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Strategies for Providing Quality Patient Care in the Healthcare Industry

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Walden University

College of Management and Technology

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Daniel Ambrosio

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Walden University
2020

Abstract

Strategies for Providing Quality Patient Care in the Healthcare Industry

by

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MBA, Southern New Hampshire University, 2015

BA, Wabash College, 2012

Consulting Capstone Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

August 2020

Abstract

In the United States, there is a lack of quality healthcare, which can negatively impact patient care, so it is important for healthcare leaders to effectively utilize their resources to enhance quality patient care. Grounded in the resource advantage and total quality management theories, the purpose of this qualitative single case study was to explore strategies healthcare leaders at a large healthcare organization used to deliver quality patient care. The participants included 3 senior executive leaders at a healthcare organization in the Eastern United States. Data were collected through semistructured interviews, an analysis of organizational documents, and the client's Baldrige Excellence Framework application. Through thematic analysis, the following three themes emerged: patient-centeredness, employee focus, and innovation. A key recommendation includes putting more emphasis on data analysis to help leaders determine which data is impactful for patients' wellbeing. The potential for social change includes leaders of health organizations implementing strategies that ensure quality patient care, resulting in patients living longer and better lives.

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Dedication

To my parents who have supported and encouraged me throughout my academic career and doctoral journey. I am very blessed to have a strong support system. Thank you so much Joe and Martina for helping me through this process, I greatly appreciate it!

Acknowledgments

I would like to thank Dr. Peter Anthony, my chair, for his guidance and support throughout my doctoral journey. I also appreciate his continuous feedback as it has helped me progress as a doctoral scholar. Thank you to my second committee chair, Dr. Meridith Wentz for your feedback on my study, I have learned a lot from your input and perspective. Thank you, Dr. Rocky Dwyer for your guidance and feedback on my work which has helped me better understand business and scholarly writing. Thank you to the rest of the Walden faculty and staff. I enjoyed attending the residencies and learning valuable information pertaining to scholarly writing, researching, time management, organization, and critical thinking. I want to thank Angie Lira, a Senior Career Services Advisor with Walden University. It was a pleasure working with you as an employee of Walden and I appreciate your encouraging words throughout my time at Walden. I would also like to thank my client organizational leaders for their time and professionalism. The client truly cares about the prosperity of their organization and I greatly appreciate the information they have provided me with to conduct this study. Last but not least, I want to thank my parents for their love and support throughout my doctoral journey. Without them it would have been extremely challenging and for that I am forever grateful. It has been an amazing journey and I look forward to making a positive difference through social change.

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Section 1: Foundation of the Study

In this study, I used the 2019-2020 Baldrige Excellence Framework to explore effective strategies that leaders of healthcare organizations use to provide quality care for their patients so that people can live longer and better lives in society. As required by Walden University for consulting capstone doctoral learners, I served as a scholar-consultant to a large nonprofit organization using the Baldrige Excellence Framework and criteria as an assessment tool.

Background of the Problem

The intent of this study was to explore strategies that leaders of healthcare organizations can use to provide quality care for their patients. By using effective strategies, leaders of healthcare organizations may help deliver quality healthcare to patients. There are many challenges arising in the healthcare world, including the complications involved in meeting society's drive for longer life expectancies and the ability to treat low-level illnesses (Boyle & Mervyn, 2019). Total quality management (TQM) implementation, for example, can assist healthcare professionals to influence employee behaviors toward complete commitment to work handling patient needs, which will help them improve their strategic performance in the long run (Alzoubi et al., 2019).

One of the ways in which healthcare leaders can improve delivering quality patient care is by creating the right work culture by hiring the right people, implementing effective leadership, and using efficient systems (Vazquez, 2019). While Vazquez (2019) explained that there is not a universal or standard model for creating the right culture, it is necessary for healthcare leaders to recognize the strengths and weaknesses of the

organization. Additional strategies for delivering quality patient care include improving the patient's illness and treatment awareness, showing how they can manage their symptoms, encouraging self-treatment through tailored action plans, teaching stress management, and improving lifestyle choices (Dineen-Griffin et al., 2019).

Problem Statement

One of the biggest challenges in the healthcare industry is that organizational leaders face escalating costs that can hinder patient quality of care (Yaduvanshi & Sharma, 2017). Americans, for example, have been burdened with the world's costliest healthcare, and in 2017 the United States spent over \$10,000 per person on care (Lyford & Lash, 2019). The general business problem is that rising costs for healthcare organizations and patients can negatively affect patient care, organizational growth, and sustainability. The specific business problem is that healthcare business leaders lack strategies to provide quality patient care.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that healthcare business leaders use to provide quality patient care. The target population included three healthcare business leaders in a healthcare organization located in the Eastern United States whose leaders have successfully delivered quality care to patients, grown their organization, and enhanced sustainability. The implications of this study for positive social change include the potential to help healthcare business leaders implement effective strategies to improve health care quality so that patients can live longer and better lives in society.

Nature of the Study

Three research methods are available to researchers to conduct studies: qualitative, quantitative, and mixed methods (Yin, 2018). Researchers who use the qualitative method use a broad range of philosophies, approaches, and methods to achieve an in-depth understanding of people's experiences and perceptions (Vass et al., 2017). In the quantitative method, researchers examine variables' characteristics and relationships with statistical and graphical applications (Saunders et al., 2015). My intent for this study did not include the examination of variables; therefore, the quantitative method did not fit the purpose of the study. The mixed methods involves using both qualitative and quantitative methods to gather and analyze data and information from multiple sources (Uprichard & Dawney, 2019). Because there was no quantitative component to the study, the mixed methods was inappropriate. The purpose of the study was to identify specific strategies the participating organization uses for patient care, organizational growth, and sustainability. After analyzing each possibility, I determined a qualitative research method would be most beneficial to identifying specific business strategies the participating organization uses for providing quality patient care.

In qualitative studies, a researcher must determine which design will best meet the needs of the study. The range of qualitative research designs considered for this study included case study, phenomenology, ethnography, and narrative (Yin, 2018). Yin (2018) explained that case study design has a legitimate role in qualitative research. Well considered and open-ended interview questions can enhance the evaluation experience and also add depth to the participants' responses as well as analysis of relevant

organizational documents. I used a case study design for one healthcare organization to explore strategies that healthcare business leaders can use to deliver quality patient care, organizational growth, and sustainability. A single case study was most appropriate for the study because it is analogous to a single experiment (Yin, 2018). A multiple case study was not appropriate for the study as it would include multiple organizations where each one would be the subject of its own fieldwork (Yin, 2018). A researcher uses a phenomenological design to focus on the personal meanings of participants' lived experiences (Saunders et al., 2015). A phenomenological design was not suitable for this study because I did not explore the personal meanings of participants' lived experiences. An ethnographic research design involves interpreting the participants' culture (Rasoal et al., 2017). An ethnographic design was not suitable for the study because my purpose was not to explore the participants from the organization's cultural perspective. Saunders et al. (2015) explained that a narrative design involves personal accounts where the researcher interprets a phenomenon from personal perspectives through personal life stories. The narrative design did not fit the purpose of my study because I did not seek to analyze peoples' personal lived experiences through their life stories, but rather to explore the strategies healthcare business leaders use to sustain and grow their organization to deliver quality healthcare to patients.

Research Question

RQ: What strategies do business leaders use to provide quality patient care?

Interview Questions

1. Which strategies have proven to help the organization achieve quality patient care?
2. What specific strategies do you use to ensure quality patient care for new patients?
3. What strategies do you use to improve quality patient care for current patients?
4. How are you able to measure the success and failure of your organizational strategies for providing quality patient care for both new and current patients?
5. What are your strategies to help improve the quality of patient care for all patients?
6. What were the key challenges to implementing the strategies for improving patient care to both new and existing patients?
7. How do you mitigate the challenges associated with providing quality patient care for new and existing patients?
8. What else would you like to share about strategies for providing quality patient care that we have not addressed in the previous interview questions?

Conceptual Framework

The conceptual framework for the doctoral study was Hunt and Morgan's (1995) resource-advantage (R-A) theory and TQM. Hunt and Morgan (1995) explained that organizations used their assets, knowledge, information, and firm attributes to enhance business performance. Business leaders of health organizations, for example, can

implement a wide variety of strategies for delivering patient care, organizational growth, and sustainability in a competitive health industry. Business leaders have found it beneficial to utilize critical resources within their organization to gain a competitive advantage. Correspondingly, in health care organizations, TQM has become a critical component to tactical planning (Ehiobuche, 2013).

The R-A theory and TQM were appropriate for the study's conceptual framework. I was able to analyze both theories' relevance for understanding the strategies healthcare leaders use to improve and sustain the quality of patient care. A potential added benefit of the R-A theory is to facilitate focusing on corporate internal resources, heterogeneous demands, and moving resources (Peranginangin, 2015). When leaders implement TQM, it may lead to higher quality care, better patient satisfaction, improved employee morale, and augmented productivity and profitability (Mosadeghrad, 2015). Mosadeghrad (2015) explained that business leaders of health organizations must utilize multiple aspects of their organization to deliver quality patient care, organizational growth, and sustainability.

Both the R-A theory and TQM were appropriate for the study because business leaders of health organizations may use essential information and knowledge within their organizations' strategies to enhance patient care quality. Multiple components such as teamwork, training and education, leadership, and customer satisfaction are important for the successful application of TQM in health care organizations (Talib et al., 2011). The R-A theory and TQM helped me to identify and explore how business leaders develop

and implement specific strategies in a health organization to improve patient care and satisfaction.

Operational Definitions

Baldrige Excellence Framework: A management tool used by leaders to empower an organization by helping it to reach organizational goals, implement strategies to achieve desirable results, and become more competitive by arranging decisions, results, actions, processes, and plans (Baldrige Performance Excellence Program, 2019).

Healthcare leadership: A process in which individuals act as the focal point to advance organizational productivity, achieve organizational goals, capacity, and fulfill the organization's mission to meet health care challenges (Lee et al., 2019).

Healthcare strategies: Strategies that enable healthcare leaders to respond to challenging trends in health service delivery with focused strategic direction (Timmins, 2019).

Intangible resources: The knowledge, qualifications, skills, competence, motivation, communication and information, organizational processes, trust, shared norms, language and values, cultural identity, partnerships, image, and satisfaction of employees (Zigan et al., 2009).

Nonprofit sustainability: The ability of business leaders to generate funding and create greater transparency about organizational performance so they can provide the organization with the knowledge necessary to reduce their use of national resources, increase efficiency, and improve operational performance (Gazzola et al., 2017).

Patient engagement: The capability of healthcare leaders to seek patient input appropriate to the individual, cooperate among other executives, which maximizes patient outcomes (Boudes et al., 2018).

Quality patient care: The provision of care, which a patient needs when the patient needs it, in an affordable, safe effective manner, such as: tangibles and physical attributes; understanding and personal attention; leadership capability, knowledge, reliability and trust; and expertise and politeness (Badri et al., 2009).

Resource advantages: The ability of organization leaders to manage and to possess cost leadership and differentiation advantage to produce customer value delivery while demonstrating effective and efficient performance results (Griffith & Yalcinkaya, 2010).

Assumptions, Limitations, and Delimitations

Assumptions

While assumptions are considered to be true, a well-thought-out and consistent set of assumptions will help create a credible research philosophy which can improve research strategies, data collection techniques, and analysis procedures (Saunders et al., 2015). In the study, I made a few assumptions. Firstly, I assumed that the three healthcare leaders would be honest, transparent, and provide detailed responses to the interview questions. Secondly, I assumed that I would have access to their organizational information and data. Thirdly, I assumed that the 2019-20 Baldrige Excellence Framework was an appropriate tool to collect relevant information pertaining to organizational data, processes, strategies, improvements, and results.

Limitations

Limitations involve uncertainty within a study, and it is important for a researcher to openly acknowledge the strengths and limitations of various types of research (Theofanidis & Fountouki, 2018; Yin, 2018). There were multiple limitations to this study. Firstly, I used three healthcare leaders as a sample size so it may have limited the amount of perspectives and knowledge I could gain compared to what I could have learned with more participants. Secondly, in the study I used a single case, which could have limited the results compared to those I could have obtained from a multiple case study. Thirdly, the participants may have withheld certain information that could have enhanced the quality and findings of the study.

Delimitations

Delimitations are limitations consciously set by researchers as boundaries or restrictions of their work so that the study's aim does not become impossible to achieve (Theofanidis & Fountouki, 2018). For this study, delimitations included the organization's framework documentation and the three healthcare leader interviews from a single nonprofit organization in the United States. In the study, I delimited research to strategies that healthcare leaders can use to deliver and improve quality patient care.

Significance of the Study

Contribution to Business Practice

I used a qualitative study to explore how business leaders in health organizations develop and implement strategies to provide quality patient care in the healthcare industry. By focusing on delivering quality patient care, healthcare leaders can improve

decision making for identifying and implementing specific strategies to provide quality patient care to improve their general business practices. The findings of the study may help business leaders improve their business strategies and processes with derivative results in overall organizational performance. Also, the focus of specific business strategies on quality patient care may give leaders a competitive advantage in the health industry. The findings from this study may enable leaders from health organizations to identify and prioritize areas of improvement in the performance of key processes, reducing costs, and growing and maintaining market share.

Implications for Social Change

The implications for positive social change of the study included facilitating leaders' ability to develop and implement strategies to provide quality patient care in health organizations. Health professionals and business strategists need to develop strategies to meet the needs of patient care (Vass et al., 2017). Patients, for example, need precise information for making informed choices about their healthcare needs (Arce et al., 2017). The implications for social change included the potential for benefiting current and future patients through providing improved quality patient care. Quality patient care can positively benefit society through helping people live longer, healthier, and happier lives.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore strategies that healthcare business leaders use to provide quality patient care. With the guidance of the R-A theory and TQM, the problem statement, purpose statement, and research question, I

conducted a complete review of the academic and professional literature using online databases to locate articles, scanning secondary literature, and searching generally online (Saunders et al., 2015), while identifying citations and analyzing the literature impartially (Yin, 2018). To understand the application of the R-A theory and TQM in healthcare organizations, I organized the literature review in the following sections: (a) the R-A theory, (b) TQM, (c) contrasting theories, (d) quality patient care, and (e) healthcare leadership.

Table 1

Literature Review Content

Literature review content	Total #	Pre 2014	2015-2020	% Total (2015-2020)
Books	2		2	100%
Peer-reviewed articles	85	11	74	87%
Total	87	11	76	87%

I utilized the Walden University Library and Google Scholar as my primary research platforms for acquiring and analyzing articles for this study. I used an in-depth search of peer-reviewed articles from Emerald Management, EBSCOhost, ProQuest Central, Research Gate, and Science Direct. I used the following search terms: *healthcare leadership, healthcare strategies, intangible resources, patient engagement, quality patient care, resource advantage theory, and total quality management*. I explored concepts related to the R-A theory, TQM, quality patient care, and healthcare leadership. To maintain compliance with Walden University Doctor of Business Administration requirements, there are a total of 77 sources in the literature review, of which 87% were

published after 2015, and 85% of the sources were peer-reviewed. Table 1 depicts the literature review source content for this study.

The Resource Advantage Theory

R-A theory is used to examine the process of competition that promotes creative destruction and speeds up economic growth and productivity (Bicen & Hunt, 2018). R-A theory focuses on organizational strategies in the quest for organizational advantages (Peranginangin, 2015). R-A theory suggests that since businesses with heterogeneous resources compete for a fixed share of the marketplace, firms that possess only limited resources may break even, whereas those with more significant resources will experience above-average returns (Runyan et al., 2013). Also, R-A theory provides an agenda for emerging strategies to contend effectively, and it addresses competition as an evolutionary development in which the actions of leaders provoke disequilibrium. Innovation and organizational learning are endogenous and are therefore beneficial to society (Topaloglu et al., 2018).

R-A theory identifies that there is a relationship between competitive gains and the resources and capabilities researchers utilize (Shan et al., 2019). Shan et al. (2019) explained that internal resources could be turned into competences to ensure the development of performance, such as the use of relevant information technology (IT) resources and abilities often contributes to competitive advantage and improved organizational performance. R-A theory can provide an exclusive and astute lens through which to view nonprofit practice and research, contribute to the understanding of the

mission-money balance, and deliver strategic insights to nonprofit managers (Topaloglu et al., 2018).

R-A theory traces to evolutionary economics that states that competition is not consummatory and equilibrium provoking but is instead is disequilibrium provoking and process-oriented (Bicen & Hunt, 2018). Bicen and Hunt (2018) noted that R-A theory contains the following: (a) the process of competition is a result of innovation and organizational learning; (b) firms and consumers have high costs and deficient information; and (c) macro-environmental influences (e.g., institutions, public policy, customers, suppliers, competitors) affect economic performance (Bicen & Hunt, 2018). Because the study focused on a nonprofit client organization, the Table 2 demonstrates the R-A theory in the nonprofit context:

Table 2*Resource-Advantage Theory of Nonprofit Competition*

For-profit sector	Nonprofit sector
P1: Demand is heterogeneous across businesses, heterogeneous within industries, and lively.	Social need is varied across sectors, heterogeneous within sectors, and dynamic.
P2: Consumer information is deficient and expensive.	Supporter (donor, grantor, and volunteer) and constituent information are imperfect and costly.
P3: Human motivation is forced self-interest seeking.	Personal inspiration is constrained self-interest seeking and maybe manifested through or coexists with altruistic motivations.
P4: The organization's objective is maximum financial performance.	The organization's goal is the cost-effective delivery of superior social value.
P5: The organization's information is imperfect and high-priced.	The organization's information is imperfect and expensive.
P6: The organization's resources are financial, physical, legal, human, organizational, informational, and relational.	The organization's resources are monetary (donations and grants), physical, legal (tax-exempt status), human (volunteers), organizational (original positive image, mission statement), informational, and relational (governmental and corporate sponsors).
P7: Resource characteristics are heterogeneous and poorly mobile.	Most resource features are heterogeneous and imperfectly mobile, though some CNPO resources, such as tax-exempt status, are homogeneous among all CNPOs.
P8: The role of management is to identify, understand, generate, select, implement, and alter strategies.	The role of management is to identify, comprehend, create, select, implement, and modify strategies.
P9: Competitive dynamics are disequilibrium provoking, with innovation endogenous.	Competition dynamics are disequilibrium-provoking, with innovation endogenous.

(Topaloglu et al., 2018).

Leaders of R-A theory treat firms as combiners of varied and imperfectly mobile resources under conditions of imperfect and high-cost information, with the primary objective being the greatest financial performance (Bicen & Hunt, 2018; Griffith & Yalcinkaya, 2010). Researchers suggest that R-A theory focuses on the organization's competence and efficiency in producing, learning, measuring, and exploiting heterogeneous resources to create superior need-fulfilling market offerings for precise target markets (Grimmer et al., 2015). When competing organizations strive to have more of competitive advantage to achieve the best financial performance, it helps firms improve societal productivity and economic growth (Topaloglu et al., 2018). R-A theory highlights the importance of building values through resources, which organizations internally retain (Peranginangin, 2015).

Researchers state that R-A theory defines all resources as the tangible and intangible features available to an organization that allow it to produce efficiently and effectively for market offerings that have worth for some market segments (Thoeni et al., 2016). Thoeni et al. (2016) stated that the resources are not consistently dispersed and are imperfectly mobile. Leaders must choose how to use the resources they have or how to obtain the resources they need. Experts of R-A theory argue that tangible and intangible resources get generated through a continuing process of competition, which contributes to both economic and social well-being (Friske & Zachary, 2017).

In R-A theory, researchers suggest that through the process of competition, firms accrue, develop, and create resources that establish an economy's private sector capital (Griffith & Yalcinkaya, 2010). Leaders achieve superior value when they deploy

resources to provide a distinctive competency and qualified sustained advantage (Griffith & Yalcinkaya, 2010). Leaders see competition as a continuous struggle for comparative advantages, which in turn helps yield higher performance (Runyan et al., 2013).

In R-A theory, researchers state the following: (a) demands are heterogeneous throughout industries and are dynamic; (b) consumer information is lacking and expensive; (c) human motivation is controlled self-interest seeking; (d) the firm's objective is greater financial performance (Grimmer et al., 2015); (e) the firm's information is deficient and costly; (f) the firm's resources are financial, physical, legal, human, organizational, informational, and interpersonal; (g) the firms' resources are varied and imperfectly mobile (Bicen & Hunt, 2018); (h) the role of management is to identify, comprehend, produce, select, implement, and adjust strategies (which consist of allocations among resources); and (i) competitive dynamics are disequilibrium-provoking (Bicen & Hunt, 2018), with innovation being endogenous (Griffith & Yalcinkaya, 2010; Grimmer et al., 2015).

Competition

R-A theory is as follows: (a) leaders compete for comparative advantage in resources that they can leverage to efficiently implement a plan for making, collaborating, and bringing products that offer greater value to customers to some segment(s) of a market, thus accomplishing enduring marketplace position(s) of competitive advantage and more significant financial performance; and (b) firms contend for a comparative advantage in resources to achieve and sustain competitive positional advantages in the market (Varadarajan, 2018). Overall, R-A theory provides a basis for

researchers to understand a firm's embeddedness in society and allows for cross-market and cross-national submissions, most notably due to variation across nations concerning customers, competitors, public policy, and societal resources and organizations (Griffith & Yalcinkaya, 2010).

Researchers agree that in market-based economies, competition is the primary driver of economic growth. Also, the goal for proficiency and efficiency results in the creation of productivity-enhancing innovations, which leads to increases in capital, technological progress, and economic growth (Friske & Zachary, 2017; Griffith & Yalcinkaya, 2010). R-A theory is conceptualized as firm operations within a more extensive societal system, which includes recognized rudiments (e.g., societal resources, institutions, actions of competitors and suppliers, behaviors of customers, and public policy choices), and widens the focus to national comparative systems (Griffith & Yalcinkaya, 2010; Grimmer et al., 2015). Enterprises need to create a lasting dynamic capability to familiarize with environmental changes and achieve a competitive advantage (Shan et al., 2019).

Scholars of R-A theory argue that the long-term success of any business innovation relies on internal resources of the firm offering it, the firm's capabilities in using those resources to develop a competitive advantage over competing options, and the innovation's contribution to the financial performance of the firm in a market (Holford, 2018; Topaloglu et al., 2018). Leaders need to meet two conditions to achieve competitive advantage: the uniqueness or scarcity of the resources, competencies, or

organizational capacities that the company possesses, and their interconnection and influence on the formation of critical success factors (Radko et al., 2017).

Resources

R-A theory means that firms can possess a unique set of resources that lead to a more significant comparative advantage in the marketplace, which also results in higher firm performance in the targeted market (Grimmer et al., 2015). R-A theory helps leaders to understand resource foundations for establishing competitive positions (Griffith & Yalcinkaya, 2010). Resources in R-A theory consist of (a) financial components (e.g., cash, access to credit); (b) physical attributes (e.g., building, fixtures, equipment); (c) legalities (e.g., patents, trademarks); (d) people (e.g., clinical, managerial, and interpersonal skills); (e) organizational factors (e.g., culture, institutional knowledge, policies); (f) informational findings (e.g., proprietary knowledge about operations and market); and (g) relationships (e.g., relationships with suppliers and customers; Holford, 2018). Tangible resources include financial, physical, and legal resources (Griffith & Yalcinkaya, 2010). Intangible resources include human, organizational, and informational and relational resources (Griffith & Yalcinkaya, 2010).

