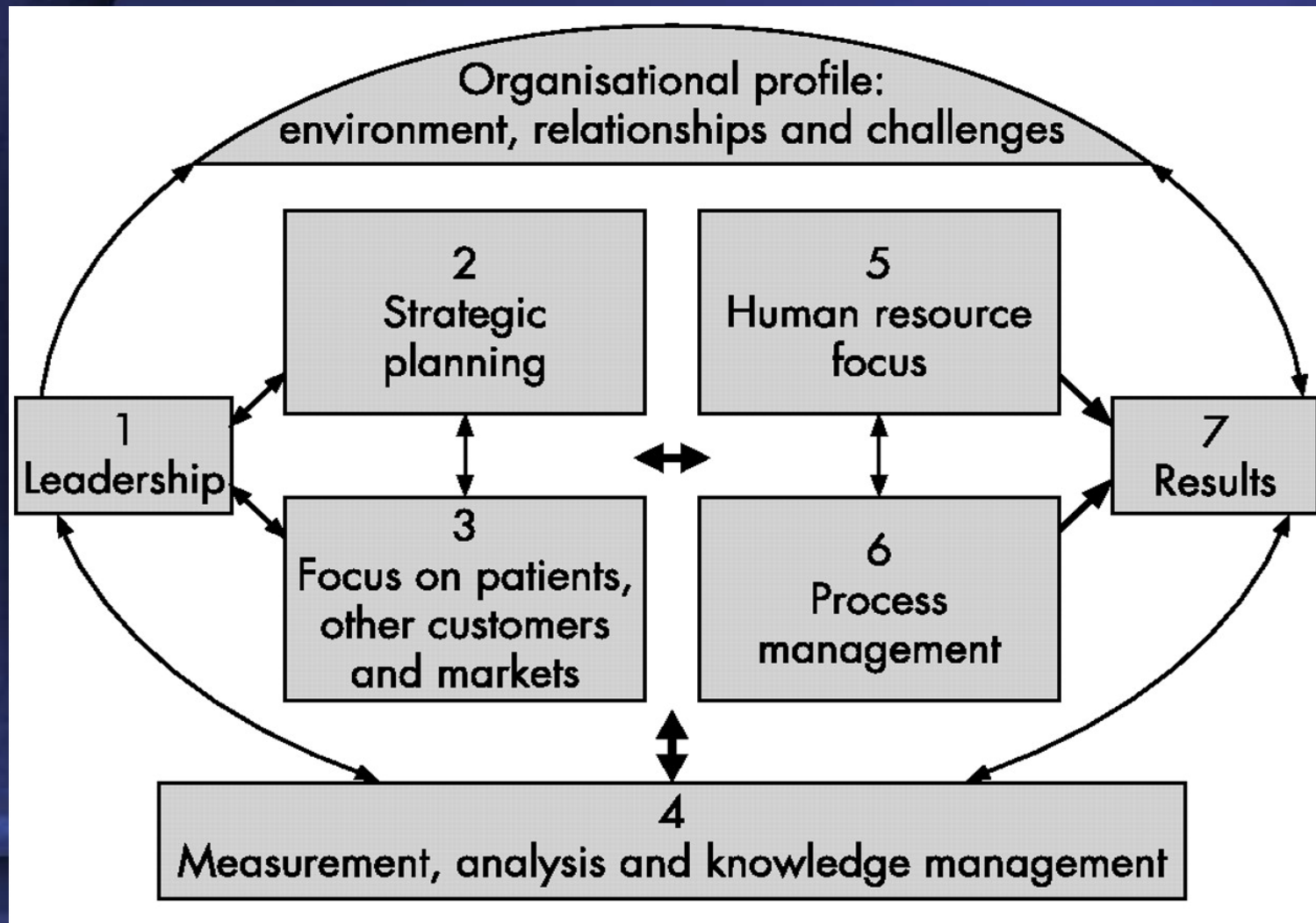


# CHA Quality Leadership Summit

## Rural Hospital Performance Improvement in Nebraska

John L. Roberts, MA  
Nebraska Rural Health Association

# The Baldrige Model as a Conceptual Framework



# Three of Our Hospital Performance Improvement Initiatives



# Nebraska Statewide Model

- Build Capacity within the State
- Build a framework for change management not a benchmarking system
- Build a Learning Community
- KISS Principle – Keep it Simple!

# What's Happening in Nebraska?

- Over half of the 65 CAHs in Nebraska have attempted use the balanced scorecard concept
- 34 Critical Access Hospitals have implemented the balanced scorecard concept.

