

Balanced Scorecard

Ashley County Medical Center

Delta States BSC Users Group

Rural Performance Improvement Project

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Presenter

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Personal Background

- CHE, Diplomat - ACHE
- BS - Berea College
- MHA - Virginia Commonwealth University
- ARH – Hazard
- Northwest Health System
- Ashley County Medical Center



Hospital Background

- New, 46 Bed Acute Care Hospital (1998)
- Designated as a Critical Access Hospital (October 1, 2004), with 25 Acute Care Beds and 8 Geriatric Psychiatric Beds
- Owned by Ashley County (1% Sales Tax for Construction)
- No Tax Support for Operations
- Managed by local Non-Profit Corporation



ACMC Services

- 25 Acute Care Beds
- 8 Geriatric Beds
- 24 Hour Emergency Services w/ Physician
- Obstetrics and Newborn Nursery
- Swing Beds
- Provider Based Rural Health Center
- Home Health Agency
- Full Service Radiology
- 24 Hour Laboratory
- Rehabilitation Services (PT, OT, Speech)



BSC Project Team





Medical Staff

1998 (13)

8 General/Family

1 General Surgeon

1 Internal Medicine

1 Radiologist

1 ER w/Agency

1 Psychiatrist

2006 (20)

9 General/Family

1 General Surgeon

1 Internal Medicine

1 Radiologist

2 ER

1 Psychiatrist

1 OB/GYN

1 Oncologist

1 Pulmonologist

1 ENT Surgeon

1 Pediatrician

1 Cardiologist



Presentation Topics

- ACMC and the Balanced Scorecard
- What the Balanced Scorecard **Is Not**
- Data Collection Process
- Balanced Scorecard Reports
- Executive Incentive Compensation
- Linking the BSC with Manager Development



Delta States Projects

- Performance Improvement Assessment (PIA)
- June 25 and 26, 2002
- Final Report – August 14, 2002

- ACMC was invited to be one of two Delta State hospitals to serve as demonstration hospitals for the development of the Balanced Scorecard in small, rural hospitals



Why the Balanced Scorecard?

- Mountains of unused data
- Tie performance to strategy
- What do patients think?
- What do employees think?
- What do physicians think?
- How do we compare with other similar organizations?
- How can we improve our performance?



The Balanced Scorecard is **NOT**:

- A magic bullet that will automatically “fix” every problem or produce results
- Just another benchmarking project that generates more data
- Something that will exist without commitment and effort



How are we using the BSC?

- Data input monthly (online)
30 – 45 minutes
- Patient survey
 - All inpatients (90% response)
 - All ER patients (40% response)
 - Selected op departments
 - Employee surveys (semi annual)
 - Physician surveys (semi annual)

All surveys are mailed to RPM for scanning, analysis, and report preparation



Reports

- Everything is online
- We can select from a menu of system generated reports
- We can develop custom reports
- We can track our progress over time
- We can compare with other similar institutions



Internal Reporting

1. Detail Data For Management
2. Custom Reports for:
 - Employees
 - Medical Staff
 - Board
 - Public



What we have done

- Focus on “Human Issues”
 - Employee satisfaction
 - Patient satisfaction
 - Physician satisfaction
- Executive Incentive Program



Our Customer Service Initiative

- What was the impetus to do it?
- What are the goals?
- What are the outcomes?



Customer Service Standards

1. Escort patients /guests
2. Do not "explain away" complaints
3. "Knock" on doors
4. "Respect"
5. Name and title
6. Call lights
7. Appropriate time frame
8. Educate patients
9. Work as a team ("stat" situations)
10. Smile
11. Safety



Physician Issue

- Radiology Reports
 - Stat Report
 - Night
 - Weekend
- PACS System
- Radlinks



BSC Targets - 2006

- Cost Per Patient Day \$1450
- Pt. Satisfaction Index 92%
- Physician Loyalty Index 85%
- Physician Engagement 85%
- Ace Inhibitor 90%
- Antibiotic W/In 4 Hours 90%
- Aspirin @ Arrival 100%
- Beta Blocker @ Arrival 93%



BSC Targets (cont.)