Griffith and Yalcinkaya, (2010) defined financial resources as the existing and possible cash resources of the firm, which are all-encompassing to financial markets and the cost of capital. Financial resources play an essential role in the organization's ability to develop into new markets and grow new product or service initiatives (Griffith & Yalcinkaya, 2010). Financial resources allow leaders to capitalize on market opportunities and thus enhance the organization's overall strategic position, in addition to

improving competition against threats, such as sensitive price competition or negative economic cycles, which allow the firm's continued successful performance (Griffith & Yalcinkaya, 2010). Leaders must address financial discrepancies when incentivizing health care quality through value-based purchasing to confirm financial stability and quality of care in safety-net facilities (Akinleye et al., 2019).

Physical resources refer to physical buildings, raw materials, and any equipment that organizational leaders own or can access (Griffith & Yalcinkaya, 2010). Legal resources include trademarks and licenses, and these legal resources regulate the ability of business leaders to protect the competitive aspects of the firm's contribution (Griffith & Yalcinkaya, 2010). Human resources refer to the skills and familiarity of the firm's employees and are often the most significant because these resources are action-oriented and help stimulate the use of other resources (Griffith & Yalcinkaya, 2010). Relational resources involve the organization's stock of relationships with such entities as customers, suppliers, competitors, unions, and governments (Griffith & Yalcinkaya, 2010). Griffith and Yalcinkaya, (2010) mentioned that a relationship could be a resource only when it has some sort of influence on the value offering to a section that the organization is directing.

Organizational resources include the firm's rules, aesthetic procedures, and competencies, such as marketing competency, learning capabilities, research, and development capabilities (Griffith & Yalcinkaya, 2010). Informational resources include a firm's information regarding its products, production processes, and customers, and those of its competitors (Griffith & Yalcinkaya, 2010). Griffith and Yalcinkaya (2010)

state that leaders should capitalize on market research, technical research and development, and competitor intelligence to improve their stock of informational capital resources.

Theoretical Concepts

In R-A theory, researchers determined the following premises: (a) demand frequently differs in market sectors; (b) consumers and organizational leaders lack quality information; (c) humans are driven by self-interest; (d) firms seek more substantial financial performance (Topaloglu et al., 2018); (e) the organization's heterogeneous resources are physical, human, and organizational capital; (f) competition is the basis of innovation, and it comes from a firm's ability to identify, understand, generate, select, implement, and adjust strategies to its situation; and (g) financial performance between firms varies depending on their resources and abilities (Holford, 2018).

The R-A theory is built on the following: (a) complex demands in a single industry or between industries with dynamic characteristics; (b) information received by the clients is imperfect and expensive; (c) human motivation to satisfy personal needs; (d) organizational goals are to expect extreme advantages; (e) information held by the organizations is partial and expensive; (f) resources held by the organization are financial, physical, legal, human, organizational, informational, and relational; (g) resources are heterogeneous and are in unbalanced movement; (h) managerial roles acknowledge, understand, produce, select, implement, and restructure present strategies; (i) dynamic competition requires innovation from within the organization (Peranginangin, 2015; Thoeni et al., 2016).

Researchers use R-A theory to explain the inspirations of managers when (consciously or subconsciously) adopting their position in the strategic segmentation typology (Thoeni et al., 2016). Because society is continually advancing, new technologies are emerging, and the market environment is becoming more complex, it can be challenging for leaders to react appropriately in the dynamic environment, which is why innovation has become an essential element for leaders to obtain a competitive advantage (Shan et al., 2019).

Innovation

In R-A theory, researchers suggest that innovation is essential for organizational sustainability as long as leaders utilize their resources to gain a competitive advantage in the marketplace to increase financial performance (Holdford, 2018). Innovation helps increase organizational growth by (a) improving attribute worth given by the clientele through value-added use, (b) refining value given to the customers through adding value on resource superiority and quantity, (c) decreasing costs by improving added value on quality and quantity, (d) lessening costs by making better use of resources, (e) recognizing new opportunities to advance growth, (f) finding new opportunities for the newly built markets, (g) identifying openings to establish a new organization and to build resources in the new market, and (h) improving the quantity that the organization offers through adding the value of the quality and quantity the resources offer (Peranginangin, 2015). Leaders of any organization (e.g. healthcare leaders) can benefit from innovation to advance their agenda and to ensure the sustainability of the organization.

Total Quality Management

Researchers determine the success of every industry is by the way clients perceive the quality of the product or service for which he or she has paid a certain amount of money (Dobrin et al., 2015). The quality movement, for example, is the field that guarantees that management upholds the values set and frequently improves the quality of the output (Jarrett, 2016). TQM gained attention and popularity across the globe, primarily in developed nations (Talib et al., 2019). TQM is an integrated viewpoint of management for improving the quality of products and processes, and the quality of that is the responsibility of everyone involved which is offered by an organization that requires the contribution of management, workforce, suppliers, and customers, to meet or exceed customer expectations (Ehiobuche, 2013; Nguyen & Nagase, 2019; Schoten et al., 2016). TQM focuses on continuous process improvement within organizations, and leaders of companies must offer superior value to customers to meet their needs (Nguyen & Nagase, 2019). TQM characteristics involve customer satisfaction, continuous improvement, process management, employee fulfillment and learning, and management commitment as well as visionary leadership (Chiarini & Vagnoni, 2017).

TQM Soft and Hard

TQM is a multi-dimensional concept that researchers divide into two broad categories: soft and hard (Alkhaldi & Abdallah, 2020). Alkhaldi and Abdallah (2020) explained that soft TQM deals with the management of relations and individuals, while hard TQM deals with specialized techniques and tools applied in quality management. Also, soft TQM focuses on human resource management that focuses on leadership,

teamwork, training, and employee involvement principles (Aoun et al., 2018). Hospitals need to focus more on enhancing their employees' innovation skills so they can innovate effectively through accepting and implementing different development strategies such as lean practices and soft TQM (Aoun et al., 2018). TQM can have a significant impact on healthcare performance management for improving quality patient care.

TQM Principles in Healthcare

TQM in healthcare is defined as the methodical contribution of healthcare teams in classifying the underlying causes of unnecessary variation in processes and outcomes of care and taking remedial and preventive action with the goal of continuous quality improvement in patient care delivery (Schoten et al., 2016). In the healthcare industry specifically, institutions provide healthcare services to improve and maintain society's health condition through diagnosis, treatment and prevention of any diseases, and accidents or physical and mental disabilities (Jonny & Kriswanto, 2017). Researchers use TQM as a quality improvement concept that renders acceptable, affordable, and timely healthcare services to patients (Muhammad Ahsan ul Haq & Muhammad Salman Ashraf, 2015). TQM implementation may lead to higher quality care, enhanced patient satisfaction, more definite employee morale, and increased productivity and profitability (Mosadeghrad, 2015).

Researchers claim that TQM involves of all the staff, including doctors, nurses, and senior management, and continuous improvement (Chiarini & Baccarani, 2016; Dobrin et al., 2015). Also, TQM in the medical sector requires the following: (a) emphasis on the customer (patient) and recognize as much of the patient's needs as

possible; (b) constant improvement such as learning as well as problem solving; (c) quality at the source where doctors and nurses can concentrate on the activities of a process in order for them to classify where good or bad quality is created; (d) employee enablement where all medical staff is permitted to have total control over their work (Dobrin et al., 2015). Top management should create operative information systems and inspire employees to use objective data during their decision processes (Mosadeghrad, 2015).

TQM is a vital management approach for effectiveness in the healthcare field, and leaders should present and implement TQM in hospitals and clinics (Alzoubi et al., 2019). In the medical sector, TQM focuses more on strategic goals for providing safe and reliable healthcare to patients (Chiarini & Baccarani, 2016; Talib et al., 2019). One of the essential characteristics of TQM leadership is when senior management becomes involved and obligated in the decision-making process (Chiarini & Vagnoni, 2017). Chiarini and Vagnoni, (2017) agree that leadership is the most crucial trait and the mainstay of TQM programs, which is why it is essential for healthcare leaders to implement TQM strategies to enhance organizational performance and quality patient care. Leaders should focus on the following nine TQM principles for improving quality of care: (a) top management and obligation; (b) cooperation and participation; (c) process management; (d) customer focus and fulfillment; (e) resource management; (f) organizational performance and culture; (g) constant improvement; (h) training and education; and (i) hospital performances (Jonny & Kriswanto, 2017).

Organizational TQM in the service process marks the quality of health services, enhances value to the organization, and improves its ability to function in a very competitive environment (Nguyen & Nagase, 2019). TQM has worked very well in the healthcare sector to improve the performance of healthcare operations, reduce error rates, and satisfy patients (Alkhaldi & Abdallah, 2020). Eight healthcare leaders identified the following improvements after implementing TQM strategies: (a) participation and mindfulness of the staff on the decision-making process; (b) inspiration; (c) empowerment and self-responsibility; (d) group identity; (e) communication among departments; and (f) teamwork (Chiarini & Baccarani, 2016). Quality assurance signifies the process that has an objective to eliminate mistakes and prevent future mistakes from happening (Dobrin et al., 2015). Quality assurance is essential when dealing with customer satisfaction, and reducing the risks associated with healthcare are kept to a minimum (Alzoubi et al., 2019).

Some of the essential TQM factors for implementation include (a) employee management, (b) customer management, (c) process management, and (d) leadership (Mosadeghrad, 2015). When leaders implement TQM strategies, it can help health care specialists gain more qualified behaviors with more commitment to work toward handling patients, which will increase their performance in the long run (Alzoubi et al., 2019). In a recent study, researchers explained that TQM tools can upsurge output and that a single department and even hospitals, can increase the number of health services provided to patients with a resulting increase in turnover and patient satisfaction (Chiarini & Baccarani, 2016). In the healthcare field, TQM has also provided tools and methods to

help decrease and eliminate all forms of waste, errors, and inappropriate measures (Alkhaldi & Abdallah, 2020). Also, medical gear and machines are used lengthily and represent the critical infrastructure of health-care operations (Alkhaldi & Abdallah, 2020). Healthcare leaders can take advantage of TQM to ensure staff is increasing performance to enhance the quality of care they deliver to their patients.

Leadership

In the era of globalization, leaders are implementing and using TQM as a strategy to improve organizational performance (Alzoubi et al., 2019). TQM can advance performances such as times, inventories, productivity, motivation, communication, and team building (Chiarini & Baccarani, 2016). In order to effectively implement TQM, leaders should consider the following: (a) the quality can and must be measured; (b) processes, not people, are the issue; (c) you always have to find answers before you treat the symptoms; (d) every employee must be accountable for quality; (e) the process of quality improvement must be repeatedly made; (f) the quality must be measurable; (g) quality must be perceived as a long-term asset (Dobrin et al., 2015). TQM enables healthcare leaders to identify customer requirements, a benchmark for best practices, and advance processes to bring the appropriate care and reduce the frequency and severity of medical mistakes (Mosadeghrad, 2015).

One of the primary purposes of TQM is for leaders to achieve the satisfaction of customers/patients. Researchers have demonstrated that TQM helps enrich the quality of employee and organizational performance and is known for constant quality improvement, quality management, and total quality control (Alzoubi et al., 2019).

Alzoubi et al. (2019) argued that much of the literature involving TQM indicates that TQM in an organizational process continually results in improved performance of the organization. The following points are essential for meeting patient's expectations: (a) modern equipment; (b) quality medical service; (c) well trained medical staff; (d) right conditions (nice and lean hospital rooms); (e) humble nurses; (f) no wasted time (Dobrin et al., 2015). Leaders must meet patients' expectations to apply the TQM method effectively. Leaders can only effectively utilize TQM as a competitive weapon if they accurately define, measure, evaluate, and monitor quality over time (Ehiobuche, 2013).

Leaders should be implementing strategies at the level of human resources because if employees do not convince themselves of the concept of quality and lean practices and are not emerging their skills to be in line with up-to-date quality and technological tools, then any type of improvement strategy will be unsuccessful (Aoun et al., 2018). Visionary leadership is vital in this case because leaders can make a tremendous impact on the organization and its employees (Chiarini & Vagnoni, 2017). One of the most critical factors for leadership success in a TQM program is that they are actively engaged and involved in employee management, in addition to focusing on customers (Mosadeghrad, 2015).

When healthcare leaders implement TQM strategies, they may experience benefits of (a) developed nurse performance; (b) a holistic strategy that lets each worker to share responsibility for the quality of the work done; (c) the use of logical mechanisms, such as flow and statistical charts and check sheets, to gather data about activities in an organization; and (d) quality in all processes and procedures in the delivery of health

services (Alzoubi et al., 2019). Effective leadership is critical in the medical sector when implementing TQM programs; however, when leaders implement TQM strategies, it can have a positive effect on the organization (Chiarini & Vagnoni, 2017). TQM can be a significant contributor and influencer for leaders to deliver quality patient care.

Contrasting Theories

Attribution Theory

Attribution theory derives from scholar Fritz Heider and major contributions from Bernard Weiner who formed this theory as a new basis of social cognition and studying human behavior (Dweck, 2018; Muschetto & Siegel, 2019; Ruybal & Siegel, 2019; Scherer, 2018). There are two branches of attribution theory: (a) the rules humans use to make interpretations about others, and (b) investigations researchers make about emotional and motivational consequences of peoples' behavior (Dweck, 2018). There are different types of attribution such as: (a) feelings of sympathy, (b) feelings of anger, and (c) locus, stability, and controllability causal dimensions (Muschetto & Siegel, 2019). Locus refers to the location of the cause, stability refers to the extent of the cause, and controllability refers to how the cause can be altered (Fishman & Husman, 2017). The foundation of attribution theory involves how individuals analyze, perceive, and respond to the behaviors of other (Ruybal & Siegel, 2019). Ruybal and Siegel used the attribution-emotion-action model to study postpartum depression in women. In conjunction, researchers found that through increasing sympathy and reducing anger in patients diagnosed with depression, it led to an increase in social support and a decrease in desire for social distance (Muschetto, & Siegel, 2019). The idea of understanding and analyzing

peoples' behaviors is what appeared to be intriguing in understanding the needs of patients in a healthcare environment. I considered attribution theory as a possible lens for how healthcare professionals study patient behavior, however attribution theory is not an appropriate lens to use for this study since I did not explore human behavior (e.g. sympathy and anger), locus, stability, or controllability associated with strategies healthcare leaders use to deliver to quality patient care.

Nursing Theory

Nursing theory was first adopted by Florence Nightingale (Ortiz, 2020). Nursing theory assists nurses in all domains on developing the necessary skills and knowledge to be successful in their profession (Rosa et al., 2020). Rosa et al. (2020) suggested that nursing theory will help future generations and visionaries of nursing to meet the future needs of healthcare demands. Many nursing departments are using graphic representations to show patients and visitors on how they deliver care (Quinn & McDonough, 2019). According to both authors, nurses use this method to advance their professional practice and to improve societal wellbeing.

Ortiz (2020) explained that nurses are somewhat different than other healthcare professionals due to their unique contributions to serving patients. Nurses use their own clinical judgment to assist the patients, families, and community to promote and maintain the state of the healthcare environment (Swanson et al., 2019). Researchers used a simulation experience to show the importance of nursing theory in relation to monitoring technology and medical equipment (Singleterry, 2020). Nursing theory is a hyper-focused theory on a particular group of healthcare professionals that would not have been an

appropriate lens to use for this study since I did not explore the strategies nurses use to deliver quality patient care. While nursing theory is important, I focused on the strategies from an executive level.

Quality Patient Care

Healthcare in today's world is primarily customer-driven and therefore focused on lowering cost and improving quality (Muhammad Ahsan ul Haq, & Muhammad Salman Ashraf, 2015). Healthcare sustainability has been more prominent because of its market size, investment, progression in technology, quality services to patients, evolution in medical tourism, increasing awareness of patient safety and government initiatives (Talib et al., 2019). Researchers define quality healthcare as providing the right healthcare services in the right way in the right place at the correct time by the right provider to the right individual for the right price to get the best results (Mosadeghrad, 2012). Healthcare providers are prioritizing, improving standards of quality care around the world (Mahboub et al., 2018). One of the global priorities in the healthcare industry is to improve quality health care delivery to guarantee patient safety, progress clinical effectiveness, and promote accountability (Gishu et al., 2019). The quality of care forms through patient standards, expectations and experience, and an encounter with a care structure (Sandsdalen et al., 2017).

Quality of patient care is an essential feature in the assessment of the value of health services and is a crucial driver of systems reform (Brandis et al., 2019). Patient outcomes and patient care quality are considered unique elements for health care in the world (Asif et al., 2019). Asif et al. (2019) argue that quality patient care is of high value

and importance to an organization's success. Healthcare quality and how patients see this quality are vital in a quickly changing and increasingly competitive market (Badri et al., 2009). Prakash (2010) identified six aims for improving quality patient care: safety, equitable, evidence-based, timely, efficient, and patient-centered. Leaders can use those goals to ensure they are moving towards a patient-centered organization. Unfortunately, positive outcomes are not always possible with quality of care, which is why the definition and assessment of "quality" in the health sector is a complex issue (Teoh et al., 2019). Improving the quality of care and patient safety practices can toughen health care delivery systems, increase health sector performance, and fast-track attainment of health-related sustainable development goals (El-Jardali & Fadlallah, 2017). Not only is this beneficial for health care leaders, but it can also improve the patients' perceived value.

Researchers found that the way patients perceive care quality is imperative to healthcare leaders because they can reflect on observations of standards in hospital wards and also clarify how patients describe quality (Grøndahl et al., 2018). Grøndahl et al. (2018) explained that patients' perception of quality care could be described in two ways: person-related conditions and external objective care conditions. Person-related conditions include education levels, physical health, and psychological well-being. External objective care conditions involve personnel competence, nurse and physician relationship, size of the ward, number of beds, and the general atmosphere. Larsson and Wilde-Larsson (2010) explained that the quality of care could be understood through the resource structure of the care organization and the patients' preferences. Researchers defined quality patient care in four dimensions: (a) the medical-technical capability of

caregivers, (b) the physical-technical circumstances of the care organization, (c) the degree of identity-orientation in the attitudes and actions of the caregivers, and (d) the socio-cultural environment of the organization (Larsson & Wilde-Larsson, 2010).

Patient quality care comprises of process, structure, and conclusion, and scholars view it from different viewpoints depending on who defines the term, whether it be: patients, relatives, healthcare employees, administrators, or politicians (Sandsdalen et al., 2019). Patient care is associated with quality of life (QOL) and is impacted by functioning problems such as physical functioning, role functioning, communal functioning, emotional functioning, cognitive functioning, sexual functioning, and symptoms experience affecting daily lives (Ngamprasert et al., 2019).

Nuri et al. (2019) explained that quality care provides patients with suitable services in a technically competent manner, with excellent communication, shared decision making, and cultural compassion. The World Health Organization classifies palliative care and the lessening of unnecessary suffering of patients and families as a pressing humanitarian need, and the main concern is enhancing the quality of life (QOL) (Zadeh et al., 2018). While there are fast changes in social care and healthcare in addition to an aging populace, healthcare systems need to find new ways to provide quality patient care (Zaghini et al., 2020). Patient-centered care forms the foundation of health care quality improvements and is defined as the delivery of care with respect for patients and based on their needs, preferences, and values (Atif et al., 2019). The central major principles and practices of quality improvement comprise of customer focus, continuous improvement, and teamwork to solve a problem (Brandis et al., 2019). Essentially, the

quality of healthcare is the extent to which the care provided aims to achieve the most favorable balance of risks and benefits (Muhammad Ahsan ul Haq & Muhammad Salman Ashraf, 2015).

Patient Experiences

Researchers stress the importance of patients' interpretations as an essential tool for monitoring and refining service quality, and many hospitals are accepting a patient-centered attitude (Badri et al., 2009). The patients' perspectives are influential to the delivery of quality patient care in the United States (Kilaru et al., 2016). Researchers have suggested that it is essential to assess patients' experiences with health care and publicly report the information to help consumers choose the best plans and providers to arouse, guide, and monitor quality improvement efforts targeting patients' experiences of care (Price et al., 2014). Approximately one in six Americans consult with online rankings or reviews of other doctors to make their decisions about who and where they want to receive their care (Fox & Duggan, 2013).

Patients' perception studies should be a regular assignment for all hospitals because it will help to understand the patients' perspective of quality of care and help to improve the quality of care (Atif et al., 2019). Gishu et al., (2019) explained that the patients' perception of quality care involves their view of services and results of the treatment, and patient experience is a reflection of what occurred during the care process. Patients are becoming more aware of the attitude and behavior of medical staff, which impacts their perceptions and experiences of quality patient care (Mai & Wang, 2019). A positive perception of care helps to enhance health service utilization, treatment

adherence, and treatment outcomes (Nuri et al., 2019). There is growing evidence that providers are becoming more responsive to publicly reported information about patient experiences of care, and according to the data, the experiences are improving (Price et al., 2014).

Patient Involvement

Patient involvement and collaboration with patient organizations are becoming adopted in areas of health care and research (Miqueu et al., 2019). There are a couple of important themes for delivering quality patient care, and they include: creating strong relationships with health professionals and being informed about one's care (Feo et al., 2019). Researchers in both studies suggest that it is imperative for healthcare professionals to have more involvement with the patients to enhance the quality of care they receive. Also, Feo et al. (2019) explained that to deliver quality patient care one must develop honest, caring relationships with patients, including humor, concentration, personal conversations, recognizing emotional distress and physical pain; and by keeping patients informed about their care, providing up-to-date information, and answering patient questions. Some of the key elements surrounding patient-centered care include: (a) respect for patient likings and values, (b) physical ease, (c) information, (d) emotional provision, (e) communication and education, (f) the involvement of family and friends, (g) continuity and transition, (h) coordination of care, and (i) access to care (Mahboub et al., 2018). When leaders implement strategies surrounding patient-centered care, they are ensuring that the patients will have a satisfactory experience.

Patient Satisfaction

Many firms agree that the long-term practicality of any business is based on the readiness and ability of the organization to uphold high levels of customer service and, ultimately, customer satisfaction (Abuosi & Braimah, 2019). Customer satisfaction is arguably the most crucial component in the service sector. In the private and public healthcare settings, regardless of the level of care, patient satisfaction with the quality of care is shown to influence word-of-mouth behavior, including recommending, flattering and complaining; intention to repurchase; and switching behavior (Abuosi & Braimah, 2019).

Patients are satisfied with interpersonal aspects of care, which include provider listening to patients attentively, explaining the treatment, providing advice and information on options for treatment, and guaranteeing privacy during a physical examination and maintaining the confidentiality of personal information (Abuosi & Braimah, 2019). One of the critical determinants of patient satisfaction is a strong partnership between patients and healthcare professionals (Heberer et al., 2016). Patient satisfaction is paramount when scheduling, implementing, and assessing service delivery and meeting patients' needs and creating healthcare standards are imperative for high-quality care (Badri et al., 2009).