- 2003 – 2 Pilot Sites (w/Stroudwater)
- 2004 – 10 CAHs
- 2005 – 8 CAHs
- 2006 – 5 CAHs
- 2007 – 2 CAHs
- 2008 – 2 CAHs
- 2009 - 2 CAHs
- 2010 – 3 CAHs



34 Total

# Results of BSC Implementation

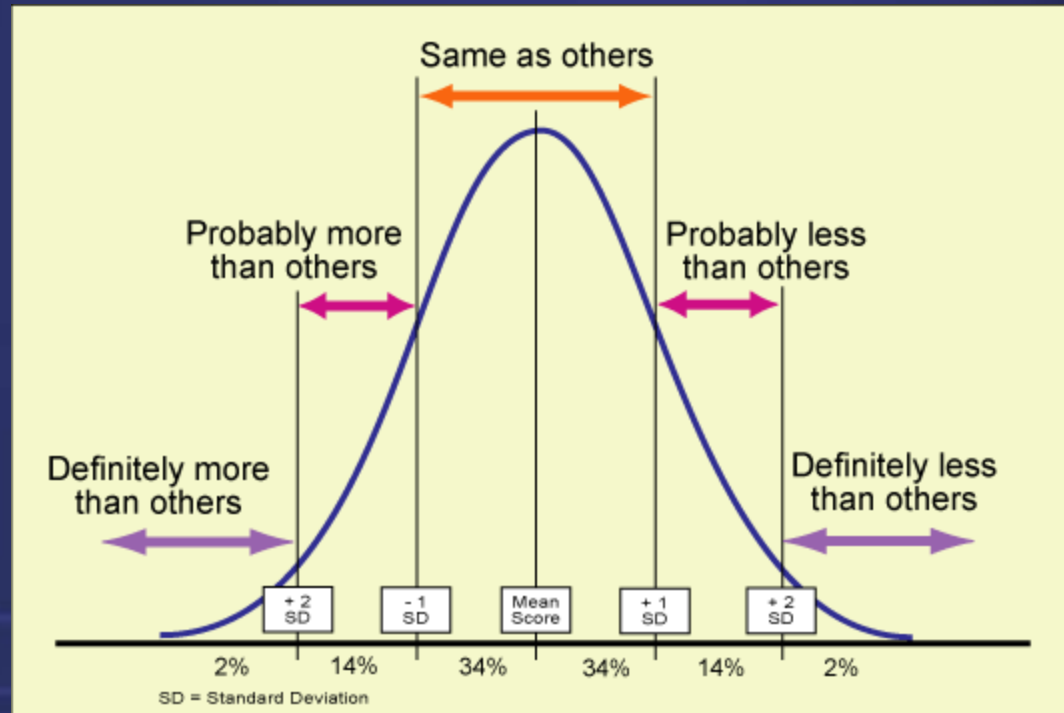
Our Results? Very much a “Bell Curve Distribution”

8 CAHs use the BSC as their framework for operations.

10 CAHs continue to implement the BSC - cascading

9 CAHs have used the BSC on a limited basis

7 CAHs did not sustain use of the BSC



# Leadership Lessons with BSC

- **Process – Implementation**
- **Structure – The BSC Itself**
- **Culture – Organizational Change**



# Process – Implementation

---

- Hospitals Boards and CEOs must advocate for a management “balance” between financial stability, clinical quality, customer satisfaction, and employee growth. A clear rationale is critical for communication, education, and guiding BSC evolution
- Successful organizations demonstrated a convergence between mission (what we believe), operations (what we do), and budget (what we prioritize)
- Executive Sponsorship – The CEO
- The BSC Implementation Team - A Strong BSC Champion



