth and organizational needs.

6. Operations
6.1 Work Processes: How do you design, manage, and improve your key health care services and work processes?
Key health care service and work processes are those that support our MVV, strategic goals, and provide value to the through direct patient (and community) service. Services and processes are considered annually during the SPP.

6.1a Service and Process Design
6.1a(1) Service and Process Requirements
NGH determines key health care services as stated in 3.2a(i). Work process requirements are determined through patient, workforce, and stakeholder feedback. In considering process requirements, industry standards and regulatory requirements are also considered.

6.1a(2) Design Concepts
NGH designs health care services and work processes using the PDSA methodology. Committees or teams work together to design and execute. Requirements such as resources, training, stakeholder expectations, and data to be monitored are all considered. Timelines are set and the new service or process is implemented. The new process is evaluated for effectiveness and if needed, adjustments are made.

6.1b Process Management
6.1b(1) Process Implementation
NGH ensures that work processes meet key process requirements by standardizing the process during design phase. Standardization is necessary to reduce variation and therefore ensure expected outcomes. This is accomplished through policies and procedures, standard work, and workforce training.

6.1b(2) Patient Expectations and Preferences
Patient expectations and preferences are addressed from admission through discharge on every patient visit. Asking for the patient’s preferred learning language, the use of AIDET, and development of individualized care plans are some of the various approaches NGH uses to address preferences and expectations.

6.1b(3) Support Processes
Support processes are reviewed during the SPP. NGH determines support processes as being those that enable the healthcare services to operate effectively and efficiently.

6.1b(4) Service and Process Improvement
NGH improves work process through PDSA and the use of LEAN tools. PDSA provides a simple approach to organizing improvement ideas and deploying them into practice. Complex projects are assigned to an ELT member and a designated team however, NGH realizes that workforce members closer to the work processes are those most likely to have innovated ideas and solutions. Frontline improvement teams are encouraged and preferred.

6.1c Innovation Management
NGH manages innovation through knowledge sharing, the PDSA process, and during the SPP when strategic opportunities are brainstormed and identified.

6.2 Operational Effectiveness: How do you ensure effective management of your operation?
6.2a Proficiency and Effectiveness
Labor and materials are the biggest line items on an expense sheet. NGH cross trains staff, minimizes agency staff use, and leverages our GPO’s buying power to help control overall cost of operations.

6.2b Supply-Chain Management
Led by the Director of Materials Management, NGH manages the supply chain through our GPO relationship, inventory management, contracts, inventory reporting and the use of a medical equipment procurement advisory service.

6.2c Safety and Emergency Preparedness
6.2c(1) Safety
NGH provides a safe operating environment through EOC and improvement initiatives. EOC rounds and root cause analysis (which are conducted on all significant events) provide a systematic approach for monitoring and ensuring safety. An example of a real time analysis implemented in early 2016, is that nursing now conducts an immediate post-fall huddle to determine the root cause of any patient fall occurring on a unit. The contributing process failure is immediately shared with other nursing units and any needed changes implemented.
6.2c(2) Emergency Preparedness
NGH ensures organizational disaster preparedness through the Emergency Management Plan (EMP). The EMP covers four areas of effective emergency management: preparedness, response, recovery, and mitigation. NGH participates in tabletop and actual disaster exercises internally and with the community.

7. Results
7.1 Health Care and Process Results
Quality care is a hospital’s “core” business, thus hospitals measure the quality of care through “Core Measures”. Core measures are a CMS requirement with various measure sets. Figures 7.1-1 and 7.1-2 reflect results for two of the NGH core measures.

In the hospital, a patient is treated for their original admitting diagnosis however, for various reasons they may be considered a fall risk during their stay. A Fall Prevention Program is a patient-focused safety measure and at NGH it is assessed through the National Database of Nursing Quality Indicators (NDNQI).

The implementation of the “Falls huddles”, described in 6.2c(1), has contributed to decreasing falls and increasing patient safety (Figure 7.1-3).

NGH launched a hand hygiene campaign in late 2015. The initial goal was to establish a baseline by performing objective hand hygiene observations. Figure 7.1-4 demonstrates an increase in hand hygiene compliance from the 37% baseline to the mid 60% range. This is an ongoing improvement effort.

7.2 Customer-Focused Results
Figures 7.2-1 and 7.2-2 illustrate HCAHPS results for Overall Hospital Rating and Willingness to Recommend which represent satisfaction and customer loyalty respectively. The percent shown reflects the “Top Box” score which is the percentage of respondents who gave the highest possible rating on the scale being used.
NGH recently received the results from the first employee engagement survey administered at the hospital. Workforce engagement results are being shared with the DLs. Next steps and action plans will be discussed at the leadership retreat.

7.4 Leadership and Governance Results
NGH participates with The Joint Commission (TJC), regarded as the gold standard for accreditation of healthcare facilities. In addition to TJC, NGH pursues additional voluntary accreditations to enhance community trust of quality service offerings. Results in figure 7.4-1 reflect meeting 100% of accreditation goals.

Organizational ethics express the values of an entity to its employees through their organizational behaviors and business integrity. NGH’s ethics are interdependent with their culture (Figure 7.4-2).

7.5 Financial and Market Results
As a safety net hospital, NGH has a larger than average amount of uncompensated care. Declining reimbursement challenges coupled with, when or if, the state will ever expand their Medicaid Program (TennCare), NGH must bridge the gap between city funding and revenue shortfall. Figures 7.5-1 reflect gross days in accounts receivable. Computer conversion in early
2015 and ICD-10 later that year negatively impacted AR.

NGH has never pursued patients’ co-payments when they came for emergency services. In January 2016, NGH began actively collecting co-payments at registration (Figure 7.5-2)