Patient satisfaction can be defined and broken down into various categories: changeover to home, communication, involvement, politeness and empathy, fairness and trust, competency and confidence, information, tangibles, and physical attributes, other amenities, and services, expense matters, management rules and regulations, timeliness, waiting times and delays, responsiveness and psychological, convenience and

accessibility, and outcome and overall valuation (Badri et al., 2009). Researchers found that higher rates of satisfaction in Armenia as a result of high-quality care from their providers, close relationships in the community, trust towards official bodies and their functions, and high-quality perception and expectations from healthcare services (Davtyan et al., 2019). When patients receive the help they need, physicians communicate their medical problems, and they do not have long waiting times and receive their results promptly, patient satisfaction will increase (Kilaru et al., 2016). When patients are more satisfied with their care, they are more likely going to be active and will have better chances of improving their health condition (Gómez et al., 2019).

Financial Stability and Technology

Financially steady hospitals have the better patient experience, lower readmission rates, and also show a decreased risk of adverse patient quality and safety outcomes for medical and surgical patients (Akinleye et al., 2019). Akinleye et al. (2019) also stated that hospitals that are more financially fit could maintain highly reliable systems that can provide ongoing resources for quality improvement and better performance on the process of care initiatives. For healthcare establishments to sustain financial viability, refining patient care quality and experiences is no longer an option but rather an order (Wei et al., 2018). Hospitals need sufficient funds to provide the best quality of care for their patients. On the other hand, hospitals that have more significant financial problems tend to have a less pleasant patient experience of care, higher readmission rates, and an increased risk of adverse patient quality and safety results for both medical and surgical patients (Akinleye et al., 2019).

Advancement of knowledge and skills of individuals are essential elements for enhancing patient care; however, quality improvement is one of the most challenging aspects to delve into (Asinas-Tan et al., 2016). Continuous quality improvement in health care offers decision-making tools and feedback loops that can help leaders respond to multifaceted, dynamic relationships between historical, socio-cultural, economic, and environmental elements of systems that give rise to people's opportunities and challenges in life (McCalman et al., 2019).

Rehabilitation is an integral step for enhancing quality patient care, and the *Medical Assistance in Contextual awareness* (AMICO) is a project where leaders collaborate between international; industrial partners who operate in the electronic and biomedical fields (Di Palma et al., 2019). New technologies, such as robots, will include information about the patient's activities and their sufficient status following the doctor's procedures and will allow the evolution of the repository with the inclusion of generated data outside a formal medical event and produced by the patient or the environment from which they live (Di Palma et al., 2019).

Participation and Communication

Poor communication and coordination are top research priorities for improving patient safety in industrialized countries (Ding, Bell, Rixon, Addae-Bosomprah, & Simon, 2016). Patients need to participate and become more active with healthcare leaders so they can pinpoint and understand their needs. Patient participation can be described as when patients become the starting point for all care actions, which is an essential indicator of the quality of healthcare and has been associated with improved

treatment outcomes (Boge et al., 2019). When patients are more actively engaged with their doctors and receive accurate responses from doctors' questions, they have a much better impression of the medical service (Mai & Wang, 2019).

Patients nowadays are no longer viewed as subjects of healthcare but rather as clients who make choices, provide information, participate in decision-making, monitor medication and play an active role in the treatment process (Heberer et al., 2016). When patients play a more active role in the healthcare process, they are better able to understand their treatment process. Patients assess quality care based on availability and approachability, cleanliness, ease, privacy, and a quiet and attractive environment (Nuri et al., 2019). One of the main reasons why patients tend to think this way is partly due to their lack of knowledge for assessing the technical services of quality care.

Healthcare Leadership

Patients and their families demand better quality patient care, which leaders need to treat as a high priority for the organization (Khatri et al., 2017). Healthcare providers are frequently in competition for patients, so many leaders will provide extra service features such as satellite offices, medical screening, and helplines to take phone calls at all hours to advance a competitive advantage in the marketplace (Abuosi & Braimah, 2019). One of the ways leaders can promote high-quality healthcare is by focusing on senior executive management, culture, organizational design, and incentive structures (Luxford et al., 2011). When leaders invest more in leadership quality, they can improve a significant value that would reflect the quality of care and safety of patients (Zaghini et al., 2020). Leaders must ensure to align policies, methods, capacities, and resources for

enhancing quality improvement and patient safety practices in health systems (El-Jardali & Fadlallah, 2017). Leaders must regularly measure patient satisfaction and experience as a part of their quality evaluation process, even though it can be challenging to measure (Gishu et al., 2019). How healthcare leaders respond to customer satisfaction issues can improve financial results, which impacts market share, profitability, patient retention, referrals, and lowers the risk of malpractice lawsuits (Gómez et al., 2019).

Patient Care

It is challenging for leaders to deliver high-quality patient care (Pinsonneault et al., 2017). When leaders put more emphasis on integrating processes across the healthcare value chain, health IT can help increase the efficiency, effectiveness, direction, and receptiveness of critical stakeholders. Prakash (2010) explained that healthcare leaders could follow these steps to improve quality patient care: (a) recognize that patients need a personal relationship that shows passion and care, (b) understand that patients have certain rights, (c) patient should have a good first impression, (d) leaders must imagine themselves in the shoes of the patients' lives, (e) minimize patients' waiting time, (f) try to make the problem-solving system functional, (g) always retrieve feedback from the patients and correct any shortcomings if necessary. Patient complaints are formless and voluntary information that patients and families report to hospitals regarding their unacceptable hospital experiences (Wei et al., 2018). There needs to be a mechanism that must exist for receiving complaints, and leaders must respond accordingly and provide responses back to the patients (Prakash, 2010).

Leadership

Badri et al. (2009) found that leaders should focus on healthcare quality in terms of dependability (including competence, knowledge, and trust), professionalism, and courtesy, understanding and tangibles are crucial when it comes to assessing services. Leaders are responsible for fulfilling the patient's needs and achieve the desired patient outcomes as well as providing decent work, increase trained staff availability, and promote healthy work conditions to ensure productive and resilient health systems (Asif et al., 2019). Health care leaders and policymakers need to focus their attention on patients and organization-related conditions to provide patient-centered high-quality palliative care (Sandsdalen et al., 2017). Leaders must focus on implementing strategies for a more patient-centered approach, which helps to increase palliative care and facilitate specialized palliative care services (Sandsdalen et al., 2019). When leaders gather information on patients' perspectives and their experience of care that is received, they will be more equipped to identify potential areas for improvement (Sandsdalen et al., 2017). Patients' perspectives of care are an essential attribute of quality of healthcare because it helps to evaluate, develop, and improve palliative care (Sandsdalen et al., 2019).

Nurses and Doctors

Nursing is a vital part of quality care and is also a predictor of patient satisfaction (Zaghini et al., 2020). Zaghini et al. (2020) also suggested that when nurses work in a stressful organization, their performance quality decreases, counterproductive work behaviors increase and the quality of care is negatively affected. Zaghini et al. (2020)

explained that leaders need to improve their relationships with their workers because, if not, they will perform more counterproductive work behaviors. There is a need for leaders to improve communication skills amongst health care specialists because unproductive communication has been one of the most common causes of hospital-related incidents and the lack of communication between nurses and physicians has been found to be accountable for approximately 37% of errors in intensive care units (Ding et al., 2016).

Leaders should introduce surveillance and training programs to help nurse managers, for example, obtain appropriate leadership capabilities as well as reducing organizational problems such as absenteeism, and intention to leave, and preventing errors (Zaghini et al., 2020). Leaders should also advance transformational leadership behaviors among nurse managers/leaders and deliver such environments empowerment and autonomy to support their follower nurses, which can better lead to desired outcomes and improve quality care (Asif et al., 2019). Transformational leaders can help advance the patient's care quality and citizenship behaviors by providing a suitable practicing atmosphere (Asif et al., 2019).

When leaders implement communication skills training, it improves doctors' communication skills with a flow-on effect of increasing patient satisfaction and a reduction of complaints (Ding et al., 2016). Leaders can facilitate staff focused group discussions to include agendas for quality improvements in addition to team-building activities outside of the workplace to foster cohesiveness and companionship among medical and nonmedical staff to progress communication and encourage positive

interactions (Asinas-Tan et al., 2016). Actions that allow staff to practice safely comprise of open and candid discussions, safety forums, and walkarounds (Brandis et al., 2019). Brandis et al. (2019) argued that reflexivity supports a positive culture of patient safety, and the benefits include making meaning of complicated situations, stimulating learning from experience, and assisting with complex clinical problem-solving.

Staff and Workers

Leaders must increase the number of workers and provide more employment opportunities in order to entice and retain competent health workers to provide patients with proper quality care (Asif et al., 2019). Leaders may find it useful to encourage and support healthcare workers to raise concerns in the workplace as a way to gain valuable insight and improve quality patient care (Blenkinsopp et al., 2019). When workers perceive better working conditions, this improves clinical excellence and patient safety as a result (Teoh et al., 2019). Making a culture of safety and developing a skilled workforce are recommended as ways to improve the quality of health care and, ultimately, optimal patient outcomes (Brandis et al., 2019). “Enabling” activities include policies and practices that motivate the pursuit of safety (Brandis et al., 2019). Brandis et al. (2019) explained that “enabling” is characterized by guiding attention to patient safety and second by making environments where clinicians feel able to speak up and feel psychologically safe.

Healthcare leaders should understand patients’ physical well-being, psychological well-being, familial relationship, and cognitive well-being to improve patient satisfaction and improve their quality of life (Nayak et al., 2019). Also, an essential way for leaders to

enhance quality patient care is through promoting family involvement in primary care for patients after their surgery (Eskes et al., 2019). Eskes et al. (2019) argued that family-centered involvement could improve health-related outcomes such as quality of life by preventing surgical complications.

Many health care leaders are continuously looking to improve the quality of care by focusing on the care delivery of the patient, clinical outcomes, patient experiences, and a movement towards patient-centered care (Luxford et al., 2011). Leaders can implement a patient empanelment, which is the process of assigning separate patients to a primary care provider (PCP) and dedicated care team who are responsible for collaborating to optimize patient care (Christiansen et al., 2016). The benefits of leaders of implementing patient empanelment include: improved quality of patient care and clinical outcomes, increased productivity, enhanced patient access, and reduced organizational costs (Christiansen et al., 2016).

Personalized care planning is a formal process in which clinicians and patients work together in treatment plans, which leaders use as a tool to expand the quality and patient-centeredness of primary care for medically multifaceted, high-needs individuals (Edwards et al., 2017). Leaders should implement personalized care planning for patients most likely to benefit, they need to determine the most suitable personnel to perform care planning in their setting, and care plan documents must be vital to patient care, referenced in every patient encounter, and regularly restructured (Ding et al., 2016). Gómez et al. (2019) explained that leaders could use a service quality questionnaire to assess customer

perception of service quality in service and retail organizations, which analyzes reliability, tangibles, assurance, responsiveness, and empathy.

Innovation, Technology, and Tangibles

When leaders encourage more participation in advanced payment and delivery reform models, such as responsible care organizations, it may lead to higher quality health systems (Henke et al., 2018). Henke et al. (2018) also found that when leaders invest in more high-technology services (which are common in system hospitals), they can provide higher quality care. While technical medical services are essential, leaders should also encourage patients to participate during treatment and to evolve more into a patient-centered medical care organization (Mai & Wang, 2019). Researchers found that when leaders implemented an Essentials of Care (EOC) program, they discovered a significant workplace cultural alteration that improved care practices, lowered costs, improved staff satisfaction, and facilitated greater healthcare team cohesion and integration (Hennessey & Fry, 2016).

When healthcare leaders assess the quality of patient care, it helps them not only to deliver better quality care, but also it indicates the success of doctors and hospitals (Mahboub et al., 2018). Policymakers and leaders need to be aware that when changing doctors' working conditions, it could impact patient care, which is why it is necessary to put their concerns and wellbeing at the forefront (Teoh et al., 2019). Also, when healthcare leaders focus on facility infrastructure and administrative improvements, in addition to improving tangibles like physical facilities, buildings, equipment, and personnel, they will help improve patients' perception of quality care (Nuri et al., 2019).

Communication

Digital communication is a strategy that leaders can use to connect with patients to remind them of future appointments, apps that help patients discover support groups, or email messages for patients with directions about upcoming examinations (Mohammed & Rosenkrantz, 2019). Leaders can implement questionnaires as part of patient quality control to inquire about specific care experiences rather than overall patient satisfaction in order to avoid subjective responses (Price et al., 2014). Leaders may also find it useful to examine web-based applications and social media for online reviews because they may provide strategies for assessing patient-centered quality care (Kilaru et al., 2016). Salmond et al. (2017) explained that leaders could implement care bundles, which is a strategy for delivering quality care for patients who undergo treatments that involve potential risks. Primarily, all components of the bundle must be followed for each patient at a specific time, place, and by all of the team members until the criterion is met (Salmond et al., 2017).

Health care leaders must understand that patient-provider communication is central to deliver high-quality patient care because it helps improve adherence, satisfaction, self-management and aligns with the central principals of medical integrities (Rai et al., 2019). For example, when leaders focus on real-time patient outcomes as well as care that is “patient-focused” this will result in lower readmission rates as well as other evidence-based strategies after release (Reese et al., 2018).

Leaders need to implement strategies to enhance quality patient care, but so long as they tailor them to the desires of the individual (Zadeh et al., 2018). Healthcare leaders

must ensure that they: (a) try to understand what the difficulties of what patients and families go through; (b) show inclination to be with patients and families; (c) anticipate patients' and families' requests, perform the treatment and care knowledgeably and artfully, and defend patients from harm; (d) assist patients and families think through their problems and options and lead them to make informed decisions; and (e) support patients and families with their problematic conditions and help them build the courage to face their current difficulties and look towards their future with new hope and meaning (Wei et al., 2019). When healthcare leaders implement strategies to improve quality patient care, both employees and patients will benefit. When leaders offer more training and compensation to their employees for refining their engagement and satisfaction levels, they will be better able to provide quality patient care (Khatri et al., 2017). All of these types of strategies can help improve quality patient care within the organization.

Transition

In Section 1, I presented the foundation of the study, which included the following sections: background of the problem, problem statement, purpose statement, the nature of the study, research questions, interview questions, conceptual framework, operational definitions, assumptions, delimitations, limitations, and the review of the professional and academic literature.

In Section 2, I outlined the details associated with the project that includes the role of the researcher, participants, research method and design, population and sampling, ethical considerations, data collection and analysis, information pertaining the reliability and validity of the data, as well as a summary section. Additionally, I described how I

took the necessary steps to protect the client's confidentiality, which included the storage and retention of data and electronic documentation associated with the study.

In Section 3, I provided a detailed summary of the analysis that I used in the study. I used interview questions in combination with the 2019-2020 Baldrige Excellence Framework as an assessment tool to outline a comprehensive analysis and explanation of the client's organizational characteristics, systems, processes, and results from a qualitative single case study. I used the Baldrige Excellence Framework to explore the client organization's leaderships, strategy, customers, knowledge management, workforce, operations, and results.

Section 2: The Project

In Section 2, I include the purpose statement, the role of the researcher, and a description of the participants in the client organization. I discuss the research method, research design, population and sampling, ethical research, data collection instruments, data collection technique, data organization techniques, and data analysis. I also explain the importance of reliability and validity in qualitative research. I used semistructured telephone interviews with three nonprofit leaders of a large nonprofit organization on the east coast region of the United States. I also reviewed organizational documents and analyzed the client's findings in the Baldrige Excellence Framework to explore strategies leaders use to provide quality patient care.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that healthcare business leaders use to provide quality patient care. The target population included three healthcare business leaders in a healthcare organization located in the Eastern United States whose leaders have successfully delivered quality care to patients, grown their organization, and enhanced sustainability. The implications of this study for positive social change include the potential to help healthcare business leaders implement effective strategies to improve health care quality so that patients can live longer and better lives in society.

Role of the Researcher

A researcher engages in personal reflectivity and reflexivity to formulate and clarify important details about a particular topic (Saunders et al., 2015). As a data

collection tool in the doctoral study, I collected information from participants through qualitative semistructured, open-ended interviews. Asking applicable questions, interpreting answers fairly, and avoiding bias are all important qualities for effective qualitative research (Yin, 2018). It is important to ask questions that empower the participant to think critically about their response and to follow it up in a way that will provide valuable information. If a shift is made during the conversation, it is important for the researcher to maintain an unbiased perspective (Yin, 2018). Depending on what kind of shift this may be, it could cause the interviewer to be uneasy, so it is important to remain objective when conducting an interview.

By reviewing and supporting the Belmont protocols, I have promoted respect for persons, beneficence, and justice. I do not have experience working in the nonprofit sector; however, I do have experience volunteering. The following instructions are important for pursuing qualitative research: (a) researchers need to prepare and understand the research context; (b) researchers must consider design, mechanics, and technical elements; (c) researchers should be participant-centric; (d) researchers should introduce meaning with participants; (e) researchers should utilize varied types of data; (f) researchers should analyze data in an iterative fashion; (g) researchers must respect multiple perspectives; (h) researchers must present evidence in innovative ways; and (i) researchers must look at every stage of the research process (Azzari & Baker, 2020). These lessons are important for scholars to conduct and maintain accurate research. Qualitative researchers must highlight methodic procedures, report the evidence fairly, and be clear and unequivocal about limiting or eliminating any biases (Yin, 2018). I have

reduced bias in the doctoral study by using an interview protocol (see Appendix A) and methodological triangulation.

Participants

As part of Walden University's Consulting Capstone, doctoral students are partnered with a nonprofit client organization where they explore organizational success while using the Baldrige Excellence Framework. In order for the doctoral scholar consultant and the client organization to form a partnership, they must adhere to the Institutional Review Board (IRB) requirements to protect confidential information. Participants in the doctoral study included three senior leaders, one of whom is a chief quality officer, and the other two leaders are members of the board of directors. A benefit of involving multiple participants is to expose different meanings to illuminate the research topic (Yin, 2018). The three senior leaders are involved in the organization's mission and values, and they provided insight on the strategies they use to deliver quality care to their patients.

I have maintained contact with the chief quality officer via phone and email. Due to geographical distance, I have kept all correspondence via phone and email to ensure accuracy and clear communication. When researchers and participants have miscommunication, it is often a result of misunderstandings between the parties (Chenail, 2011). To establish a working relationship, I remained in monthly contact with the chief quality officer. I established a working relationship with the client so they can reach out to me with any questions or concerns they may have. As a qualitative researcher, I have done my due diligence to communicate effectively with the client to ensure accuracy,

protect privacy, and ultimately understand the strategies the client implements for delivering quality patient care.

Research Method and Design

Research Method

Qualitative, quantitative, and mixed methods are three research options for studying a topic (Yin, 2018). Quality and quantity, for example, are two independent dimensions: one is about qualities, properties, or attributes and the other is about the scale on which these properties are measured (Beuving & Vries, 2015). Researchers who use a qualitative research method use qualitative data of nonreducible text that includes descriptions and illustrations delivered in static or dynamic form (Bansal et al., 2018). The qualitative research method assists researchers to gain a better understanding of participant's experiences and perceptions (Vass et al., 2017). The quantitative research method includes data that is numerical and can be added, manipulated, and altered into efficient data displays (Bansal et al., 2018; Saunders et al., 2015). The third research method, mixed methods, contains both qualitative and quantitative methods to gather and analyze data and information from a variety of sources (Uprichard & Dawney, 2019). The purpose of the doctoral study was to explore strategies leaders use to deliver quality patient care. Because there was no quantitative component to the doctoral study, the qualitative method was the appropriate approach.

Research Design

Qualitative research designs include case study, phenomenology, ethnography, and narrative (Yin, 2018; Saunders et al., 2015). I used a single case study design to

explore strategies that leaders implement to deliver quality patient care. Not only does a single case study play an important role in qualitative research, it is also analogous to a single experiment (Yin, 2018). A phenomenological design focuses on participants' lived experiences (Saunders et al., 2015) and was not suitable for the doctoral study because I did not explore the personal meanings of participants' lived experiences. In an ethnographic design, researchers would analyze a participants' culture (Rasoal et al., 2017). Ethnography was not suitable for the doctoral study because I did not explore the participants from the organization's cultural perspective. The narrative design explores a phenomenon from accounts of personal perspectives (Saunders et al., 2015). The narrative design was not suitable for the doctoral study because I did not seek to analyze peoples' personal lived experiences through their life stories. A multiple case study design was not suitable for the doctoral study because it would include multiple organizations where each one would be the subject of its own field work (Yin, 2018).

Triangulation adds depth with data saturation in qualitative research, and researchers need to consider the depth of data (Fusch et al., 2018). Data saturation occurs when no new information is expected from additional interviews. A single case study design was appropriate for the doctoral study to explore the strategies healthcare leaders use to deliver quality patient care.

Population and Sampling

As part of the Doctor of Business Administration Consulting Capstone program, learners are partnered with a nonprofit client organization. The agreement is made between Walden University and the client organization and entails complying with the

IRB requirements. I interviewed three senior leaders at a large health organization and made sure the leaders electronically signed a consent form on the day of the interview.

As a qualitative researcher, I used a single case study design to explore the strategies healthcare leaders use to deliver quality patient care through a specific population. A single case study design helps a researcher understand a real-world case and is based in part on the assumption that the understanding is likely to involve significant related conditions relevant to the case (Yin, 2018). For this single case study design, I selected three senior leaders of a large health organization located on the East Coast in the United States who successfully implement strategies to deliver quality patient care. Qualitative researchers can use purposive sampling for primary studies to achieve a manageable amount of data (Ames et al., 2019). Rich data is many layered, complex, comprehensive, and nuanced, and it is important not only to have a lot of data to support the topic, but the data also needs to be rich (Fusch et al., 2018). I explored and acquired the strategies healthcare leaders implement to deliver quality patient care through a purposive sample of three senior leaders to obtain rich data.

I conducted phone interviews with the senior leaders of the client organization to explore the strategies they use to deliver quality patient care. I recorded the phone calls and kept track of email correspondence. Semistructured interviews are best for gathering data analyzed qualitatively and are helpful for exploring the context of what is happening (Saunders et al., 2015). After I conducted the interviews, I summarized the recordings and created codes to record the information. A code in qualitative inquiry is a word, phrase, or sentence that represents aspects of data or captures the essence or features of

data (Clark & Vealé, 2018). A coding schedule can help a researcher answer a research question and address the underlying objective (Saunders et al., 2015). I grouped the codes based on the findings in the interviews to present thematic relationships among the participants' responses. I collected information from the interview responses, the Baldrige Excellence Framework application, and other company documents.

Ethical Research

Anyone who is conducting qualitative or quantitative research needs to consider the ethicality of what they are doing (Ellis, 2019). I obtained IRB approval (# 09-17-18-0736753) on September 17, 2018, which allowed me to collect and analyze data from the client organization. The research ethics and compliance department at Walden University requires learners to obtain IRB approval before collecting or analyzing data. Codes of ethics are put in place to overcome ethical dilemmas arising from different social norms and conflicting philosophical approaches (Saunders et al., 2015). I signed a service order agreement with the client organization that allowed me to conduct my research and analyze data. The service order agreement outlined the desired outcomes of the research project, deliverables, and the duration of the project. The client organization could withdraw at will. According to (Saunders et al., 2015), participants have the option to withdraw from participation and possibly withdraw data they have provided.