# Process – Structure

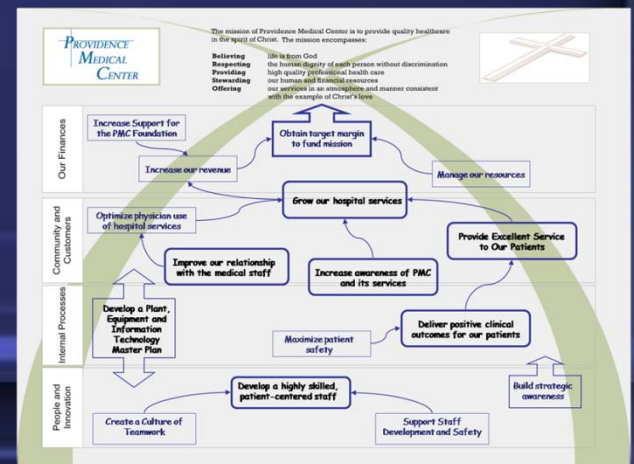
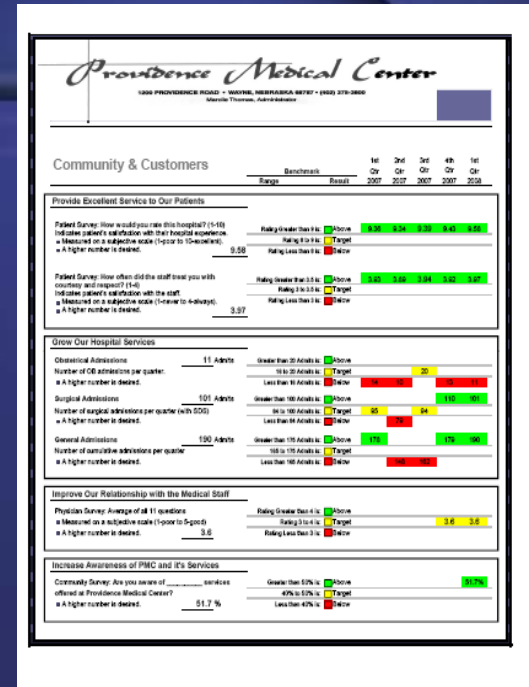
- Successful organizations Linked the BSC to Management Processes:
  - ◆ Using the balanced scorecard to strategically allocate resources
  - ◆ Linking Rewards to Performance - Balanced Scorecard and Compensation
  - ◆ Maintaining the Balanced Scorecard - Making the BSC Part of the Organization (Hardwiring)

# Culture – Organizational Change

- **The system strategy map and balanced scorecard allowed leadership to proactively define the culture they were seeking.**
- **The scorecard became a driver for open and transparent communication.**
- **The balanced scorecard strengthened accountability.**
- **The balanced scorecard produced a healthier attitude toward improvement.**
- **The balanced scorecard helped ensure that everyone in the organization understood the keys to success.**

# Best Practices

- The hospital scorecard contains 24 or fewer measures.
- Targets and alarms are defined for each measure, and actual results are presented as red/yellow/green (or a similar metaphor).
- The scorecard contains not just green measures but a high number of red and yellow measures.
- Measures presented as red are seen as opportunities (this is also a cultural issue).
- The scorecard is 1 (at most 2 pages), includes relevant information, and uses color.
- Use the right technology for your situation. All of our facilities used Excel.
- Combine the scorecard with existing data collection initiatives—do not create a separate process and tool.



# Nebraska CAH Lean Collaborative

## **Mission:**

To develop an active partnership model spreading lean culture transformation across rural healthcare organizations in Nebraska.