- Blame Free Reporting 75%
- Medication Error Rate 1.5
- Net Days In AR 55
- External Training \$ \$90
- Nursing Staff Turnover 3.5%
- Staff Loyalty Index 80%
- Staff Engagement Index 75%



Some Observations

- The use of the Scorecard is an **ONGOING PROCESS**
- The Scorecard **ASKS** questions, it doesn't answer them
- As a rule, most of the data are available, it's just not pulled together in a way that is meaningful
- For this to be successful, we have to look at it with **HONESTY**



Organizational Impact

- Same Data
- Same People
- SAME STRATEGY (For Now)

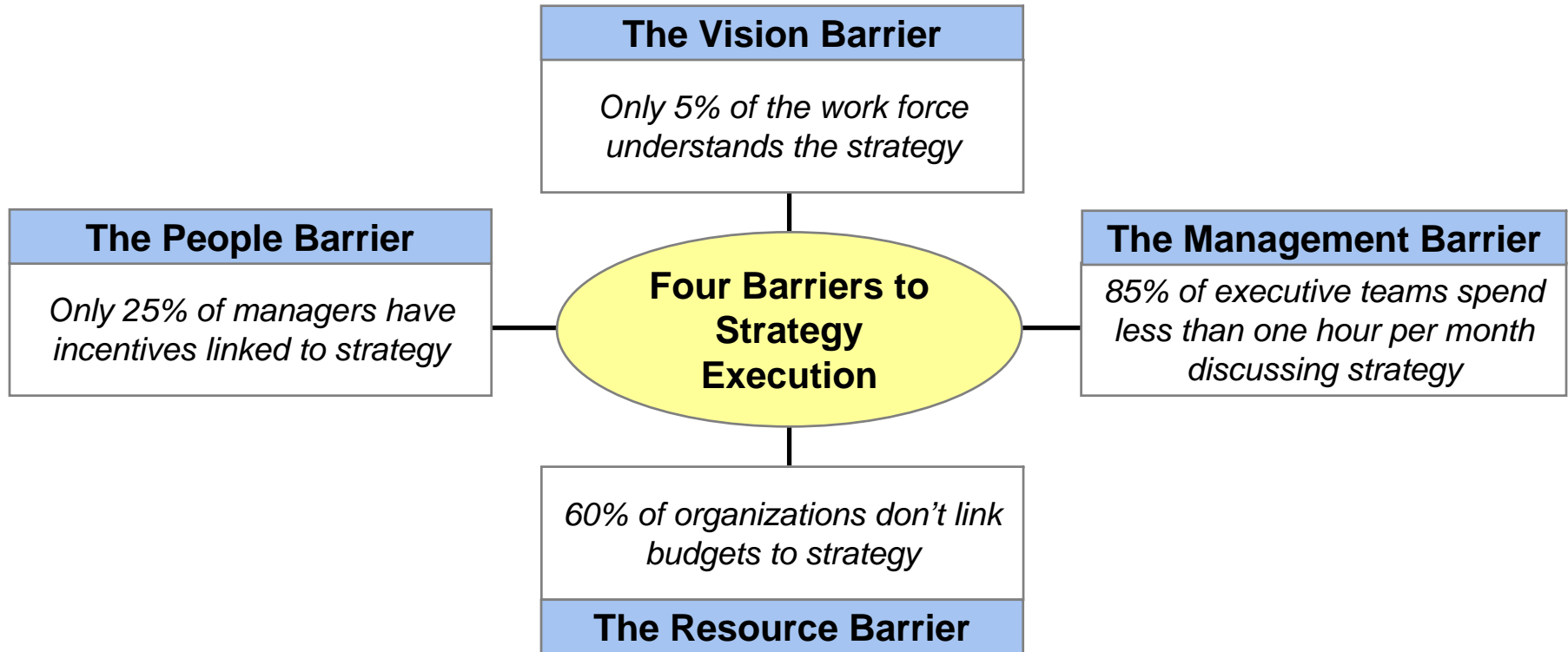
- Different Mindset
- Different Focus
- Different Priorities
- Different Expectations



Questions and Comments



Ashley County Medical Center



Kaplan and Norton's *The Strategy Focused Organization*