As a researcher, it is necessary to state how data will be stored and in what conditions to ensure the confidentiality of the participants and confidentiality of the data (Saunders et al., 2015). To protect the privacy and confidentiality of the client organization, I assigned pseudonyms, such as P01, P02, and P03 to each participant and

coded the transcripts with different names. I protected the participants and their information through redaction and password protection. I have stored all of the documentation on a password-protected hard drive for the next 5 years. After 5 years, I will destroy all information that is associated with this study.

My main incentive for participating as researcher was to gain an understanding of how leaders implement strategies to deliver quality patient care in a large nonprofit health organization. An incentive for the client organization was to have study findings to assist with critical analysis of organizational strategies and operational processes. Also, the client organization may gain insight into additional information pertaining to healthcare leadership and quality patient care. The findings may help other researchers and nonprofit leaders understand the strategies for delivering quality patient care.

Informed Consent

Informed consent is the foundation of the ethical conduct and protection of the rights and wellbeing of participants (Widmer et al., 2020). At Walden University, informed consent is a critical component of conducting accurate and ethical research. Researchers must provide sufficient information and assurances about allowing individuals to understand the implications of participation and allow the participants to make their own decisions (Saunders et al., 2015). While there are possibilities that misunderstandings may occur, it is essential for the researcher to practice open and honest communication with the participant(s) to establish a strong relationship. A good case study researcher will strive for the highest ethical standards by being honest, avoiding deception, and accepting responsibility for his or her work (Yin, 2018). To

minimize potential misunderstandings, a researcher that practices in good faith as Yin explained, can aid in promoting and guiding ethical research. In addition, it is important for the researcher to properly outline and document information.

Data Collection Instruments

Yin (2018) presents a thorough explanation of various data collection methods. Once the researcher understands research objectives, then the researcher may use a variety of data gathering tools, such as observations, interviews, archival records, and documentation (Yazan, 2015). I, as the qualitative researcher was the primary data collection instrument. The researcher is typically the primary instrument of data collection and analysis (Clark & Vealé, 2018). I conducted semistructured interviews to gain insight on the strategies leaders use to deliver quality patient care. I also viewed company related documents on what current processes they use and how they improved on their existing strategies to deliver quality patient care. Useful data collection involves asking relevant questions, being an avid listener, staying adaptive, and understanding the case study's issues (Yin, 2018). In the interview process, it is essential that the participants are able to fully answer the questions while being mindful of the topic at hand and their responses (Elmir et al., 2011). As part of my duties to be ethical and conduct ethical research, I ensured the participants had the ability to fully answer the questions. Researchers may have a tendency to ask questions based on the participants' answers and it is necessary to make the participants aware of that (Chenail, 2011).

I completed three semistructured interviews with senior leaders of a large nonprofit health organization to determine which strategies they use to deliver quality

patient care. I followed the interview protocol by recording the conversation, taking notes (as needed), and transcribing the data that I collected. I used member checking to enhance the reliability and validity of the data collection instrument. When a researcher uses member checking, they verify the accuracy of data once the researcher has completed collection and analysis (Naidu & Prose, 2018). Strategic questions will play an important role in validating the responses and information. Member checking will help me to verify and assess the trustworthiness of the qualitative results. The interview protocol and interview questions are shown in Appendix A.

Data Collection Technique

The data collection technique that I used in the doctoral study were semistructured interviews. Semistructured interviews are an excellent choice for data collection because they provide a flexible but organized technique of obtaining a rich set of data for analysis (Peesker et al., 2019). The process involved scheduling the interviews with each senior leader and conducting the interview over the phone because of constraints caused by geographical location. I provided the leaders with the interview protocol which will also contain the questions. I followed the same format and structure for each participant. The following are instances where semistructured interviews are advantageous: (a) the purpose of the exploration; (b) the significance of establishing personal contact; (c) the nature of collecting relevant questions; and (d) length of time required and comprehensiveness of the development (Saunders et al., 2015). One of the main disadvantages of semistructured interviews is that it may be more challenging because the

interactions are not as structured as in surveys with closed-ended questions (Saunders et al., 2015; Yin, 2018).

I did not conduct a pilot study, but rather focused on semistructured interviews to collect the necessary data to answer the underlying research question. Once I gathered and formulated the data, I used member checking to ensure accuracy of the results. Birt et al. (2016) explained that member checking is simply exploring the credibility of results. I transcribed the data and create codes and themes so that the information remains accurate and consistent. Once I completed that, I provided documentation (e.g. member checking) to the participants so they could evaluate the data and results for accuracy. Reciprocity between researchers and participants is a crucial component of community-based qualitative research (Naidu & Prose, 2018). The relationship between the researcher and the participant is important to establish a strong foundation to gather and obtain rich data.

Data Organization Techniques

I used codes and organized the data that I collected from the participants' phone interviews to create a thematic analysis. I used color codes for the information and themes for each interview that occurs. When a researcher uses codes for patterns and themes, the researcher uses sorting to categorize the codes (Clark & Vealé, 2018). Clark and Vealé, (2018) explained that the patterns are used to identify categories that are repetitive in the transcription from the coded data and the categories are reviewed to generate common themes in data. Qualitative researchers have a variety of ways to keep track of data such as, reflective journals, research logs and labeling systems.

I used a reflective journal for keeping track of data and information. A reflective journal helps the researcher note what has happened regarding the lessons that have gone well and the ones that could use improvement (Saunders et al., 2015). I protected the participants and their information through redaction and password protection. I stored all documentation on a password-protected hard drive for the next 5 years. After 5 years, I will destroy all information that is associated with this study.

Data Analysis

I, as the qualitative researcher will perform the interviews and will be responsible for collection of the necessary documentation. Methodological triangulation is the most appropriate data analysis process for the research design. Methodological triangulation adds depth to the data that researchers collect and is useful in qualitative research designs where one may have multiple data collection methods to explore the importance members use to frame their world (Fusch et al., 2018). Triangulation adds depth, breadth, complexity and richness to the research (Saunders et al., 2015). I used a variety of information gathering resources, such as organizational documents, interview responses, and the client organization's Baldrige Excellence Framework application to triangulate data.

I analyzed the collected information, which involved a variety of patterns and themes, through the lens of the R-A theory and TQM. I used Microsoft Word and Excel to illustrate the patterns and themes for the interviews that I conducted. Researchers can use word processing tools such as Word or Excel files to arrange the narrative and numeric data (Yin, 2018). I provided a list of emerging patterns and themes from

organizational documents, interview responses, member checking, and the Baldrige Excellence Framework to ensure authenticity of data triangulation. Member checking, for example, ensures the consistency and credibility of the interpretation based on the participant's feedback (Jonsen & Jehn, 2009). In addition, I identified relevant patterns and themes from the study and aligned them with RA-Theory, TQM, and other additional academic literature.

Reliability and Validity

The quality of research is dependent on the reliability and validity of the research (Saunders et al., 2015). Both reliability and validity are necessary in qualitative research so that it gives credibility to the researcher and quality information to the audience. When a test is repeated several times, it shows consistency which also validates reliability (Yin, 2018). As a result, it is important that researchers pay close attention to reliability and validity during the research process.

Reliability

Reliability occurs when a researcher uses multiple data methods and achieves the same findings (Saunders et al., 2015). Reliability, for example, is a well-developed concept for interviews as it will allow the researcher to gain valuable information pertaining to the topic (Morse, 2015). Reliability occurs when research can replicate an earlier research design, while validity refers to the accuracy of the analysis of the results (Saunders et al., 2015). Overall, the fundamental differences are that reliability relates to the consistency of a measurement and validity is defined based on the accuracy of measurement (Heale & Twycross, 2015). To ensure reliability and dependability, I used

member checking to confirm accuracy, including the information in the Baldrige Excellence Framework application to ensure reliability, credibility, and dependability. I recorded all changes and decisions in a reflective journal and confirmed the accuracy by using member checking so that the business leaders can check the responses. Journal writing helps deepen engagement and gain a greater understanding of individual needs (Everett, 2013).

Validity

Qualitative researchers must validate their work through the following: credibility, transferability, confirmability, and data saturation. Some of the strategies that are useful for reliability and validity are: credibility, confirmability, and transferability (Houghton et al., 2013). Validity refers to the measurements that researchers use to determine results (Saunders et al., 2015). Error in validity includes ambiguity, events, testing, and instrumentation (Saunders et al., 2015). Researchers use multiple methods for validity to ensure their research is consistent and accurate (Fusch & Ness, 2015). I used methodological triangulation as a way of providing detailed explanations to ensure the credibility, transferability, confirmability, and data saturation for the research findings. I used member checking as a way to improve transferability and confirmability for the doctoral study so that the client could review the responses and results. I also used a coding system to ensure credibility and data saturation for validating the main themes and topics that arose from the information. Researchers reach data saturation when there is sufficient data to replicate the study when the ability to attain new information has been achieved and, when additional coding is no longer conceivable (Fusch & Ness, 2015). I

asked a series of interview questions to a sample size of three participants to obtain rich and thick data that would further ensure data saturation. The purpose of validity is so that I have properly and accurately gathered and presented data for the doctoral study.

Transition and Summary

In Section 2, I explained the purpose of the study, the role of a qualitative researcher, and the participants. I discussed the research method, research design, population and sampling, ethical research, data collection instruments, data collection technique, data organization techniques, and data analysis. I explained the importance of reliability and validity in qualitative research. I maintained research depth through the exploration of strategies leaders use to deliver quality patient care relative to the client organization and the 2019-2020 Baldrige Excellence Framework.

In Section 3, I used the 2019-2020 Baldrige Excellence Framework for nonprofit organizations to explore the details related to the client organization's profile. I used the seven categories of the Baldrige Excellence Framework which include: (1) leadership; (2) strategy; (3) customers; (4) measurement, analysis, and knowledge management; (5) workforce; (6) operations; and (7) results. I also provided the client organization's process strengths and opportunities, results strengths and opportunities, a project summary, and contributions and recommendations.

Section 3: Organizational Profile

ABC Organization, a pseudonym, is a large health organization that serves patients in the Eastern United States. The organizational core values consist of compassion, teamwork, diversity, accountability, and innovation to provide the best quality service and care for their patients. ABC Organization Health is a comprehensive academic medical center. The organization evolved into one of the nation's top academic health science centers. In 2016, ABC Organization integrated two additional entities, entity A and entity B.

Entity A consists of care team members who serve patients in hospital-based settings. Entity B consists of renowned health scientists, educators, and clinicians who provide primary care and specialty care across the state. Both of the entities helped form what is known as the ABC Organization Health. The entities engage with each other through their leaders and care team members to commit to a shared mission, vision, and organizational values. ABC Organization Health is the clinical enterprise of the main organization (ABC Organization), and they are dedicated to providing quality patient care. For clarity purposes, ABC Organization will refer to the organization as a whole. The Baldrige Excellence Framework in Section 3 will focus on the health side of the ABC Organization and will be referred to as ABC Organization Health.

Key Factors Worksheet

Organizational Description

ABC Organization Health ranks among the best in the nation in terms of innovation, patient and family-centered care, and quality outcomes. They have been

ranked as the state's most preferred hospital for the third consecutive year, and they also consistently ranked high in adult and pediatric specialties. ABC Organization Health is easily accessible for patients with over 100 outreach locations, clinical affiliations with health partners, and a robust telehealth network. ABC Organization Health experiences over one million patient encounters each year while delivering transformational care backed by world-class clinicians, health scientists, and educators who provide leading-edge care while developing future innovative health care leaders. No matter the complexity of patient care, ABC Organization Health uses a *just say yes* approach to each patient they serve.

Organizational Environment

The organizational environment assessment of ABC Organization includes a summary of the main service offerings, mission, vision, values, workforce profile, assets, and regulatory requirements.

Service Offerings. ABC Organization Health provides services to patients statewide through secondary, tertiary, and quaternary outreach. Some of the methods of delivery for each service include direct patient care, telehealth consultation, and E-Visits. The purpose of virtual encounters is that the E-Visits allow for healthcare professionals to meet patient needs no matter where they are located. Patients are able to access their progress notes and lab results from a portal through electronic medical records and can also schedule appointments. ABC Organization Health's outpatient care services include the organization's multispecialty care, primary care, telehealth and e-visits, and outreach services. Also, the hospital-based emergency and acute care services consist of the

general hospital, women and children’s hospital, a cancer center, and a pediatric and adult facility.

Table 3

ABC Organization Health Service Offerings

Outpatient care services	Hospital-based emergency care & acute care services	Post-acute care services
Multispecialty care, primary care, telehealth/e-visits, and outreach services	University, Women’s and Children’s hospital, cancer center, pediatric and adult emergency department, adult chest pain department	Partnerships, long-term acute care hospitals, skilled nursing facilities, home health agencies, inpatient rehabilitation, population health interventions.

Note. Service offerings.

Mission, Vision, and Values. ABC Organization Health leaders continuously evaluate the mission, vision, and values. ABC Organization Health’s mission, vision, and values align throughout the enterprise. The care team members are accountable for achieving that through operational goals, key performance indicators, and standards of behavior. The leaders’ mission is to improve health and maximize the quality of life through education, research, and patient care. Their vision is to lead health innovation for

the lives they touch. Their values comprise of compassion, teamwork, diversity, accountability, and innovation. The leaders' aim is to deliver unrivaled patient-centered care while allowing patients access to innovative treatment throughout the state. The pillar goals consist of service, people, quality and safety, finance, growth, and innovation. ABC Organization is known for having a culture of safety and established the IMPROVE model, which incorporates Lean Six Sigma and additional improvement methodologies. The leaders invest in talent selection, onboarding, and professional development to ensure superior outcomes for their workforce and patients.

Workforce Profile. There are three major employers of ABC Organization Health and the majority of the employees consist of care team members, which make up over 10,000 employees. The care team members consist of leaders (administrators, directors, and managers), underrepresented minorities, physicians, nurses, African American RNs (there are around 2,700 nurses and about 8% are African American), veterans, and patient and family advisors (volunteers, approximately 1,310). Educational requirements for the care team members range from high school diplomas to medical degrees and PhDs. All of the entities are governed under a single organization which is known as ABC Organization. The care team members are nonunion and comprise of clinical and nonclinical care team members. ABC Organization Health also has increased the percentage of registered nurses, underrepresented minorities, and outreach locations to ensure that community access needs are met. Educational qualifications range from high school diplomas to medical degrees and PhDs.

Assets. ABC Organization Health owns and operates over 129 buildings throughout the state in addition to an 80-acre main campus. The service offerings are located throughout the state, but are concentrated within the tri-county primary service area. ABC Organization Health leaders heavily invest in biomedical equipment and IT services, which include telehealth, enterprise software, and electronic health records.

Regulatory Requirements. ABC Organization Health leaders abide by all minimum labor and safety standards and participate in discretionary quality and accreditation programs as a center for clinical healthcare excellence. The regulatory, legal, and accreditation requirements include Joint Commission, CMS, and OSHA. Leaders use what they call a “Just Culture” algorithm that integrates with performance management policies and as well as the Patient Safety Intelligence (PSI) reporting system.

Organizational Relationships

The organizational relationships associated with ABC Organization Health include the organizational structure, patients, other customers, stakeholders, suppliers, and partners.

Organizational Structure. ABC Organization’s board of trustees (BOT) is the final authority and governing body for ABC Organization Health, which comprises six colleges (college of dental medicine, graduate studies, health professions, medicine, nursing, and pharmacy), outreach programs, and ancillary functions of the organization. The BOT establishes general policies for the organization, defines educational programs, and approves annual budgets. There is a subcommittee within the BOT, and they meet six

times a year. The chief executive officer (CEO) of the health system reports directly to the BOT. ABC Organization Health established an Integrated Centers of Clinical Excellence (ICCE) model to promote transitions of care between clinical areas. ICCEs are segmented by disease state and collapse departments to ensure collaboration among departments that share common patient types. Patient-focused (pICCE) and collaborative (cICCE) make up two types of ICCE. Each ICCE is led by a physician ICCE chief with support from an ICCE administrator. Patient-focused ICCE reports to the chief physician executive, while cICCE report to either the Chief Operations Officer or the chief perioperative operations officer. The committee-council reporting structure within ABC Organization Health consists of councils, committees, and teams/workgroups that have a bidirectional flow of reporting and information sharing.

Patients, Other Customers, and Stakeholders. The primary customer of ABC Organization Health are patients and families. Other customers include referring providers, the community, and affiliate partners. ABC Organization Health leaders evaluate patient and community needs based on primary, secondary, and tertiary markets. The primary market for the services is local (within three contiguous counties), the secondary market is within nine contiguous counties, and the tertiary market encompasses the remaining counties in the state. Other stakeholder groups include suppliers and joint ventures. The following table represents the patients, other customers, and key requirements and expectations.

Table 4*Current Patients and Other Customers*

Patients and families	Effective, efficient, timely, and patient-centered care.
Referring providers	Over 133,000 referring clinicians providing mission focused, high quality care.
Community	Partners with multiple non-governmental and nonprofit organizations to better deliver mission, vision and value. They expand access to care through innovative and community-based alliances.
Affiliate partners	Organization has affiliate partners in education, patient care, and research. They share like-minded cultures and commit to high quality care and improve overall health care in their state.
Suppliers	The organization has many large suppliers which require timely delivery of high-quality supplies and services.
Joint ventures	The organization has partnerships with formal partners and specific clinical services. They share like-minded cultures and commit to improving the quality of health care.

Suppliers and Partners. ABC Organization Health has major suppliers and partners to help ensure competitiveness with timely, accurate delivery of medical supplies, pharmaceuticals, support services, and collaborative networks. Their collaborative networks enhance information sharing and shared learning to meet the goals of improved quality care and reduced costs. Supplier and partner collaboration through business review meetings, onsite representation, email, and phone calls, along with continuous assessment of best practices, helps reinforce the core competencies of ABC Organization Health.

ABC Organization Health's pillar goals and core value of diversity and inclusion extends to the suppliers and partners through the Supplier Diversity Program. The program is focused on ensuring key supplier segments share the organization's diversity and inclusion goals when selecting their own vendors and workforce. The Supplier and Diversity Program ensures ABC Organization Health's requests for proposals are competitive, innovative, and demonstrate diversity.

Organizational Situation

The following subsection is a review of the organizational situation, competitive environment, strategic context in which leaders operate, and the performance system to remain competitive.

Competitive Environment

The review of the competitive environment includes a description of competitive position, competitive changes, and comparative data used to make organizational changes.

Competitive Position. There are five other acute care hospitals which operate within the primary market of ABC Organization Health, with an additional 15 acute care hospitals in the secondary market. The ABC Organization Health's transplant service competes on the national level as the only transplant center in the state. In addition, the organization is one of three Level 1 trauma centers in the state. Inpatients originate 60% from the primary market, 21% from the secondary market, 16% from the tertiary market, and 3% from outside of the state. ABC Organization Health leads the primary and secondary markets in inpatient volumes with 17% market share. The organization holds

16% market share in the secondary market in ambulatory surgery volumes. Since the organization is the only transplant center in the state, 73% of the state's residents requiring kidney transplant and 67% requiring liver transplant have the transplant at ABC Organization Health.

For the other remaining medical services, the organization sees a disproportionate share of low payor mix. The current payor mix is 26% Medicare, 24% Medicaid, 16% private insurers and managed care, 19% Blue Cross, and 15% self-pay and charity care. The organization's strategic ventures department enables them to partner with other agencies, including for-profit agencies, to deliver the full continuum of care to their customers. Partnerships include affiliations with private home health providers and six other hospitals that share branding, quality oversight, clinical pathways, guidelines, and physician training to provide equivalent healthcare outside of the organization's main campus.

Competitive Changes. When there are changes to the healthcare environment in reimbursement, purchasing, and services, they affect the competitiveness of the organization. ABC Organization Health is part of the National Committee for Quality Assurance (NCQA) Tier 3 Accountable Care Organization (ACO) and has demonstrated strong performance in clinical quality, patient experience, and efficiency. The leaders continue to meet the challenges of competitiveness in reimbursement, cost, and services. Since the reimbursement landscape continues to shift toward value-based reimbursement, the leaders work to innovatively deliver higher quality healthcare at lower costs, including joining four voluntary "bundled payment" programs with Centers for Medicare

and Medicaid services (CMS) and establishing value-based payment programs with several payors to maintain competitiveness. ABC Organization Health leaders participate in group purchasing organizations (GPOs) like Initiant Health Collaborative to help control costs. Initiant combines the forces of five major state healthcare systems to improve quality and lower procurement costs of supplies and services.

ABC Organization Health leaders actively improve and expand services offered to their customers in a variety of ways, including telehealth and new or improved facilities. Their multi-site telehealth service growth provides niche services to patients that are in distant and remote parts of the state. Telehealth allows the organization's health leaders offer more primary care and specialty clinics, including after-hour clinics, to patients in the communities where they live. Payments are lower for off-site services than hospital-based, however the leaders offset financial challenges through careful staffing and overhead controls. ABC Organization Health received a new 10 story, 625,000 square-foot, \$385 million children's hospital. The new facility provides more space for additional patients, expanded services and more spacious, family-centered amenities.

Comparative Data. ABC Organization Health's services stay competitive and drive continuous improvement with the help of comparative and benchmarking data, from both within and without the healthcare industry. The sources of benchmarking data include: patient and family advisory councils, Sg2 consulting, ambulatory data trends, physician supply and demand, community needs assessment, market demographics, physician surveys, patient flow tracking, rounding results, IT and facility assessment.

Strategic Context

ABC Organization Health's leaders regularly evaluate strategic advantages and challenges to the current state of the healthcare environment. The strategic advantages are: telehealth, leveraging brand equity to create strategic partnerships, safety network, population growth, structure of organization, systematic funds flow, learning lab for innovations, academic mission, health professions such as medical school/research, strong local, regional, and statewide presence due to specialty services. The strategic challenges are: disproportionate share/payor mix/charity care, no Medicaid expansion, workforce, supply to meet population demand, peninsular location, space and building limitations due to historic nature and flooding risk, certificate of need requirements, and an increasing threat of competitors and market saturation.

Performance Improvement System

ABC Organization Health's leaders use a continuous improvement process based on Six Sigma and lean principles called IMPROVE. The IMPROVE framework permeates through all levels of the organization and provides care team members with a common set of tools and methodologies for examining and solving problems while inspiring them to continuously improve their work. IMPROVE is the foundation and driver of the high-performance culture and continued excellence in all areas of the organization. IMPROVE locates problems, measures impact, analyzes problems, remedies selection, operationalizes remedies, validates progress and evaluates overtime.

Leadership Triad: Leadership, Strategy, and Patients

The healthcare leaders of the client organization continuously look to improve leadership skills, develop innovative strategies, and improve quality patient care. The following section will demonstrate the importance of the client's leadership triad with a focus on leadership, strategy, and patients.

Leadership

The following subsection contains a description of how senior leaders help guide and maintain organizational performance while ensuring governance and societal responsibilities are met.

Senior Leadership

The review of senior leadership includes a description of setting vision and values, promoting legal and ethical behavior, communication, creating an environment for success, and creating a focus on action. The senior leadership consists of 14 members and the general counsel: CEO, Assistant to CEO, Chief of Staff, Chief Affiliations & Business Transformation, Chief Quality Officer, Chief Financial Officer, Chief Perioperative Officer, Chief Patient Experience Officer, Chief Operating Officer, Chief People Officer, Chief Diversity Officer, Chief Strategy & Business Development, Deputy CIO, and Chief Physician Officer.