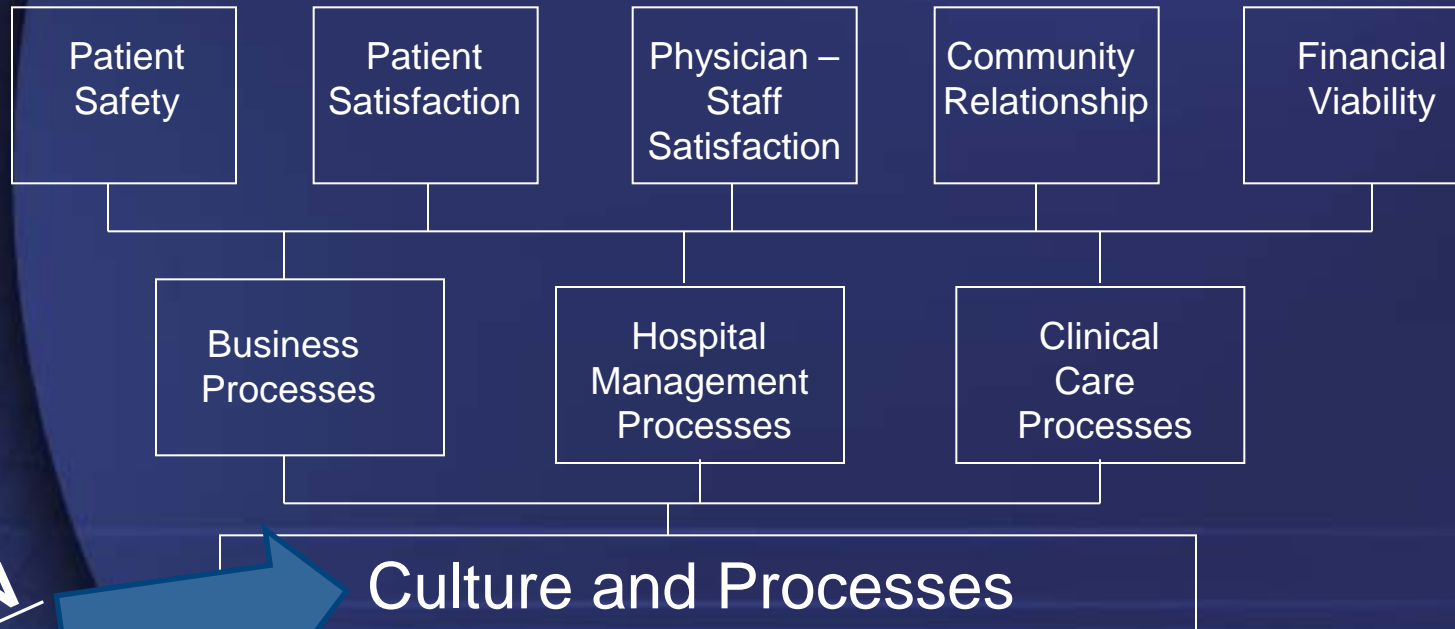
## **Goals:**

- To achieve successful lean culture transformations in early adopting CAHs.
- To spread lean healthcare transformation to other CAHs in Nebraska.