Setting Vision and Values. ABC Organization Health leaders have developed and instituted leadership learning, innovation, and engagement to align the organization with its principles. In 2010, leaders developed the House of Excellence to coordinate with the mission, vision and values (MVV) with the original five pillars of excellence. The

organizational process included such strategies as a Leadership Development Institute (LDI) involving over 500 leaders who helped to define the organization's values, 50 *value engagement teams* that worked to translate the organization's new values into specific standards of behaviors, and numerous care team member focus groups who provided their feedback. The leaders added *Innovation* as a sixth pillar of excellence in 2015 to emphasize its importance in the transformation of healthcare, in addition to its place as a core value. They also expanded the Core Principles in 2016 as an evolution of the leadership system, from the nine original Studer Principles to 12 Core Principles. The principles are: (a) concern for ABC Organization Health's Care Team, (b) active and involved leadership, (c) robust proactive communication, (d) first and last impressions, (e) emotional connections to patients and families, (f) focus on care transitions, (g) selecting and onboarding the care team, (h) evidence based practice directs, (i) highly reliable, (j) swift problem resolution, (k) personal accountability, and (l) recognize and reward the best.

All leaders are expected to exemplify "Active and Involved Leadership" through regular rounding and care team member engagement. The MVV and Standards of Behavior have been deployed and continuously reinforced through the 12 Core Principles, as through communication strategies. All care team members must formally attest to uphold the standards of behavior. All leaders receive extensive education on the organization's leadership system, and new leaders are required to commit to the MVV as part of the organization's new leader onboarding program. The MVV and Standards of Behavior also extend to members of the Patient and Family Advisory Councils (PFACs)

and suppliers and vendors. Leaders also employ strategies for Patient and Family-Centered Care (PFCC), Just Culture, High Reliability, Diversity and Inclusion, Engagement, and Interprofessionalism.

Promoting Legal and Ethical Behavior. As a High Reliability Organization (HRO), senior leaders are committed to fostering a culture of personal and shared accountability: a “Just Culture.” The concept of Just Culture was first introduced to the organization in 2011, with HRO efforts increasing in 2016. The HRO transition included enterprise-wide education about high reliability with classroom education and online modules. Since 2016, 11,633 (online training) and 411 (instructor-led training) courses were completed by care team members; with 127 care team members achieving Just Culture Champion certification. In 2017, Just Culture classroom training expanded to ABC Organization’s Master in Healthcare Administration (MHA) students and Administrative Fellows; imparting Just Culture values to the nation’s future healthcare leaders.

Leaders utilize Just Culture for behavioral questions in addition to issues related to patient safety. As a result, the Just Culture algorithm has been integrated into performance management policies and practices, as well as into the PSI reporting system. The PSI reporting system allows care team members to report safety concerns and is one of several tools, including an anonymous 24-hour hotline, available. The Compliance, Ethics, and Quality Offices routinely investigate and respond to reported events and perform Health Insurance Portability and Accountability Act (HIPAA) access audits of the electronic medical record to identify possible breaches. Through the use of various

reporting methods, leaders promote a reporting culture that encourages care team members to report risk, potential harm, and unethical or noncompliant behavior. In order to instill a sense of empowerment for all care team members to speak up without fear of reprisal, leaders encourage and train care team members to verbally state, “I have a concern, I am uncomfortable, and this is a safety issue” (CUS) when safety is at risk. The CUS technique is an escalating method of expressing a safety concern to a care team member whereby each phrase is used in succession if safety concerns are not addressed. CUS training is part of all new leader and care team member training, as well as annual mandatory education.

The Ethics Department of ABC Organization Health provides ethics consultations to care team members or patients and families faced with difficult healthcare decisions. The Ethics Committee, a multi-disciplinary and interprofessional team of leaders, care team members, and providers, reviews ethics policies and unusual cases. The Ethics Department also provides counseling and support to care team members and providers who may be in moral distress related to an ethical dilemma or difficult case. The Ethics Department works with other departments, such as Human Resources (HR) and, to determine appropriate responses and possible disciplinary action, as well as with the Legal Affairs Department when regulatory entities should be notified. The organization has both provider and nursing peer review.

In order to fully deploy the organization’s legal and ethical culture across the enterprise, the Code of Conduct and Standards of Behavior, general corporate compliance, HIPPA privacy, and security guidance are presented to all new care team

members during orientation, as well as to all suppliers and partners. Education is redeployed annually as part of required compliance training via the Learning Management System (LMS) called MyQuest. Care team members are not eligible to receive a performance increase if they have not received this training and may be removed from their positions until the training requirement has been met. All care team members are required to complete an annual Conflict of Interest Disclosure as a condition of their employment. Additional annual education may include targeted departmental compliance and HIPPA training.

Communication. Senior leaders are consistently involved in the communication process at ABC Organization Health. The leaders are integral in the planning and disseminating of messages throughout their teams and the organization. Leaders manage the planning of communications in weekly leadership communication meetings where they discuss key messages, intended audiences, delivery methods, and feedback mechanisms in conjunction with the Communication Advisory Group (CAG). The CAG is comprised of care team members across the organization that provide feedback and strategies for more effective communication. Communication methods may be informal or formal, and may include live forums, such as Townhall and Daily Check-In (DCI) meetings, or other methods like social media.

The DCI is a daily morning teleconference in which leaders from all functional areas of the organization relay events and statuses from the previous 24 hours. Each leader reports on key performance indicators (KPIs), such as patient volumes, length of stay (LOS) outliers, and any current/anticipated issues. DCI is intended to provide a

holistic view of the organization and remove barriers of communication between departments. All messages are posted on internal communications websites where they can be accessed by anyone in the organization. Senior leaders are ultimately responsible for cascading key messages to their teams following leader communication meetings, or as received from other leader communications. While senior leaders are responsible for high-level and enterprise-wide communications, all levels of leadership are encouraged to perform rounding at the team level. Rounding involves visiting patients and care team members to assess any needs or issues. Rounding enables leaders to communicate directly and personally, listen to concerns, problem solve, and recognize or coach the individual performance of care team members. Leaders are expected to round on their internal customers to build relationships and identify opportunities for improvement. To ensure that all leaders have a direct connection with serving patients and families, all leaders are required to round on three patient rooms each week whether their roles are clinical or nonclinical in nature. Through rounding, opportunities for improvement in each patient's overall experience are identified and logged, and care team members identified by patients and staff as high performing are recognized.

Creating an Environment for Success. ABC Organization Health's leaders continuously strive to create an environment for success throughout the organization. The pursuit of excellence is an iterative process in which leaders utilize strategic and succession planning through learning and career development. The organization has been recognized by numerous credentialing organizations. In 2016, the organization was awarded Magnet Recognition by the American Nurse's Credentialing Center (ANCC).

Magnet Recognition is among the highest recognition awards for nursing excellence and is awarded based on nurses outperforming national benchmarks, advocating for patients and care team members, making key decisions, collaborating with other professionals, and contributing to high quality care and innovation. Magnet Recognition places the organization among just 482 other healthcare organizations in the United States to receive the award.

The leaders' strategic planning methodology helps the organization to discern which opportunities to pursue and the risk associated with the opportunities. The process begins with strategy mapping, which examines results data, market dynamics, and internal planning efforts. The process checks for alignment with the pillar goals and the long-range strategic plan and is iterative, leading to refinement. Risk is minimized using a variety of data sources, examination of past trends, and predictive models related to emerging trends at local, state, and national levels.

Leaders prioritize and recognize the strategic importance of developing an organizational succession plan. The succession planning approach will leverage technology and industry best practices to assess talent and manage the leadership pipeline. Leaders will construct talent profiles with skills, education, and experience, competencies, and performance history, assess short and long-term potential and design personalized talent development plans. During calibration sessions, senior leaders will “talk talent” to uncover strengths, development areas, how talent is perceived, and future organizational expectations to incorporate into personalized talent development plans. Evolving as a learning culture is a key domain in the HRO model and led to the

establishment of the Learning Office under the leadership of a Chief Learning Officer (CLO) in 2014. The Associate CLO currently oversees education for care team members and leaders and leads innovation in learning through learning technologies and curriculum development. The Associate CLO serves in an appointed position with the University's Office of Interprofessional Initiatives and leads various initiatives to promote interprofessionalism in clinical practice.

For its over 600 leaders, the organization offers leadership development using various methods at multiple levels of competency requirements: enterprise level, system level, department and role specific, and leader centered. Most significantly, leaders utilize LeaderQuest and LDIs. LeaderQuest is comprised of educational offerings in three domains: Personal Leadership (e.g. "people skills"), Operational Know-How, and Strategic Thinking. The model is based on the National Center for Healthcare Leadership's competency model. Specific courses (classroom and online) are offered in each domain. Additionally, the organization has had a long tradition over 10 years of gathering its leaders together for collective learning at LDIs. Almost 50 LDIs have been offered to date, held for full-day offsite three times per year for over 500 leaders. Each LDI is developed around a key strategy for which leadership is essential and includes networking and collaboration. Discover from external experts, learning of new methods, and the practicing of essential leadership skills.

Innovation serves as a core pillar as well as a central value in the organization. Innovation is central to the legacy of ABC Organization Health as an academic center, which is also evident in the motto, Changing What's Possible. Leaders have committed to

innovation in numerous ways including dedicating an LDI to innovation. In the LDI, leaders learned innovation principles and how to effectively foster innovation in their leadership areas. In 2016, leaders began organization-wide innovation campaigns to elicit innovative ideas from care team members across the organization and support their vetting and implementation. In 2017, a Director of Innovation was appointed with a specific focus on design thinking in healthcare. In 2018, the first innovation summit was held, engaging care team members in friendly competition on ideas for implementation. Organizational and individual learning is accomplished through many approaches. Leaders of the learning office implement and maintain the learning modules in MyQuest. A User Committee was operationalized with the charter to continuously improve both the experience and relevance of learning to ensure user adoption and to foster continuous learning through MyQuest. ABC Organization Health received the Brandon Hall Award for Excellence for Best Launch of a corporate university due to the implementation of this new system in 2016.

Leaders implemented key learning initiatives for each of the organization's key strategies. In the quest to develop as an HRO, 4,400 care team members attended four-hour interactive workshops in 2016. To further teamwork, leaders employ a methodology developed by the Agency for Healthcare Research and Quality (AHRQ) called Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS). TeamSTEPPS-certified educators develop assessments and customized education for specific units. In 2017, an LDI was devoted to leadership practices to facilitate teamwork. The largest workforce segment of ABC Organization Health is nursing, and leaders

utilize the nursing practice model called Great Achievement Toward Excellence (GATE). The GATE is a shared governance approach that includes transformational leadership and provides structure to voice, guidance, and decision-making input for nursing. Nursing Shared Governance is designed to empower all nurses employed by ABC Organization Health to take ownership of nursing practice, processes, and systems based on evidence that will benefit patients, interprofessional teams, and nursing staff at every level.

At the unit level (inpatient unit, ambulatory, procedural, perioperative services, and advanced practice councils), direct care professional nurses are responsible and accountable for information sharing, decision making, and implementation of decisions made at the organization level council. Unit-based councils are empowered to address specific barriers in their work areas and make decisions related to implementation and communication of the changes. Unit Councils are also responsible to identify system-wide barriers or opportunities. Leaders are dedicated to the continued learning and professional development of all care team members. Leaders developed MyQuest as a learning resource with constantly expanding learning opportunities; currently offering over 250 catalogs. Leaders also support professional certifications, as well as tuition assistance for care team members. The Clinical Excellence Education department of the learning office provides ongoing in-service, continuing education (CE) for nurses, clinical affiliation support to students, and operates a Regional American Heart Association (AHA) Training Center where numerous certifications are offered to nurses, providers, and other clinicians. In addition, leaders promote the advancement of its

leaders and care team members through the LMS which features a career ladder plan, as well as a wide range of professional development tracks.

Continuous improvement is vital to ABC Organization Health's success as a learning organization committed to excellence. At the performance improvement department, leaders teach the use of Lean and Six Sigma to drive the IMPROVE process using specific tools and methodologies for examining and solving problems. Hundreds of leaders and care team members have been trained in IMPROVE methodologies and contributed to numerous IMPROVE projects. Leaders are deeply invested in the organization's evolution as an HRO with a central focus on PFCC and patient safety, with two executive leaders: the Executive Chief Nursing Office (CNO)/Chief Patient Experience Office (CPXO), and the Chief Quality Officer (CQO) fronting numerous strategies. The quest as an HRO has been focused on building a culture of safety. Leaders built the model on employee and leadership engagement, driven by continuous improvement, and guided by the culture of safety.

The culture of safety model is taught to all providers, leaders, and care team members. Clinical staff receive 4 hours of instruction and all care team members and providers are required to complete two annual training sessions focused on patient safety and PFCC. High Reliability practices such as hourly patient rounding and huddles have been hardwired into the core principles. Quality and patient safety improvements are incorporated into leader, provider, and care team member annual goals. All leadership and care team member meetings have incorporated teaching and stories related to high reliability, Just Culture, and patient safety. The high reliability steering committee leaders

develop new initiatives to continue to advance the organization, and a standardized Quality Assessment Performance Improvement (QAPI) process has been designed, taught, and deployed for 31 areas, including all integrated Centers of Clinical Excellence (ICCE) and all support services.

With the central strategic initiative “Commit to Patients First,” leaders have intensified efforts to improve PFCC. Led by the Executive CNO/CPXO, the primary emphasis is on the engagement of patients and families in key decision making and improvement processes. A Patient/Family Steering Committee, with both senior level leader and patient/family involvement, oversees strategies to increase patient and family empowerment and care across the health system. Senior leaders have also consulted with the Institute for Patient Family Centered Care for a thorough assessment of health system facilities and practices to identify specific opportunities for improvement. Five PFACs provide input into ABC Organization Health’s decision making: two focused on children’s health, two dedicated to the adult population, and one concentrated on mental health. From direct engagement in the architectural design of the new children’s hospital to the development of services for patients and families, PFACs are valued for their direct engagement in decisions that shape ABC Organization Health, its culture, and the care provided to patients and families.

Creating a Focus on Action. ABC Organization Health’s leaders utilize goal setting to create a focus on action related to organizational performance. Their goal setting process begins with MVV and through six Pillars of Excellence as organizational goals, which further falls into annual leader and care team member goals. The process has

oversight from the Leader Evaluation and Accountability Process (LEAP) committee and is supported by pillar-focused measurement teams.

Based on organizational objectives conveyed in the Strategic Plan, the measurement teams evaluate past and benchmark data before making recommendations for targeted performance ranges to be used for leader goal setting (on a scale from 1-5). Once vetted and approved by LEAP and the Executive Leadership Team, the organizational goals serve as template goals from which individual leaders must select. Leaders select up to six annual goals. Every senior leader must receive approval for their annual goals, which is overseen by the senior leaders from each pillar. In addition to LEAP, ABC Organization Health's decision-making committee structure also ensures an aligned and cohesive focus on action.

The organization's Strategy Department plays a critical role in ensuring intelligent risk taking when determining the operational actions of the organization. An in-depth risk assessment is conducted prior to selecting new operational strategies. Leaders also utilize a stoplight scorecard to visually depict organizational goal progress. Leaders score in the following areas: (a) service, (b) people, (c) quality and safety, (d) finance, (e) growth, and (f) innovation.

The scorecard is organized by Pillar, with additional "drill-downs" available for each goal. The Scorecard is updated weekly and reviewed at all leader meetings, care team member Town Hall meetings, and Administrator, Director, and Manager (ADM) meetings. The version of the scorecard is the organization's high-level depiction of organizational status. Senior leaders are identified as designated champions for each

strategic objective. For strategies with a direct impact on patients/families and in support of ABC Organization Health's commitment to PFCC, senior leaders are encouraged to engage representatives from one of the organization's six PFACs.

Governance and Societal Responsibilities

The review of governance and societal responsibilities includes a description of governance system, performance evaluation, legal and regulatory compliance, ethical behavior, societal well-being, and community support.

Governance System. The BOT in Entity A is the final authority for the governance of ABC Organization Health in accordance with the statutes of the client's respective state. The Governor of the state is the voting ex-officio Chairman of the BOT and presides meetings he/she attends. The Governor's designee votes in his/her absence. The Chairman of the BOT presides at meetings at which the ex-officio Chairman does not preside and appoints all board committees not otherwise provided for. The 16-member BOT is composed of 14 members elected by the general assembly of the state, and two appointed by the Governor. In this way, the BOT is held accountable at the state level. Additionally, the BOT performs a bi-annual self-assessment of its performance. The BOT directly, or through its authorized committees, establishes policies and annually approves Entity A's application for state appropriations and the budget for the next fiscal year. The CEO of the health system reports directly to the BOT. Standing committees of the board include Audit, Operations/Quality/Finance, and Physical Facilities.

Leaders of the Audit Committee assist the BOT in discharging its fiduciary and stewardship obligations relative to the integrity of systems of internal control, accounting

practices, annual reporting, internal and external audit process, management of business exposures and compliance with legal, regulatory and ethical requirements. The Audit Committee also provides an open avenue of communication among the internal and external auditors, management, and the Board. The Management Development and Compensation Sub-Committee of the Audit Committee ensures that executive management and care team members of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer-term budget goals. The sub-committee reviews all policy matters related to evaluation and compensation of the President, Vice Presidents, Administrators, and collectively "Executive Management." The sub-committee also regularly reviews potential candidates for promotion to senior executive positions and recommends to the President appropriate professional development assistance. Leaders of ABC Organization Health emphasize the importance of succession planning through the addition of the associate leader role. This role was added to leadership during the system's restructure in 2016. For example, in addition to the Chief People Officer role, leaders created the Associate Chief People Officer role.

Performance Evaluation. The senior leaders of ABC Organization Health have multiple deployments of performance evaluations. First, there are periodic 360-degree evaluations that measure the behavioral performance of senior leadership. Using introspective evaluation, leaders complete a leadership profile and then receive individualized coaching from outside consultants to further learn and develop. The goal-

oriented performance of the leaders is measured against the organization's pillar goals. If the organization exceed its financial goals, leadership is eligible for a variable compensation model determined by the organization's goal performance. For senior leaders, the entire at-risk compensation is based on overall organizational goal achievement. For lower levels of leadership, performance evaluations are based on a combination of the achievement of all organizational goals and individual goals. All care team members via the annual employee engagement survey also solicited for feedback.

Legal and Regulatory Compliance. Leaders of ABC Organization Health respond to regulatory, legal, and accreditation requirements with full compliance, including participating in many voluntary regulatory and accreditation programs, including Joint Commission, CMS and OSHA. Leaders seek additional regulatory, legal, and accreditation opportunities through weekly safety (4.5 hours weekly), leadership (30 minutes weekly per leader), and environment of care rounds (3 hours weekly), and regular unit-based audits. All audits that are out of compliance are addressed immediately and reported during the DCI. The safety audits and rounding that leaders perform ensure the organization is meeting the needs of patients and families, and actively seeking to identify all possible risks throughout the health system. Leaders routinely utilize the Joint Commission Tracer methodology to identify opportunities in accreditation areas. Listening methods are used to identify any potential public concerns with existing or new services and operations. Any concerns are brought for discussion and resolution to the Executive Leadership Council (ELC). To ensure the needs of customers and external stakeholders are met, leaders of ABC Organization are involved in numerous community

organizations including Trident United Way, various chambers of commerce, Health Sciences in the respective state, and the state's Hospital Association. Leaders gather the concerns of community members from PFACs. Leaders of ABC Organization also perform a yearly organization-wide risk assessment. This is done to ensure that areas of concern regarding legal, regulatory, and accreditation compliance receive special governance and oversight, to mitigate risk for the good of the organization.

The Enterprise Risk Management (ERM) program works in conjunction with several internal departments, including but not limited to Corporate Compliance, Internal Audit, Risk Management, Legal Affairs, and Information Security, to identify risks that have the potential to impact ABC Organization's mission. Once identified, leaders assess the risks, they classify by risk category (financial, operational, compliance, or strategic), rate (based on the likelihood and the impact of an occurrence), and assign to a risk owner who has primary responsibility for the risk. The risk owner completes a mitigation worksheet that identifies key risk indicators, current mitigation strategies, future mitigation strategies, and resource/budgetary implications. The risk owner also works (either alone or with a team) to identify meaningful metrics that will indicate whether the mitigation strategies are working to lower the risk's likelihood and/or impact. On an annual basis, the risk owners present the top risks to ABC Organization's Risk Governance Council (RGC), which is comprised of leaders throughout the organization. Members of the RGC provide feedback to the proposed strategies and track metrics on an ongoing basis. Senior leaders and the BOT receive this information to ensure they are aware of the enterprise's most significant risks.

Leaders of the Internal Audit Department recognize the importance of an Audit Plan to assist management and the BOT in meeting the goals and objectives of the organization. The Department also recognizes the importance of complying with the guidelines set in Government Auditing Standards and the International Standards for the Professional Practice of Internal Auditing (Standards) developed by the Institute of Internal Auditors. The Standards state that the Department should establish a risk-based plan to determine its activity. The plan should be based on an annual risk assessment, which considers the input of senior management and the Board. Therefore, every year the Internal Audit staff interview executives across campus specifically requesting risks they know of and how Internal Audit can use its resources to assist management in addressing those risks. The Audit Plan is a list of planned audits, although it is subject to change. When individual audits are performed, the Internal Audit Department often notes opportunities for improvement in the form of comments and suggestions, to which management is encouraged to provide a response. Internal audit reports including management's responses are provided to the BOT, the President, and members of executive management. Internal audit has a formal follow-up process to track management's actions related to the comments and suggestions. Results of the follow-up process are reported in the same manner as audit reports.

Ethical Behavior. Leaders of ABC Organization Health ensure ethical and professional behavior through its values. These values are embedded in the selecting talent stage of hiring, as each potential and newly onboarded care team member is required to attest to being able to uphold the values of ABC Organization Health. Leaders

reinforce ABC Organization Health's values annually, and each care team member is evaluated on their ability to uphold the organization's values during their annual review. The organization also has a well-established multidisciplinary Ethics Committee, which is available 24/7 to review and address any ethical concerns raised by anyone within the workforce, customer, or stakeholder base. Ethical behavior incidents are brought forth to the appropriate leader to evaluate and respond with the Just Culture framework and within appropriate Human Resources infrastructures.

Societal Well-Being. To effectively address societal well-being, senior leadership solicits direct feedback from the local community. This approach is harmonized with organizational approaches in that it compliments quantitative data collection methods used to assess community feedback. Qualitative feedback received from senior leaders adds richness to quantitative methods, allowing feedback to be constantly assessed to identify potential areas of needed community engagement. To refine this approach and enrich the quality of input, senior leaders strive to continually diversify the networks in which they seek feedback. Each constituent is queried for additional entities to engage with to build a broader, more comprehensive network for feedback.