# Nebraska CAH Lean Collaborative

Outcome

***Becoming a Better Healthcare Provider***

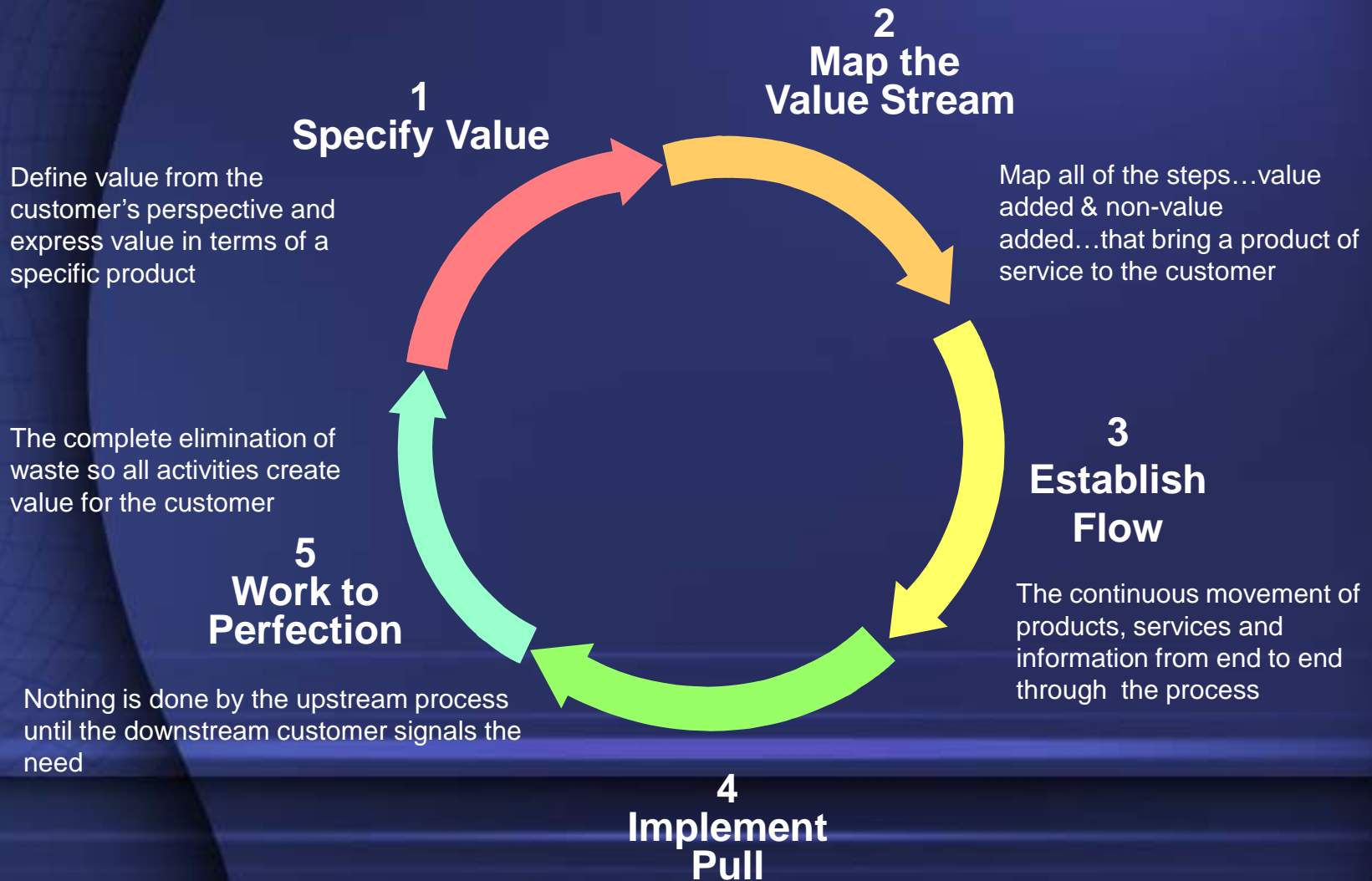


**LEAN**  
**Tools**

Performance Excellence

# Lean Thinking Process

## The 5 steps to Lean Thinking ...





# Vision - Lean Hospital

Is an organization that looks at everything from the patients point of view.

Is an organization that is continually improving patient safety, patient satisfaction, treatment outcomes and employee development through the elimination of waste and errors and improvement in patient flow.



# Activities to Date:

- Training on Lean Concepts
- 5S Projects
- Value Stream Mapping
- A3 Problem Solving

# Nebraska Chapter of the Values Collaborative

Many of the left brain techniques of the past several decades (reengineering, downsizing, restructuring, six sigma, customer service scripting, and so forth) have reached a point of diminishing returns.

## **20<sup>th</sup> Century Paradigm**

Accountability culture

Creating value

Hardwiring processes

Obsession with numbers

Left brain dominant

## **21<sup>st</sup> Century Paradigm**

Ownership culture

Promoting values

Softwiring passion/creativity

Obsession with people

Right brain – left brain balance

# Nebraska Chapter of the Values Collaborative

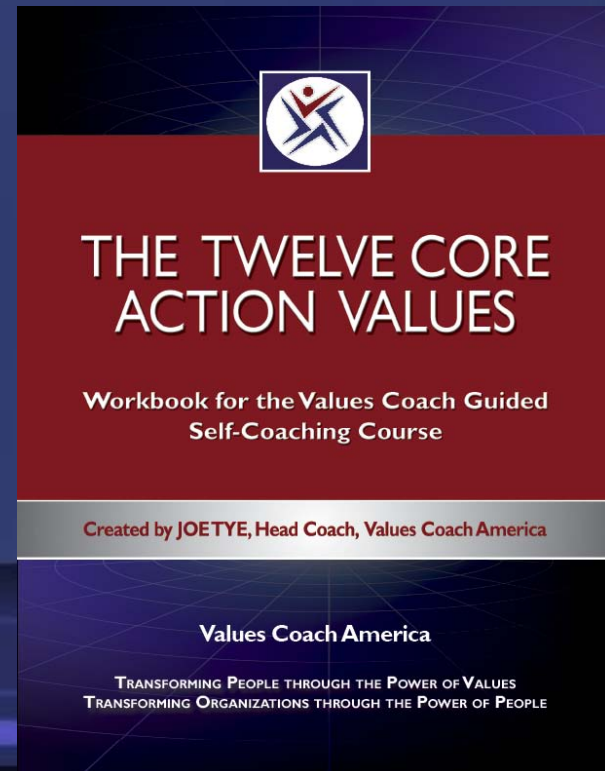
## Our Vision:

To help Nebraska healthcare organizations foster a more positive and productive workplace culture by promoting values-based life and leadership skills, and to do so in such a way that it becomes a national model.

# Purpose of the Values Collaborative

The overall purpose of the Values Collaborative is to share the proprietary Values Coach course on *The Twelve Core Action Values* and related content with hospital employees to help them in their personal and professional lives – and do so in such a way that it helps the sponsoring hospital foster a stronger culture of ownership. Specific goals include:

- Prepare Certified Values Coach Trainers (CVC-T) to teach and coach coworkers, and eventually to reach out to a larger community.
- Help individual hospital employees learn values-based life and leadership skills they need in order to achieve their own personal, professional, financial, and family goals.
- Support patient-centered care and operating effectiveness by teaching values-based life and leadership skills that create personal buy-in on the part of workers.
- Help hospital leaders more effectively design their Invisible Architecture™ of core values, corporate culture, and emotional attitude.
- Prepare individuals with mental toughness and hospitals with cultural toughness for the challenging times ahead.



# For More Information:

**John L. Roberts**

Program Consultant

Nebraska Critical Access Hospital Program

Nebraska Rural Health Association

Executive Director

2222 Stone Creek Loop S

Lincoln, NE 68512

(402) 421-2356

[jroberts@mwhc-inc.com](mailto:jroberts@mwhc-inc.com)