To contribute to societal well-being, leaders of ABC Organization Health partner with educationally-based organizations and businesses to achieve mutually aligned goals and aims to increase the diversity of the workforce and diversify supplier base. For example, in support of the organization's Value of Diversity, leaders have launched a specific endeavor to increase supplier diversity. When possible, leaders also utilize local suppliers in order to support local community businesses. In support of the Values of

Teamwork and Innovation, leaders have been instrumental in a statewide effort called “Initiant”, which is a group purchasing organization (GPO) designed to improve value through supplier and health system collaboration. In alignment with the leaders’ strategic goal of Building Healthy Communities, they have implemented a plan for “greening” their medical district. The aim of the district is to provide a relaxing, welcoming, and pedestrian-friendly atmosphere for the patients, families, and care team members of the organization. The area is so that pedestrians can safely commute to various buildings within the medical district and serves as a pleasant environment for enjoying the outdoors.

Community Support. Leaders of ABC Organization Health identify three main counties as its key community. They offer support to these counties through financial sponsorship to local community initiatives and projects. Additionally, in-kind support, to key communities and beyond, is provided through volunteerism and philanthropic efforts. Leaders repeat these efforts annually which allow the organization to make a consistent investment into community-based organizations. As part of ABC Organization’s strategic plan, leaders are working toward “Building Healthy Communities.” One initiative under that goal is to collaborate with external entities to address the community health needs that were identified in the 2016 community health needs assessment (CHNA), conducted in partnership with a local community hospital and the United Way. From the CHNA, leaders have aligned programs and actions with each of the six areas in need. The six areas include: access to health services, clinical preventive success, mental health,

obesity/nutrition/physical activity/ social determinants of health, maternal, infant and child health.

For example, leaders have taken action to increase access to one of its key communities by building a Children's Ambulatory Campus (CAC). The data collection process for the CHNA included online surveys, focus groups with community leaders and residents, interviews with medical, public health, nonprofit and social service providers, and executives, as well as two community feedback sessions. Racial and ethnic minorities make up 35% of the survey respondents. Recognizing the importance of their feedback, leaders are reviewing improved data collection strategies. Along with CHNA, and the associated survey, leaders are also able to track community involvement through the ABC Organization Health Association's Community Benefit Survey. This survey tracks the dollar amount contributed to, and the number of people impacted by programs, events, and education throughout the community. The 2015 ABC Organization Health Community Benefit Survey reported a total contribution of over \$13 million.

Strategy

The strategy section is a description of how leaders develop strategic objectives and action plans across the organization. Leaders of ABC Organization Health conduct strategic planning through a five-step process. The purpose is for leaders to identify and implement their action plans to ensure organizational success and modify changes as needed.

Strategy Development

The review of strategy includes a description of how leaders establish a strategic planning process, use innovation and strategy considerations, implement effective work systems and core competencies, and identify strategic objectives and considerations that are beneficial to the organization.

Strategy Planning Process. The strategic planning process allows leaders of ABC Organization Health to develop strategic objectives that produce sustainable results through a clearly defined process. This drives the necessary action to achieve short-term plans, with a focus on 3-5 years plans based on health trends, technology, and other external factors. The organizational strategic plan and ICCE plans follow the same five-step process. The five-step process includes: (a) preplanning/framing, (b) current assessment, (c) future direction, (d) implementation, and (e) monitoring prioritization.

Step 1 of the process, pre-planning and framing, forms the underlying foundation for the strategic plan. This section includes drafting a vision and mission statement as well as development of planning assumptions. Step 2 is assessing the current state, which includes key stakeholder interviews and internal/external market assessments. This step allows for the prioritization of strategic options through a mapping methodology that considers qualitative and quantitative data, market dynamics, and internal planning. Step 3 incorporates the qualitative and quantitative assessments from Step 2 to develop the critical planning issues and formulate strategic responses. Step 4 is the implementation of the planning process, which involves developing tactics identifying and assigning accountable parties, proposing a timeline, and monitoring metrics to evaluate success.

Step 5 of the process is continuous monitoring prioritization of the strategic objectives through quarterly report outs. This step ensures ongoing alignment with the mission/vision and allows for modifications due to external or internal changes.

Leaders of the strategic planning department use several different methods of communication, including monthly Certificate of Need and ADM strategy updates, and quarterly market updates to ELC and Health System Operations (HSO). To grow, learn, and ensure the plan stays relevant and adaptable moving forward, the organization's Health Strategic Plan is refreshed annually. Leaders are constantly updated about the strategic plans to include measurable metrics for each initiative. They also refresh ICCE plans every one to three years to meet future needs and preferences of patients, families, and communities. The plan of ABC Organization is aligned with the overall plan of ABC Organization.

Innovation. Leaders of ABC Organization Health emphasize the importance of innovation to change what's possible in the care of the lives touched by the organization. The first four steps of the Strategy Development Process allow for the stimulation of innovation, with the last three steps allowing for innovation incorporation and intelligent risk taking. The Strategy Department includes a Strategic Design Team to nurture ideas into opportunities for innovation using a human-centered design process to identify the needs of end users and develop a creative approach to addressing such needs. Leaders evaluate their impact on patients and families, technical feasibility, regulatory requirements, and their likeliness to lead transformation in the delivery of care. The strategic planning calendar consists of implementation plan launch, communication, and

goals for “Go Live” in the first quarter. The second quarter consists of performance monitoring and budget pre-planning. Third quarter contains the strategic plan update, budget, capital, and space planning. Lastly, the fourth quarter contains goals that are finalized and cascaded in addition to approvals for budget, capital and space.

Leaders deploy the strategy development process, the core values, the pillar goals, and include a discussion guide that encourages dialogue on innovation. They created the Idea Campaign for the Innovation Pillar Goal to encourage team members to bring forward and execute innovative opportunities during Innovation Week. Innovation Week was expanded to be open to students as well as the community to present. Leaders created Idea Campaign Workshops for care team members to educate them on how to conduct, lead, and implement an idea campaign. They evaluate any new idea to ensure it aligns with one of the initiatives in the organization’s Innovation Goal.

For innovative pilots, the team determines metrics to measure success to evaluate progress every three months. The Innovation Oversight Committee is being revamped to set goals and measurable performance expectations for innovations and will bring expertise from within and without the institution to accelerate innovation. The process supports the cycle of refinement to vet proposals for resources to determine feasibility and alignment. For example, the Strategic Design Team helps a 12-hour working group focused on developing new ideas for ABC Organization’s Lifespan Sickle Cell Clinic. A multidisciplinary group of ABC Organization Health’s care team members, patients and families worked for one month on identifying and addressing the needs of stakeholders in

this clinic. The final solutions, which includes a new model for care delivery, leaders presented them during ABC Organization's Leadership Development Institute.

Strategy Considerations. Leaders of ABC Organization Health collect data throughout all stages of the Strategy Development Process. In addition to obtaining internal data, leaders leverage the following resources: the state's Revenue and Fiscal Affairs Office for market data, Sg2 Consulting (Sg2 is the name of a healthcare consulting organization) for market forecasting, ambulatory data trends, physician supply and demand, market demographics and patient flow tracking, the state's Department of Health and Environmental Control (DHEC), and the American Hospital Directory for hospital profiles and comparison. Internally, information is obtained through interviews with key stakeholders as well as voice of the customer through PFACS. Each ICCE has a dedicated senior planner to support and advise the ICCE on key market intelligence and strategic opportunities. The senior partner utilizes all relevant data to provide regular internal and external market and environmental assessments. Leaders create quarterly reports which are disseminated through presentations and scorecards. They collect data through the ICCE Annual Plans and ensure they are in alignment with the Strategic Plan. Leaders identify priorities for the ICCE through a strategy mapping exercise which applies market opportunity to financial impact at a programmatic level. Based on the findings, leaders group the programs in Strategy Tiers to provide strategic direction and to be a directional guide in considering strategic options and allocating time and resources. The tiers provide prioritization of ICCE strategic plans and can differ based on changing goals.

Leaders are continuously monitoring the external environment for identification of opportunities to innovate. To ensure long-term sustainability and success, leaders identify opportunities through an innovative mapping methodology. The methodology results in categorizing service lines into four tiers: grow aggressively, defend and differentiate, enhance revenues and contain costs, and mission driven. ICCE Chiefs and Department Chairs sign off on their annual strategy mappings and present them to the Strategy Executive Committee (SEC) for approval with a plan to reevaluate and evolve the strategy mapping as part of the annual planning process. This is integrated into the planning process through the ICCE structure. This innovative methodology aids in deciding which strategic opportunities are intelligent risks. The primary risks in strategic planning that could impact the organization's future success include enterprise environmental factors (EEFs), such as changes in the political landscape, and increasing strength of competitors. There are also unforeseen potential risks in the strategic planning process. To minimize these risks, leaders utilize a variety of data sources showing past trends and predicted market changes to respond to the shifting healthcare environment in the state, as well as larger trends that affect the nation. This allows the organization to uncover blind spots and execute the strategic plan using targeted metrics. The planning team is presented with the key issues along with key strategic challenges and advantages where responses are formulated and plans are reviewed annually. The strategic advantages consist of telehealth, population growth, innovations, and the structure of the organization. The challenges include no Medicaid expansion, increasing threat of competitors, and space and building limitations due to natural disasters.

Work Systems and Core Competencies. Leaders of ABC Organization Health are actively seeking learning opportunities in this area to utilize and exit/expansion strategy. These key process decisions must align with the Strategic Intent and core competencies in order to be integrated across the organization. The core competencies are determined by working groups with leaders and PFACs. The core competencies are: “We deliver unrivaled patient and family-centered care. We provide innovative access throughout the state. We transform expertise through learning and discovery.” Leaders strive to pursue innovative partnerships that enable the organization to deliver the right care, in the right place, at the right time that align with the Strategic Intent. The innovative program development process identifies areas that are primed for innovative partnerships. The strategic goals include: (a) grow and diversify, (b) internal integration, (c) leadership, (d) innovation, and (e) diversity and inclusion.

Leaders approach partnership decisions with health systems, physician groups, and individual physicians, and other organizations by identifying and evaluating mutual opportunities for collaboration. External partners are considered when a need has been identified that requires the expertise outside of the core competencies. The approach includes ensuring the alignment with strategic intent, and enhancing and enabling existing relationships, including partnering with Siemens to transform healthcare delivery through innovative leading technologies and care delivery mechanisms.

Strategic Objectives and Considerations. The leaders’ key strategic goals are represented in the organizational pillars: people, service, quality, finance, growth, and innovation. The Strategic Plan has five goals that address critical planning issues along

with the initiatives and tactics required to be successful. The five strategic goals are: (a) grow and diversify (acquire, or develop components to create a high performing academic health system), (b) align, unify, and integrate the clinical enterprise to demonstrate superior value, (c) create a culture of effective leadership and encourage engagement in leadership and decision-making, (d) focus on innovation and education to providing cutting edge care to patients, and (e) embrace diversity and help resolve care disparities in the patients. Leaders analyze these strategic goals throughout the year in each quarter. In quarter 1 leaders launch the implementation and communication plans, quarter 2 is budget pre-planning; quarter 3 capital and space planning begins, and quarter 4 goals are finalized and budget, capital and space gets approved. Leaders deploy objectives through the implementation steps and are integrated across the organization through metrics. This is a learning opportunity because any feedback loop is needed to successfully grow and develop the achievement. For example, the 2015 to 2020 strategic plan was updated due to new leaders, the integration of the health system and achievement of several of the goals. Strategic goals are reviewed annually, provided updated external and internal data, and are continuously monitored through report outs. Every business opportunity and ICCE plan align with the organization's strategic plan. The organizational goals are approved annually by the ELC, which also approves and monitors performance of strategic goals to ensure alignment. These organizational goals are cascaded down to care team members. Objectives provide leadership with the ability to react to change. For example, leaders will continue to impact the entirety of the care continuum by migrating less acute care into the community, evolving the accountable

care organization (ACO) and the clinically integrated network, re-design the care to increase quality and minimize cost, utilizing virtual visits and telemedicine to increase access, and create a better system for post-acute integration.

Leaders review the strategic advantages and challenges and create the planning processes and goals to ensure alignment and balance of organizational needs. The goals are communicated and monitored by an organizational scorecard that is transparent and consistent throughout the enterprise. To ensure that the strategic objectives also aligned with the needs of the stakeholders, data and feedback from various patient sources such as, Patient and Family Advisory Committees and daily rounding, is incorporated as part of the process. These groups/data sources can identify the key requirements of the stakeholders through various forms. Strategic objectives and goals that address critical planning issues are identified through environmental assessments, strength, weakness, opportunity and, threat (SWOT) analyses, and key stakeholder interviews. Performance indicators give the organization the ability to identify areas for improvement. Strategic balance is also achieved through the strategic mapping process. This combines data analytics, market dynamics, and internal planning efforts to prioritize where to focus strategic and operations efforts. This process uses data to quantify how the market is changing and where leaders can respond internally, with these efforts aligned under the 5-year strategic plan. For example, to achieve the strategic goal to grow presence throughout the state, leaders leverage brand strength and telehealth capability to overcome challenges with workforce supply.

Strategy Implementation

The review of strategy includes a description of how leaders implement action plans, resource allocation, workforce plans, how they measure performance and projections to lead a prosperous organization.

Action Plans and Implementation. Action plans are reviewed by ELC as part of the strategic plan report out and accountability process. One of the key short-term action plans is for developing and prototyping innovative opportunities that hope to achieve the goal in a 90-day time period. However, if there are barriers after the 90-day timeframe, the taskforces will move forward with implementing long-term action plans. Whether or not the innovative concept was a success, they still see value having the ability to improve in the future. The long-term action plans are developed through each strategic goal to achieve established metrics within each initiative from 2018-2020. Short term performance targets and action plans are established for each year to allow for the teams to be nimble and focus on immediate goals. As part of the strategic plan update process, action plans are shared and communicated with key stakeholders for input. For example, action plan updates are currently required to be reported quarterly to the ELC. The strategy department currently uses a strategic plan tracking software called AchieveIt. The remaining ABC Organization Health enterprise will migrate to AchieveIt in the near future, with the visibility extended to all team members for enhanced transparency. The strategic plan metrics are also aligned with the organizational pillars and LEAP goals, which are tied to the performance management system. Action plans are developed by multidisciplinary teams to ensure that multiple levels of leadership can provide input.

Lastly, Goal D in the strategic plan is focus on the innovation of short and long-term plans. The initiative action plans within this goal demonstrate how leaders will measure success in innovation across the enterprise.

Leaders of ABC Organization Health use inter-disciplinary action planning teams that are assigned to teach initiatives within each goal in the strategic plan. For example, goal leaders monitor the implementation of the action plans and communicate their teams' progress to the governance body quarterly. As a learning opportunity, leaders recently incorporated the strategic plan update into AchieveIt as a tool for accountability and track in success, which was not utilized for the 2015 strategic plan. Implementation progress is to be reported out to key stakeholders as well. When an action plan is implemented successfully, leaders work to establish a culture focused on celebration of the accomplishments to sustain performance achievements.

Resource Allocation and Workforce Plans. Leaders of ABC Organization Health have a collaborative process that reviews action plans for funding and fulfillment of resource needs. The strategic project approval process has evolved in the past couple of years based on lessons learned. As part of the initial review, a checklist is provided to ensure that all necessary resources have been identified. Strategic planning and finance provide guidance and support their business plan and pro formal templates to stakeholders through the action plan review process. All key persons in the resource allocation process request monitoring of metrics and periodic updates on implementation of action plans as well. The action plans are tied to the organization's strategic plan and ICCE plans, and the review process ensures appropriate resource allocation in alignment

with the strategic plans. The review process provides an assessment of newly identified opportunities, which allows the progression of innovative concepts and proposals that align with the organization's strategic intent and core competency.

Leaders of ABC Organization use various leadership committees to determine the approach for key workforce plans. The workforce plan (or strategic plan) is comprised of: (a) developing components to integrate an academic health system (such as building a new children's hospital), (b) improve care team member engagement, (c) create a culture that involves physician engagement and decision-making, (d) pursue innovation to provide patients with the most technologically advanced care, and (e) embrace care team members and resolve patient issues. For example, leaders are currently in the process of implementing and monitoring the success of a nursing strategic plan for the organization. Leaders use a labor management tracking system and provider needs assessment to understand external benchmarks. These resources are then used by leaders in Strategic Manpower, Full Time Equivalent (FTE), and Personnel Committees to develop short- and long-term workforce plans. As a learning opportunity, Strategic Manpower requires a report back for positions receiving strategic support funding, utilizing external benchmarks to evaluate internal performance, such as Sg2 for provider workforce. External and internal data are used to proactively plan for new providers. These plans are integrated through workforce and leadership development and then are tied back to the organization's strategic plan. Human capital strategic plan was developed to guide an innovative approach to workforce development and retention.

Performance Measures and Projections. Strategic plan metrics and performance targets are assigned to each goal and initiative in the organization's strategic plan as well as ICCE strategic plans. These metrics are deployed through monthly dashboards and are reported to a governance body on a quarterly basis by strategy leaders. The organization uses LEAP to oversee the performance management system and determine metrics. The leap executive committee reviews the organizational and pillar goals annually to ensure alignment and partners with the Information Solutions (IS) department to determine appropriate performance metrics at all levels throughout the organization. The strategic plan also aligns with organizational and pillar goals, which are cascaded down to individual leader and care team members, which are used for annual evaluations. Innovative performance targets and measures are also used to track plan achievement and are reported out quarterly to provide feedback and work through potential barriers.

For key performance measures, the pillar goals, LEAP goals, and strategic plan goals are aligned and used for the short and long-term planning horizon. Performance for annual plans are monitored quarterly to identify barriers throughout the year and assure continuous alignment. These projections are deployed through the organization's strategic plan, ICCE annual plans, budget process, and the leader goal selection process tied to the performance management system. The projection forecasts are gathered through internal performance data as well as external data such as Sg2 market projections.

Action Plan Modification. Strategy leaders monitor changing market projections and communicate important details to the ELC. Strategy goal leaders are part of the ELC and are responsible for monitoring and intervening if a modification is needed. For example, ICCE Chiefs are responsible for course corrections for the ICCE plans. These modifications are deployed and executed by strategy leaders and reported out to the governance body. The strategy team works closely with the ICCE leaders to ensure up-to-date external and internal data. Leaders recognized the opportunity to improve through incorporating changes in the 2018 strategic plan update to allow for nimbleness across the organization. The strategic plan and ICCE annual plan modification processes are aligned. The modifications should respond to new circumstances in an innovative way. Leadership is encouraged to think outside the box to successfully adjust and sustain nimbleness.

Customers

The customer section describes how leaders plan to listen to the voice of the customer and engage the customers in a positive manner. Leaders of ABC Organization Health refer to the customers as patients because it is a health organization.

Voice of the Customer

The subsection is a review of how leaders handle current customers, potential customers, customer satisfaction, dissatisfaction, and engagement to ensure the customers' voices are being heard.

Customer Listening, Current Customers, and Other Patients. As part of ABC Organization Health's strategy, leaders recognized the importance of incorporating

patients and their families into the MVV. To provide excellence in patient care, it is critical that patients and their families partner with care team members in the delivery of their care. The organization's primary customers are patients and families. Other customers include referring providers, the community, and affiliate partners. The community and customers are incorporated into the vision of leading health innovation for the lives they touch. The lives touched beyond patient care can be seen through the organization's work and community.

In order to ensure that leaders are committing to patients and families first, it is important to understand how they listen and learn from the patients, families, and other customers. Leaders have deployed a robust process for qualitative and quantitative listening and learning methods to gather patient, family, and other customer feedback on the services they provide. These listening and learning methods are deployed across various segments (inpatient and outpatient) to patients (current, former, potential) and other customers (community, referring providers, partners). The purpose of gathering this type of data is to understand whether or not the needs of the patients and customers are being met, identify areas where improvements can be made, and utilize resources to implement changes where possible for areas of improvement.

PFCC is the approach to the planning, delivery in evaluation of healthcare that is grounded in mutually beneficial partnerships. PFCC helps patients, families, and care team members form a partnership that benefits everyone. PFCC is based on the understanding that the patient-family plays a vital role in their health and wellness. The PFCC structure includes the PFCC Steering Committee and PFACs.

The councils and committees are an important mechanism for the leaders to listen and learn from the patients and families, and to promote a culture of partnership in all areas. Additionally, the department of marketing and communications has proposed a virtual patient advisory council to consider the needs and engagement of virtual patients. During hospital orientation, each new care team members addressed by the manager of PFCC conveys the organization's value and commitment to the patients and families. Additionally, the organization center for PFCC provides education for the nurse residency program, volunteers, physicians, and new leaders. The core concepts of PFCC are embedded in all education and include respect, dignity, communication, participation, and collaboration (as defined by the institute for Patient and Family Center Care).

The PFCC steering committee was established to bring a few members of each PFAC together to share best practices and opportunities for advisors. Membership also includes senior leaders and key stakeholders who can learn about the work of the PFACs as well as the work that is being done by the department of PFCC. PFAC membership has grown with vetted and trained applicants since the establishment of the committee. PFACs meet monthly to discuss issues surrounding patient care, environment of care, and healthcare policies and procedures. Each council submits an annual report to the PFCC steering committee demonstrating successes and advisor involvement at the organization. Members of the councils may also participate in organization-wide committees that include safety rounds, patient and family education, MyChart, infection prevention, patient satisfaction, root cause analysis, and facility design. Patient and family advisors

have presented at the LDI, Schwartz center rounds, pediatric grand rounds, department meetings, Apple Tree sessions, Health Care theater and patient safety week, to list a few.

As part of the commitment to PFCC, leaders hosted the institute for Patient and Family Centered Care (IPFCC) for three days on an onsite consultation in 2016. The IPFCC CEO and a faculty member reviewed the organization's PFCC documents and position descriptions, met with over 100 care team members, and toured several of the facilities. At the end of the consultation, the IPFCC provided the organization with a list of 20 recommendations, which led to initiatives and projects for the PFCC steering committee and others within the organization. These projects were prioritized and assigned "champions" and teams to help the organization transform and shift the culture to working with patients and families rather than doing it for them.

One recommendation made by IPFCC regards the use of open notes in MyChart. Open notes allow the patient to directly view provider notes online, in real time, in their health record, which is a great way to engage patients in their care. It increases transparency and builds trust and partnerships between patients, families and care team members. The PFCC steering committee has a Physician Champion regarding open notes and will continue to advocate for the use of this valuable tool across the Health System. Another recommendation identified by the IPFCC was to partner with data analytics to track the progress and impact for the organization's center for PFCC. In 2017, leaders incorporated six additional patient and family centered questions into the patient surveys. This now provides leaders with the ability to track progress, learn where

they can improve and implement projects to affect change and improvement for the patients and families.

The PFCC steering committee has created connections among care team members. A collaborative effort between the PFCC department, the CLO, the center for academic excellence, as well as patient and family advisors, was the inspiration for a patient story library. Leaders held a workshop to teach patients and families how to write their healthcare stories and to use their written stories to participate in an interview on camera. These video stories are now loaded into online learning modules as an opportunity for all of the organization's students, faculty and care team members to learn from their own patients and families. Leaders are giving their patients and families their own legacy of learning by sharing their stories.

Administrator, Director, and Manager (ADM) Rounding was initiated in February 2016. ADM rounding is an opportunity to listen and learn from patients and families in real-time. All current and new leaders are assigned patient rooms across the enterprise, which they round on once a week. The patient family receives a series of questions about their state and experience with care team members, and they provide leaders with an understanding of what could be done to improve their experience.

The organization's strategic plan outlined an initiative to establish a CPXO and patient experience oversight committee in the fall of 2016. After hiring the CPXO, the Patient Experience Performance Executive Committee (PEPEC) was established to improve and provide consistent patient experience across the organization. The committee also celebrates and acknowledges the diversity of our patients, families and

care team members. Key tactics of the PEPEC included reviewing all current sources of patient experience feedback, creating an online database with full transparency to all leaders of all sources of quantitative and qualitative feedback, developing and governing an accountability mechanism for all leader performance at the organization.

In February of 2018, leaders hired a Chief of Affiliations and Network Development. This unique role focuses on the organization's affiliations and referring providers' strategy, engagement, and development. The affiliations team has a process for regular qualitative feedback from affiliates and referring providers, and is currently developing more structured satisfaction and opinion measurements from these groups. The affiliations team recently held a day-long senior leader affiliate strategic conference to gather key stakeholders' opinions and action on how the organization can better meet their needs.

Potential Patients and Other Customers. The brand image of ABC Organization Health is extremely strong. Brand image surveys reveal that patients and families primarily seek care at the organization due to expertise in all fields, caring and compassionate doctors and nurses, and community involvement; therefore, the organization is changing its marketing strategy to provide potential patients a broader perspective of the full range of services available. The organization has expanded its focus to the development of patient retention strategies, cross marketing of services, and engaging patients in their ongoing care for the organization and its affiliate partners and providers.

Independent consumer surveys are also employed when new initiatives are considered by the organization. These surveys can provide insight into the customer's needs prior to product development, test the appeal of various models for delivery of care, seek input regarding messaging, and assist in the naming of services.

Leaders use several platforms to engage directly with patients and families, including Facebook and Twitter. With both accounts, the goal is to provide patient-centric, timely information about services available (including emergency information during events), engage patients with innovative new methods of care delivery (for example E-visits and Telehealth), deliver organizational news that positively impacts patient care, and share best practices for a healthy lifestyle. In addition, consumer business is driven for individual ICCE via social media platforms as needed and requested by campaign managers. Individual ICCE can display their own direct-to-consumer social media advertising campaigns through the main organizations Facebook account, and when needed, campaign managers are able to activate a group of communicators and account holders on campus who then share, re-post, or re-tweet content as appropriate for their accounts. The primary indicators of engagement that the organization uses to monitor and evaluate social media efforts include impressions, shares, comments, tone, and likes/retweets. An additional indicator is consumer reviews on the Facebook page, if a low review is received, a communication expert analyzes the core review for service recovery opportunities via our patient-family liaison team. Leaders have established the social media governance committee for coordinated oversight of the social media footprint. This committee is responsible with ensuring that

the strategic priorities of the organization are represented in all communications on social media platforms.

This committee ensures alignment with the organization's strategic platforms and communications efforts, develops best practice processes and protocols for the monitoring and management of the organization's social media accounts, identifies social media platform risks and solutions, ensures legal compliance with communication standards and best practices (i.e., accessibility for the web), and ensures consistency in brand voice across platforms. An expected benefit of this newly formed committee is more consistent and well timed, patient-centric messaging that continues to raise awareness levels of what the organization has to offer. Another benefit will be in the discontinuation and consolidation of dormant accounts, whose content will be better served via the larger, more established and best practice compliant organization's official accounts.

Customer Satisfaction, Dissatisfaction, and Engagement. Leaders are able to determine patient and other customer satisfaction, dissatisfaction and engagement through the tools they use to listen and learn. The feedback they receive is blended from quantitative or qualitative data, and is utilized to improve their current and potential patients and other customers' satisfaction. Their participation in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) provides benchmarking data that allows leaders to listen and learn from their patients regarding their experiences in the inpatient and outpatient settings. Leaders utilize an interactive

business intelligence and analytics tool, tableau, to display results from HCAHPS and CGCAHPS in real time to drive transparency and accountability of individual areas. Tableau is a resource that is easily accessible to all members of the organization and provides leaders with the opportunity to learn from their patients and other customers to drive change and improvements.

Within days of a visit, eligible patients are sent a survey (HCAHPS/CGCAHPS) via email or mail that collects information on the patient satisfaction, dissatisfaction and engagement. Completed surveys are returned to the vendor, where individual patient level data is aggregated and returned to the organization through a secure file. Using these standardized surveys allows the organization to compare themselves to competitors, as well as track their improvement processes by care providers, units, outpatient clinics, and emergency services. This data is loaded into the tableau and accessible to all members of the organization to understand where their department, unit, or clinic needs to improve or share best practices. In addition to unit-level data, leaders use this patient satisfaction data, blended with electronic medical record data (individual patient level), to provide an understanding of sub-population differences in scores (e.g., gender, age, ethnicity, diagnoses, socioeconomic indicators, and zip code).

The organization's providers can also publicly display their own provider ratings, which can be seen by current and potential patients, as well as competitors. These patient-centric ratings range from 0 to 5 stars and are calculated based on a 10-question patient survey that are specific to the communication and interaction with the provider. In addition, providers also post their academic and clinical profiles, as well as a video

interview that outlines their career and patient care philosophies. These profiles, videos, and ratings are displayed on the organization's websites to increase transparency to all customers and potential customers and help them pick a provider that matches their needs. The average rating for the organization's providers is 4.75 stars out of 5.

Balanced scorecards are distributed monthly to all ICCE Chiefs and Administrators and loaded into the tableau software by the data and analytics team. All members of the organization have the ability to review the ambulatory balanced score card, the patient experience balanced score card, and the pediatric patient experience balanced score card with the ability to drill down to unit and provider level with regard to satisfaction, dissatisfaction, and engagement results. Senior leaders review both qualitative and quantitative information as well as track/trend results, and create action plans to improve the patient/family experience within their respective areas. The real time reports show cumulative data for the year, but can be broken down into monthly, quarterly, or yearly reports. Accessibility to these scorecards again creates transparency and accountability in an effort to create a positive experience for their patients and other customers. These reports quickly show which areas of the system are exceeding or lagging in patient and family expectations.

Leaders conduct annual monthly brand image surveys to monitor messaging, evaluate consumer perception as a trusted leader in healthcare innovation and quality, and benchmark against like organizations/competitors. After the data is collected and compiled, it is shared at ELC and then cascaded to ICCE Chiefs and Administrators. This brand and market information provides opportunities to enhance the patient experience

across the continuum, and is particularly useful when reviewing strategic planning initiatives.

Customer Engagement

A review of customer engagement includes descriptions of service offerings, customer support, patient and other customer support, customer segmentation, relationship and complaint management.

Service Offerings and Customer Support. The organization's service offerings incorporate traditional healthcare offerings as well as new outreach methods, such as Telehealth and E-visits. The Department of Diversity and Inclusion also works hard to develop programs for the future needs of the organization's community. Leaders are developing several programs to provide outreach targeted at the Hispanic patient population and Veteran Outreach efforts are being implemented to provide services for those patients and care team members. Another way leaders determine market needs and requirements for Health Care Service offerings is by the Community Health Needs Assessment (CHNA).

ABC Organization Innovation Center. Leaders of the innovation center provide consultation for work process design to enhance the patient and family experience in all settings, including new service offerings. Among other strategies, leaders utilize a design thinking methodology to improve and design patient and customer support methods. Design thinking is a human centered approach used to ensure innovations and institutional initiatives meet the actual needs rather than the assumed needs of the patient. The process entails individual patient and family interviews and participation in focus

groups. During these collaborations, patients and families share their experiences, perceptions, and provide valuable input about initiatives that will enhance patient and customer experiences at the organization. New concepts are designed with an intentional focus on unmet patient needs discovered through these patient interactions.

New initiative concepts vary and are tailored to the specific customer group, market segment, and unmet need. It may be an administrative process, clinical procedure or technique, technology, or product. Once a new initiative concept is identified, metrics for success are determined and the concept is then prototyped and tested in a 90-day timeline. The innovation center collaborates with the appropriate stakeholders, department, and units to ensure the concept is successfully tested. During the 90-day testing phase, the concept is refined according to stakeholder, customer, and patient feedback. If proven successful by the predetermined metrics for success, the new concept is phased into the enterprise. The implementation phase consists of collaborations with various departments and units, the development and distribution of protocols, care team member trainings, and support provided by the innovation center team to achieve a product designed for long-term success. For example, the leaders of the innovation center piloted patient centered initiatives to reduce length of stay and support the timely discharge of patients hospitalized for total joint replacement. Through the pilot, knee replacement patients stayed in the hospital 39% fewer days. Another example of a successful pilot is a burn center application that provides burn treatment, guidance, and support to discharged patients, which was co-developed by the state's Telehealth Alignment (SCTA) and the organization's Telehealth. Leaders have also opened an

Apple-Certified campus store with an “innovation station” located inside the main entrance of the campus library. The store offers innovative tools to patients and care team members by providing health-related technology with a myriad of health applications that allow patients to better interact with their care team members and allow information to flow directly into medical records.

Telehealth. To improve service offerings throughout the state, leaders continue to expand Telehealth services, and was recently recognized as a national Telehealth Center of Excellence. Telehealth offers an innovative solution to providing better access to specialists by bringing specialty care to the patient rather than requiring the patient to come to the care. Although Telehealth does not replace an in-person visit, it can provide a convenient option for screening patients and providing follow-up care. In doing so, it removes a host of barriers to care, particularly for rural residents, including lost time from work, transportation, and childcare needs. Telehealth allows for more coordinated and patient centered healthcare delivery. It offers access to specialty care while supporting a patient-centered medical home. Specialty consultations typically occur in the office of the patient’s primary care provider or at a local hospital. The technology is being used in private practices, institutional facilities, schools, community health centers, skilled nursing facilities, and hospitals across the state.

Partnerships with emergency departments have resulted in the ability to provide time-sensitive consultation for patients experiencing life-threatening medical events regardless of their proximity to a regional center. In addition, pediatric emergency teleconsultations are utilized at community hospitals across the state in order to help with

diagnosis and determine hospital transfer needs. School-based telehealth has served K-12 students in the management of conditions such as asthma and ear infections while at school. The organization also has a Tele-Mental Health Service that provides psychiatric care programs to facilities for adolescents with mental illnesses, veterans with PTSD, and for survivors of trauma. Remote patient monitoring is also available in homes for patients with diabetes, heart problems, asthma, and other conditions. Telehealth partnerships between the organization and local providers offer state residents convenient care, delivered in a familiar environment, from a trusted primary care provider with access to nationally recognized specialists at the state's premier academic health care system.

Patient and Other Customer Support and Segmentation. Leaders utilized a variety of tools to educate, share information with, and support patients and other customers at all stages of their care. One of the tools utilized by patients and other customers is the GetWellNetwork (GWN). This interactive patient engagement solution currently supports 413 beds on 19 adult medical-surgical units in the organization's acute care hospitals. The system offers 24/7 engagement of the patient and family in hospital orientation, safety, health education, service requests, real-time patient experience surveys, and in-service recovery. With each new admission, a unique patient experience, accessed through the room television, is launched and remains active until the point of discharge. Patients who require health education regarding their care are assigned education resources in Epic (the medical record) by their provider which feeds into the GetWellNetwork and become available to the patient at the bedside. The patient is then able to utilize the TV to access the GWN and other assigned patient education. Care team

members can review the education with the patient at a time and answer questions or concerns. They can also browse additional education materials beyond what has been assigned.

Leaders provide patients with daily patient experience surveys and they provide real-time assessment of room cleanliness, care team satisfaction with medication teaching, pain management, staff responsiveness, quietness at night, and in-room dining services. All “less than satisfied” responses alert the appropriate department, who then renders service recovery. Employees gather survey data and compile it into scorecards and distribute them to managers to facilitate continuous improvement. An example of the success of the GWN utilization was a concern regarding the timely delivery of patient meal trays. This prompted the creation of standard delivery times, and accountability was established through service targets. Daily delivery times (and % in target) are now tracked and reported during the DCI to ensure target compliance. GWN utilization currently stands at 100%. Leaders are currently reevaluating GWN capabilities to enhance patient experience across inpatient and outpatient settings. In addition, leaders are developing project aims to determine how the GWN will be utilized and imbedded into all patient rooms across the enterprise.

The Health Literacy Action (HLA) Team assists the organization’s care team members in developing and demonstrating the attributes of a health-literate organization. The HLA team promotes patients and providers checking with each other for understanding (e.g., determines standards for impacting the health literacy needs of the patient population, such as AHRQ’s Universal Precautions approach, and use of Teach-

back for verification of understanding). The HLA team also leads Health Literacy Awareness Month (October) events, provides team speakers to clinical and student groups, and tracks clinical care team member knowledge skills through surveys annually, training programs, and competency assessments. The team also partners with PFCC and welcomes PFAC representative participation, and partners with Interpreter Services to meet the needs of patients with limited English proficiency and sight or hearing challenges.

As another way to engage patients in their care, leaders encourage patients to enroll in MyChart. MyChart is a free, secure, online tool that connects patients to their personalized health information, where they can message their care team, and test results, refill medication, schedule appointments, view upcoming and past appointments, review of billing and account summaries, pay bills online, complete E-visits to get treatment from the comfort of their own home, and keep track of their health. MyChart is also available as an application for smartphone and tablet access. Utilizing MyChart capabilities as well as other mechanisms, leaders can communicate with patients frequently to remind them of their scheduled appointments. Patients receive automated calls seven days prior, an automated text three days prior, and a new patient letter fourteen days before the appointment date. They also receive a MyChart appointment confirmation and reminder seven days prior to the appointment. Some groups also have care team members who call patients prior to their appointment in addition to or in lieu of the automated calls. These efforts are made to ensure that leaders are engaging and supporting patients in their care by reminding them of their upcoming appointments.

Leaders have implemented open and direct scheduling of primary care appointments, pediatric specialties, and women specialties on the website and through MyChart. Workgroups are collaborating with ICCE to expand open and direct scheduling for patient specialties. Potential patients can utilize open scheduling through the organization's website to schedule an appointment with providers in the network. This encourages patients to take control of their health and helps them get access to the providers. Overall, scheduling has been easy and effective for the patients, with a low no-show rate. MyChart is also utilized to schedule E-visits for current patients with a MyChart account. Patients log on to MyChart, choose from a list of covered conditions, they answer a few questions, and within approximately an hour, receive a response. At a lower cost per visit, video visits and E-visits are great for less serious conditions that require medical care but not necessarily an in-person visit.

As more of the financial burden of care shifts from the federal government, managed care payers, and the self-insured, organizational leaders have contracted with a company to give patients more options in financing their balances. Since 2013, there have been a growing number of patients who are taking advantage of this service (over 1,127 patients to date). For patients who sign up for this voluntary program, there are several advantages, including no credit reporting for financial harm, no hidden fees or penalties, interest fee forgiveness for defaulting the account and free and convenient payment options. Leaders are currently examining the potential of further promoting these services by re-branding patient information brochures and online access to portals.

The Patient and Family Education Committee includes representatives from all clinical areas, and meets monthly to develop policies, procedures, and standards for patient education programs and materials. The Patient and Family Education Committee provides for care team member education on the principles and practice of patient education. Patient and Family education initiatives help support patients and families seeking information and care. The leader's commitment is for patients (and family as appropriate) to receive education that is individualized to their needs, and ongoing throughout hospitalization and outpatient care. Engagement of the patient is essential to improving health outcomes. Patients, families, and care team members have access to the Patient and Family Education Intranet website for resources.

Leaders of the Office of Strategic Planning conduct a review of the current market including defining the organization's regions and submarkets, anticipated population growth, age, median income, inpatient volume trends, inpatient origin by competitors, and inpatient vs. outpatient changes along with recommendations for the primary market. Leaders use the information within each ICCE to discern market opportunities for both the TriCounty area along with other areas of the state who need tertiary care options.

Relationship Management and Compliant Management. To build and manage relationships with patients and other customers, leaders use outward facing primary communication channels including local media, posters, signs, social media and local newspaper, as well as brand imaging survey responses for continuous improvement opportunities. Example programs to maintain relationships, based on identified community needs, include kids eat free program, Blue Apron Meals on Wheels referral

program, local urban farm on campus, a tobacco-free campus and a smoke free medical district, walking trails, stairwell signage, and other improvements are there to increase internal exercise opportunities. Leaders maintain a database from the marketing and communications department, which serves as the repository for all previous marketing strategies and their impact. They use this database for continuous improvement in patient relationship management. The marketing team is actively engaged with local ICCE campaign managers to execute ongoing customer acquisition campaigns.

Patients and other customers are always encouraged to try to resolve issues directly with the care provider involved, but when that is not possible or not successful, the Patient and Family Liaison Program offers assistance to patients and families who have questions, concerns, suggestions, or complaints about care or services. Care providers may choose to refer individuals to the Patient Family Liaison Program when they know of a concern or complaint that is beyond the scope in which they can efficiently find a resolution. The Patient and Family Liaisons utilize an internal complaint management system to track open complaints and document actions for resolution. Leaders identify complaints as issues or concerns that can be resolved within 24 hours. Grievances are identified as issues or concerns that require additional steps to resolve. Consistent review of complaint and grievance categorization data in the database allows for identification for areas of improvement to avoid similar concerns in the future.

Trending and analysis of this data is shared with leadership of the specific areas as well as senior leadership and ICCE leaders. Additionally, the Patient and Family Liaisons report these trends and analyses to the Quality Executive Committee (QEC) bi-annually

to ensure an organization wide focus on these areas for improvement. Point-of-care service recovery is rendered when possible, including the use of parking vouchers and meal tickets when applicable and appropriate. Leaders ensure that complaints and grievances are resolved promptly through the resolution process with a goal to resolve grievances within seven days. Leaders have identified a care team member response goal of 100% for issues or concerns within 24 hours. All care team members are trained in service recovery and are encouraged to identify opportunities for real-time service recovery before concerns escalate into complaints or grievances. If a patient would like to comment on their experience as a patient at one of the organization's facilities, they are encouraged to contact the organization's Patient and Family Liaison Program by phone, e-mail, or an online form provided on the organization's website. Formal and informal complaints are also identified through the Discharge Call Nurses as well as an interface available in the GWN.

Results Triad: Workforce, Operations, and Results

The following section includes a detailed description of how leaders implement strategies to improve the organization's workforce and operations. Leaders use measurement, analysis, and knowledge management to help them achieve workforce and operational results. Leaders rely on this information to make informed decisions that impact the future progress of the organization.

Workforce

The workforce section includes a description of how leaders build a strong workforce environment that gives employees the knowledge and tools to succeed. In this

section, leaders also focus on workforce engagement to ensure that workforce members are familiar with the organization's culture and drive performance to improve patient and customer satisfaction.

Workforce Environment

The following subsection is an analysis of how leaders of ABC Organization Health assess workforce capability and capacity, new workforce members, manage workforce change management, accomplish organizational work, and ensure a safe work environment through workforce policies and procedures.

Workforce Capability and Capacity. Leaders of ABC Organization Health measure expert skills and competencies using several metrics that compare the performance within each subunit to potential need with industry benchmarks, regulations, and quality indicators. The organization's benchmarks are established using IBM ActionOI software to compare the organization to other 500 plus bed academic medical centers.

Leaders use external and internal assessments, and committees to predict the capability and capacity for immediate and long-term goals. The organization's internal assessment provides management with performance metrics of specific departments and subunits. The organization's workforce skill and competency evaluation methods include: MyChart utilization, success factors (i.e. employee evaluation, clinical ladder, performance evaluations, HR records, rounding, employee engagement scores, and institute of medicine recommendations). Tableau provides units with their actual staffing measures compared to the budgeted measures, utilization of contracted staff, and Work

Labor Units (WLUs). Tableau allows managers to gauge their capacity with the generated charge and revenue. The FTE Committee meets weekly to review and analyze each new position request against the respective unit metrics. The unit's capacity is met by adjustments aligning it to the organizational FTE goal. The FTE committee allows the organization to identify opportunities and resolve unit issues and collaboration with the senior leaders involved. The FTE Committee reviews have resulted in an improvement in FTE per adjusted occupied bed. Separate plans address physician manpower with population need and access, productivity, and capabilities.

Smart Square uses a predictive model that determines staffing levels needed by unit, based on past practices. The software replaces portions of the current scheduling system for care team members and provides accurate prediction of staffing 30 days from each shift. This allows teams to look at the future and ensure adequate staffing. Smart Square also responds based on increased demands on acuity and capacity. Inpatient acute care areas, outpatient clinics, as well as all ancillary and support services all benefit significantly from the Smart Square solution. Using Smart Square, leaders have improved fill rates by over 95%. Annual performance reviews are completed for each care team member. For example, within the College of Medicine, the Department or Division Chief will hold one on one meetings with the physicians to talk about their progress throughout the year. They will complete an annual performance review sheet that discusses feedback and coaching that needs to happen for the upcoming year. Leaders also utilize this time to talk through the needs of care team members and if there are any needed resources or tools the physician needs to perform well.

New Workforce Members. Leaders of ABC Organization use a holistic approach to sourcing applicants. As staffing needs are identified, a hiring strategy is developed to identify the most qualified applicants. Job positions may be advertised on social media, job boards, trade publications, television stations, and websites. Leaders source the candidates using referrals, the PageUp application tracking system, local organizations with community connections, websites that offer searchable channels of minority job hunters, and for hard to fill or specialty positions, leaders use recruiting agencies, search firms, and medical journal websites. Utilizing many different approaches allows for a more diverse workforce. The interview process often involves peer interviewing. Selecting Talent is a peer interview training that is required for all peer group members, so they can gain knowledge and skills for conducting an effective peer interview. Internships are utilized in the allied health positions to assist students with career development by providing real work experience. When internships are complete, the students are often given the opportunity to join the team and utilize their professional skills and competencies in the organization's environment. Leaders partner with the university to help matriculate and onboard new graduate clinicians and non-clinicians.

All Human Resources (HR) departments throughout the organization coordinate efforts to recruit, hire, and retain staff for each department. HR business partners review metrics around "time to fill" positions as well as turnover, to identify departments and jobs that are struggling to recruit, hire, and retain. HR business partners then can create specific recruitment strategies to address needs. Each year many nurses create vacancies when they leave their units to resume Nurse Practitioner education and the organization

uses an over hire strategy to decrease turnover in those units. Other methods of filling high turnover nursing positions include a New-to-Operating Room (OR) program, a seasoned nurse-to-OR program, sign-on bonuses, and partnerships with local schools where apprentices are rotated from other universities into the organization to close gaps. As an affirmative action employer, leaders are committed to focusing on underrepresented minorities (URMs) within the health system. Census data from the affirmative action report is used to create targeted strategies to fill positions and analyze the local talent pool of potential URM candidates. Local talent pools are a proactive measure for hiring and have helped to hire quality candidates more quickly and at less cost than starting a new search. This year, the local talent pool showed many African American registered nurses had a diploma, though the organization requires a bachelor's degree. To address this shortcoming and reach out to this diverse population the organization formed a partnership with several Historic Black Colleges and Universities (HBCUs) to create apprenticeships for these individuals in the organization.

Within the College of Medicine, where the physicians are employed, the Associate Dean for Diversity has partnered with physicians to create a Diversity Roadmap through 2020. The plan aligns with the organization's goals of recruiting and retaining URMs into the workforce. The Dean meets with the chair of each of the medical departments each year to develop an individualized plan to recruit minorities. Each plan creates a diverse pipeline starting with recruiting students into the college, investing in them, helping them develop into experienced residents, and retaining them as faculty members. Since leaders have implemented this approach, they are now a national leader

for student diversity in the number of African American Medical School Students. The college of medicine measures the number of URMs within each department each year. They then benchmark these numbers with the association of American Medical Colleges (AAMC) to see how they align with peer organizations. Veterans make up 2.75% of the workforce and are an under-represented segment of the population at the organization. To increase representation and encourage veterans board in the workforce to self-identify, the organization's Veterans Resource Group partners with HR to develop specific recruitment strategies for this population, including a Veteran-specific career mapping page where military operational specialties are aligned with career opportunities and job requirements at the organization. The organization also has mentorship programs to help new members of the workforce feel welcome and comfortable in their first couple of years. For example, the physician group has a robust mentorship program for new and young physicians. They are partnered with a more experienced physician and they meet throughout the year on an as needed basis to make sure the new physician is adapting well and has all the resources needed to be successful.

Workforce Change Management. As a growing healthcare organization in an ever-changing environment, leaders employ a change management and communications consultant, HR business partners focus on managing mergers, acquisitions, and growth, and an enterprise project management office. HR business partners minimize workforce reductions by providing departmental leaders with all alternative options to redeploy talent internally. The HR business partner works with change management and communications consultants to create a plan for reduction if necessary. Organizational

leaders assess displaced care team members in applying for other jobs internally and externally by offering career counseling, resume development, and interview techniques. Displaced employees receive a separation package as a compassionate bridge to other employment.

Leaders leverage workforce planning to help prepare for changing needs. During periods of growth, the HR business partner works with the enterprise project management team to distribute and collect a staffing template from all department leaders affected by the growth. This process helps to assess the overall picture of workforce needs, including new requests, transferring care team members, and any subsequent backfills. The FTE committee reviews the compiled workforce plan with consideration of internal and external benchmarks, duplications in services, and current staffing ratios. This process provides the organization with the strategic plan for the project, including a recruitment timeline created based on orientation length, position start date and the average time to fill the position. The first step in preparing the workforce for changes is communication. In addition to regular leader communications, leaders distribute an HR newsletter that provides monthly updates of HR changes with a dedicated section addressing changes in organizational structure and work systems.

Work Accomplishment. Leaders emphasize connection to patients to ensure that team members align the organization's shared values and goals which are deployed through pillar and LEAP goals. To promote these goals, team members are organized into the ICCE structure. ICCE have improved strategic alignment and operational effectiveness across the organization, unfolding in tandem with the research and

educational missions. ICCE workforces are divided into functional teams and work within a matrixed structure and committees to accomplish their work. In addition to the formation of the ICCE structure, the nurses in inpatient units have a centralized structure to standardize nursing practice and improve efficiencies and patient outcomes. The development of the Clinical Staff Leader and Relief Staff Leader in nursing has also leveraged standardization to support the unit nurses and provide mentorship, guidance and consistent development at the unit level. All other non ICCE business units help support the ICCE functions.

Leaders encourage care team members to volunteer within the organization. The organization has a growing number of over 1,310 volunteers. They contribute to 101,912 hours of service annually. Leaders deliver regular Connect to Purpose messages throughout the year. These are opportunities to share positive feedback from patients or family members. Care team members enjoy hearing these stories and have stated that it is a great way to reinforce the focus on the patients. The PEC, Human Capital Executive Committee, and a Cabinet that looks at pillar goals all ensure the workforce is exceeding expectations, goals are obtained, and that they are aligned across the organization.

Workforce Environment and Workforce Policies and Procedures. The health, security, and accessibility of the workforce are top priorities for ABC Organization Health. All care team members are required to obtain health prescreening to ensure that they can meet the essential functions of their job. All care team members must be cleared by employee health services prior to employment. At the beginning of each year, all care team members, including physicians and volunteers, must also complete required

MyQuest training modules. The training modules include code of conduct and HIPPA training, general compliance, information security training, culture of safety, emergency management campus security, harassment, and infection control. The Office of Health Promotion communicates through social media and a weekly newsletter to ensure all care team members are informed of all the potential wellness activities and benefits from the organization.

Leaders sponsor the annual Lowcountry Heart Walk with the AHA to promote a healthy lifestyle, help fundraise, and raise awareness for the AHA; raising \$83,161 for the AHA in the year. The President of ABC Organization announced the enterprise-wide Imagine U: Building Well-Being Together. Created as part of the Imagine 2020 strategic plan, Imagine U offers employees a fun challenge and reward-based program to improve health and well-being. Located on MyQuest, Imagine U is available to all employees and offers convenient ways to fit nutrition and weight management, physical activity, preventative care, and psychological health into a busy lifestyle. As part of Imagine U, all employees are encouraged to participate in the free Health Risk Assessment (HRA) provided by the AHA. Participation in the HRA is currently 43.7%.

To ensure security, employees must pass a background screening and every team member is equipped with a unique identification badge that restricts access to only the employee's designated work areas. The main campus has 1,700 badge access control doors that allow leaders to monitor the locations of care team members, contractors, and students. Duress alarms are widespread throughout the organization's facilities to summon security in crisis situations. On all units with infants, they have a Hugs Infant

Protection alarm system. If any baby wearing the monitor gets too close to an exit, an alarm will sound and exit doors will remain locked. Security rounding (certified through the International Association of Hospital Safety and Security) is conducted to provide security for the patients, care team members, and visitors. Leaders also place security officers in the connecting halls of all the infant/baby units. This is to add security and protection to the infant patients and their families.

Leaders track and measure Occupational Safety and Health Administration (OSHA) reportable events and discusses them weekly during DCI. Reviewing OSHA reports in DCI helps identify and correct frequent areas of injury, and has led to a reduction in OSHA-reportable events and lost days of work. Safety is continuously improved through an annual survey of the Culture of Safety at ABC Organization, safety rounding in all clinical areas, daily safety news messages, and a safety learning portal called the Safety Institute. Additional workplace environment initiatives include a Workplace Violence Committee with a goal of creating a healthy and safe work environment, and provider Burnout and Wellness Committee that administers a burnout survey to help understand physician burnout.

Full time care members receive medical as well as elective disability, dental, and vision. Other fringe benefits include medical, dental, vision, life insurance, retirement, tuition assistance, paid time off, cultural training diversity, an employee assistance program, leadership development, and legal assistance. The employee benefits and services comprise of medical insurance, life insurance, dental insurance, long term disability insurance, short term disability, vision insurance, a medical spending account,

dependent day care account, pastoral care service, retirement and financial education, retirement system pension plan, 401 A, 403 B, traditional and Roth 401 K, traditional and Roth 457, tuition assistance program, paid time off, paid time off donation program, extended sick leave, cultural training diversity, employee assistance program, future scholar, Will preparation (Liberty), global travel (Liberty), employee perks and discounts, lactation rooms, Apple store, adoption services, leader development, and mandatory training.

Workforce Engagement

The following subsection is an illustration of leaders of ABC Organization Health instill a proud organizational culture, become drivers of engagement, how to manage performance, understand the learning and development system, and how to help workforce members progress in their careers.

Organizational Culture. Leaders choose to foster an organizational culture that cares for open communication through a variety of communication channels accessible for all levels of care team members. Reporting is a central component of the organization's culture. Yammer is a social media platform for all care team members to promote ideas and shared thoughts. Leaders have also implemented focus groups to discuss topics of career development and rewards and recognition, with changes from these groups impacting benefits such as tuition reimbursement.

Assessment and Drivers of Engagement. To determine key elements that affect workforce engagement, senior leaders evaluate engagement results and communication methods. The drivers of engagement highlighted from the employee engagement survey

results are incorporated into the LEAP goals. Action planning also helps focus on specific unit drivers and related goals. Drivers are also used to determine tier I, II, and III leaders. The three tiers are determined by the Power Item Score. Power Item Score is comprised of national key drivers that have been determined by the survey vendor. Additionally, engagement is assessed through rounding. Leaders measure the key drivers within these results: shared purpose, communication, quality of care, meaningful work, and a positive learning environment.

Workforce engagement is continually assessed through the employee engagement survey given each year, which measures engagement at the unit and organizational level. The survey includes diversity perception of care team members and their satisfaction with the organization, their leader and fellow team members. Physicians receive the same engagement survey as other care team members and results are shared throughout the organization. Nurse engagement is also captured using Magnet benchmark data. Individual departments use the data to address low-scoring areas identified in the survey. Leaders also assesses engagement through more informal opportunities, including manager rounds, safety rounds, exit interviews, thank you notes, and professional development goals. Leaders utilize exit interview data to determine specific trends in departments and track trends across the organization.

Performance Management. Leaders leverage the Success Factors performance management system to evaluate the workforce capabilities. They complete annual evaluations for each care team member and collect data in success factors. They use the annual evaluations to assist supervisors and leaders to help address any deficiencies in

performance and applaud exceptional performance. At the end of the year, pay for performance increases are awarded based on these evaluations and the individual scores. Each year percentages are set to align with the scores they receive through the system. The higher the score, the higher the pay increase.

Senior leaders participate in strategic retreats throughout the year to discuss current performance and expectations. Supervisors are required to hold High-Solid-Low (HSL) conversations with employees to coach on opportunities for performance improvement throughout the year. Individual departmental performance is managed in conjunction with other departments in the organization to minimize redundancy and maintain strategic alignment. As an example, the Office of the Chief Information Officer (OCIO) underwent a restructure following an evaluation in which redundant analytical functions across the enterprise were centralized under one department. The OCIO also adopted IT Infrastructure Library (ITIL) processes to manage technology resources and maximize value. The new structure allows the OCIO to manage their capabilities and capacity more efficiently in supporting the business aspects of the health system. Leaders use various platforms to reward and recognize staff for their excellent care at the unit level as well as at the enterprise level, including the Exceptional Performance Award of a 3% pay increase to employees. The organization's Rewards and Recognition Manager, in conjunction with the Rewards and Recognition Oversight Committee to create a new rewards and recognition platform plan.

Performance Development. Leaders use care team member engagement surveys every year to determine if they are increasing their care team member engagement scores.

Leaders of ABC Organization have seen increases in workforce engagement in 2018, however workforce engagement among physicians specifically have decreased. Another way leaders have determined higher workforce engagements has been through open click rates from mass communication emails sent from the CEO. Leaders want to ensure that workforce engagement is a high priority as it may also impact the engagement they have among their patients which also impacts the quality of care they receive.

Learning and Development System and System Effectiveness. As an HRO, knowledge and information must be available, accurate, and reliable to support quality and safety. Leaders and care team members have access to training and learning opportunities via internal and external sources, including MyQuest, scholarship programs, certificate bonuses, and tuition assistance programs. Leaders cultivate a learning culture through a dedicated learning office, learning resources that balance strategic and compliance requirements, while also fostering learning innovation, and lifelong, self-directed learning opportunities. All learning and development for the organization is coordinated by the learning office. Under the leadership of the CLO, the learning office leads clinical education, revenue cycle training, certifications, mandatory education, and leader development, while also supporting learning related to IT systems, quality, innovation, and inter-professionalism. To ensure education targets specific strategies, Clinical Education Specialists work with each ICCE to address specific opportunities while providing education that addresses organizational needs. Workforce clinical education needs are assessed and prioritized annually to forecast learning needs. Ongoing clinical education needs are addressed through the Education Rollout

Committee (EROCC). Leaders have also embedded education as a key component of IMPROVE plans, where learning is essential to process or quality improvement.

Enterprise learning needs and plans are vetted through the organization's Learning Excellence Committee, which determines mandatory training, identifies learning technology needs, and reviews learning policies. In support of lifelong learning, the organization has over 280 catalogs of learning opportunities on numerous topics. Each course catalog aligns with the organization's goals, pillars, and values. Using MyQuest, care team members may self-enroll in courses based on their professional needs and personal interests. As of today, care team members have completed over 84,000 clinical courses. Many more modules were completed within the areas of diversity and inclusion, finance, leader development, risk management, and personal wellness. The organization's priority of PFCC includes education through Connect to Purpose stories. To better share these stories, leaders have developed an innovative patient family faculty program and a patient story library. Through collaboration with the university, patient and family members can be trained in storytelling and writing, then have their stories recorded on video. The stories are strictly for internal sharing and learning, and are posted in the MyQuest LMS for care team members to view. The organization's volunteer program provides classes and education to improve focus on patients and other customers, including Safe Sitter babysitting classes and patient transport. LeaderQuest addresses personal, operational, and strategic competencies for leaders at ABC Organization Health. Three times each year, over 500 leaders convene at the LDI for a day of learning related to a key strategic topic. Leaders align other communication and

learning events with this topic, so that learning is reinforced at all levels. As an example, leaders provided education on innovation at an LDI, while running idea campaigns across the enterprise. Leaders use non-mandatory learning hours to measure learning and development engagement. In the past year, non-mandatory learning hours have increased by 74%, equating to 117,000 launches of learning experiences.

Leaders strive to verify all four Kirkpatrick levels of learning: Reaction, Learning, Behavior, and Results. Related to reaction, leaders utilize course evaluations, as well as learner feedback in using learning technologies. The MyQuest user experience committee meets monthly to discuss learner feedback to plan improvements. Learning and development effectiveness are measured through learning hours and MyQuest launches. To verify the learning level, leaders use a variety of knowledge tests as well as competency assessments using the Donna Wright Competency Model. The use of MyQuest's analytical capabilities allows the Learning Office to audit and analyze learning achievements. Behavioral impact is most evident in observations of practice. Leaders encourage deviations from practice to be reporting using PSI, whether or not harm has occurred. These deviations are studied and often become IMPROVE process improvements and learning initiatives. Within nursing, the organization's Exemplary Professional Practice shared governance committee also works to optimize clinical practice.

Leaders measure results with performance dashboards and analytical metrics to identify improvements and cycles of learning. These dashboards are monitored by the departments and the organization, and learning strategies are implemented to support

continuous improvement. For example, leaders of departments who experience low employee engagement survey scores receive required leader education where best practices of leaders with higher engagement scores are shared. The organization's Learning Office has several forums whose role is to monitor and improve learner experience and efficiency, including: MyQuest User Experience Committee (LMS), the organization's Learning Excellence Committee, EROC - Clinical Education, and Structural Empowerment (Shared Governance-Nursing).

Career Progression. Individualized professional development is embedded in the annual performance review. However, there are specific professional development and career ladders at the organization. For nurses and nursing leaders, the organization has many well-defined clinical career ladders with successive positions, competencies and responsibilities. For example, the role of Clinical Service Leader is the precursory role for Nurse Managers who are themselves positioned for Nursing Director positions. CSLs are provided with foundation leadership education. All Nurse Managers and Directors are required to complete a six-month clinical leader core curriculum. For physician leaders, the role of Medical Director is considered a developmental role for ICCE Chief. In non-clinical areas, there are several other examples of career ladders. The revenue cycle department, with over 600 care team members, operates a nine-month developmental program for aspiring Revenue Cycle leaders called Rev U. There are 45 career ladders throughout the organization. Leaders measure workforce development and career progression through tuition assistance program utilization, nursing scholarships, and RN

to BSN program utilization. Leaders spent \$1,750,230.87 on reimbursement for 447 care team members.

Operations

The following section contains a description of how leaders of ABC Organization Health improve work processes and implement strategies for organizational effectiveness. Work processes and organizational effectiveness are important for leaders to deliver patient value and ensure ongoing organizational success.

Work Processes

The subsection contains an analysis of how leaders determine service and process requirements, process management and improvement, supply-chain management, and innovation management.

Service and Process Design. ABC Organizational Health ICCE use the mission, vision, and values the organization as the ICCE's "fit" instruments to ensure strategic programmatic synergies within defined geographic markets. The processes of annual strategic planning and assessments are conducted by each ICCE and facilitated by the strategic planning department to ensure central alignment. The ICCE apply a mixed-methods approach to understanding the needs of patients in the communities they serve. By combining the quantitative (population demographics, incidence, evidence-based medicine studies, market forces, volume, and financial trends) with the qualitative (key stakeholder interviews and revision insights from PFACs), each ICCE defined their value proposition and strategic intent. Leaders develop strategic goals with corresponding tactics and metrics that are institutionally vetted through the SEC, Finance Executive

Committee and approved through Ventures Oversight and/or the organization's Physicians Executive Committee (to ensure alignment and resource deployment). ICCE performance is managed through the PEC, where all ICCE report metrics by pillar.

Process Management and Improvement. As part of the performance management system, leaders manage its key operational processes through the DCI loop. The organizational performance management system includes: (a) mission, vision, and values, (b) value proposition, (c) strategic intent, (d) strategic goals, (e) initiatives, and (f) performance management system. Support processes are aligned through the three fundamental roles within a healthcare facility: providing care, supporting the care, and creating the environment for care. Clinical ICCE represent the first role and the support areas represent a second role. Each support area is also required to report daily on the quality of their work on the DCI, ensuring that all ICCE and support areas are aligned and high performing. These support areas report to PEC for accountability on their goal achievements by pillar (similar to the ICCE). The daily, weekly, and monthly performance management governance structure ensures that all areas within the organization are held accountable for high performance. It also ensures that all members of the care team have an avenue to voice concerns or issues have been resolved efficiently and collaboratively with the help of senior leaders. Leaders utilize various patient listening and learning methods to ensure they are addressing patient expectations and preferences into the care delivery processes. Leaders continuously improve work processes to enhance health care services and performance and reduce variability. The Value Institute continuously produces evidence-based decision support tools to ensure the

delivery of evidence-based care and reduce unnecessary variation. The PI department teaches Lean, Six Sigma, and project management training to all leaders to reduce waste and variation.

Supply-Chain Management. Leaders manage their supply chain through a systematic sourcing process. After determining the category of the supply (the setting in which the product will be used), the value analysis process evaluates the clinical need, financial impact, and any other associated risks for the supply. Once the appropriate committee approves the supply, they establish a contract through negotiations or GPO and deploy for supply ordering. Vendormate is a credentialing system used at the organization to ensure policy compliance of all suppliers and vendors. Upon arrival to the organization, all suppliers and vendors must check in at a Vendormate kiosk, log in, and have a validated name label printed. Vendormate tracks vaccinations, credentialing, and additional regulatory dates to ensure each supplier or vendor is in full compliance prior to entering patient care areas.

Innovation Management. Leaders pursue opportunities for innovation through multiple modalities. Innovations are categorized as “Big I” (a large disruption to workflows and processes) and “Little I” (a small disruption to workflows and processes). Leaders encourage innovation from all groups on campus by providing leaders and care team members with innovation education, opportunities, and support to test and implement their own innovative concepts. Innovative opportunities with drafted proposals are reviewed and rated by an evaluation committee. Innovative opportunities are grouped into four concept types: administrative process, clinical procedure/technique,

technology, and product. All proposal submissions are given full consideration and are rated on the same scale, which considers innovation, feasibility, impact, funding, value, and measurability. Opportunities that meet the eligibility guidelines are each assigned to a task force of stakeholders relevant to the specific opportunity. The organization's units are also offered the option of including an innovation goal in their work and unit goals, which allow units to be recognized and rewarded for their innovative efforts through the yearly reporting of unit goals.

All innovative opportunities require a champion and task force to move forward with developing the unit's innovative concept. To support and guide the champion, the taskforce comprised of 8 to 12 stakeholders, often including patient and family advocates and students, is compiled to research and prototype feasible, innovative opportunities. Then they devise a plan to ensure fluid processes are followed. The champion and a task force collaborate with the appropriate leaders and units at the organization to test, refine, and develop their innovative concepts. Leaders provide financial support for innovative concepts that meet the eligibility criteria. The organization's innovation centers offer financial assistance and assist innovators with external and third-party investment opportunities. The organization's internal financial assistance is not limited to a specific amount for all innovative concepts however, the funding must be feasible and practical for each idea. To determine feasibility, the potential cost and impact of the ideas are evaluated using estimates of potential value added to the organization, as well as potential revenue and cost reductions to the organization. Feasible ideas are prototyped to determine more accurate proposed costs, benefits, and barriers. The next steps are

determined by the metrics and data collected during the prototyping process. Leaders consider unsuccessful innovative concepts an opportunity for learning and encourage continual efforts to seek improvement.

Innovative opportunities eligible for research and prototyping are assigned to a task force of relevant stakeholders with a 90-day timeline for prototype development. The task force is responsible for defining how success will be measured for this concept, then testing and refining the concept over those 90 days. After the 90-day timeline, the taskforce submits a summary report on the prototype summary template detailing the status of the project, barriers, data showing measured success or shortcomings, and future recommendations (extend the prototype to continue testing, discontinue the prototype because it does not meet the defined successful criteria, or move forward with implementing concept long term). Innovative concepts that are discontinued provide valuable insight and are considered complete and successful prototypes, as they served their purpose to determine more accurate proposed costs, benefits, barriers.

Operational Effectiveness

The following subsection contains an analysis of how leaders address process efficiency and effectiveness, improve management of information systems, and implement strategies for safety and emergency preparedness.

Process Efficiency and Effectiveness. Leaders control the overall cost of its operations through multiple methods of governance. The Budget Oversight Committee reviews budget variances within each unit and holds leaders accountable for meeting budget expectations. Each unit with a variance provides exception-based reporting at

PEC, where they are given feedback on their overall report and guidance on innovative ideas to improve financial performance. Monthly financial reports pertaining to revenue and expenses in relation to budgetary expectations are distributed to the individual work units. The FTE committee acts as a labor and productivity governance committee that manages requests for position backfills and new FTEs. Requests are submitted for review, and FTE approvals are granted if they meet specific criteria such as budget, revenue and productivity levels, or alignment with organizational strategy goals. By embedding measures of productivity and cost control into department and leadership goals that are then cascaded to all care team members, leaders are able to establish financial performance expectations. Monitoring and measurement of objectives occurs at regularly scheduled intervals depending on the goal.

Management of Information Systems. The organization's IS creates a highly resilient environment that supports the availability requirements Tier 1 applications, which is 99.98% uptime. IS maintains numerous controls to protect sensitive or privileged data and information. The Tier 1 systems are identified by the IS leadership to define the priority and criticality of the data, application, or system. The Information Security Office (ISO) is organized into teams to support the security operations function of incident response, security monitoring, forensics, and threat intelligence. The ISO participates in National Health Information Sharing and Analysis Center (NH-ISAC) and Research Education Networking Information Sharing and Analysis Center (REN-ISAC) threat sharing organizations and Federal Bureau of Investigation (FBI) Cyber Working Group to gain awareness of new threats. The security operations team uses this threat

intelligence to monitor and mitigate attacks on the organization. The information security incident response plan was developed to guide the team in the efficient discovery, analysis, mitigation, containment, and recovery of applications and systems.

Monitoring of the infrastructure components provides proactive maintenance and notification of system failures. IS uses an internally developed system to map dependencies of all applications on various components of the infrastructure called DCMAP. The components include servers, storage, network devices, and data center components. When an infrastructure component fails, IS can view applications and services impacted. DCMAP allows IS to test scenarios and downtime simulations to determine which applications and services will be impacted by changes. This system performs predictive analysis to determine the root cause of incidents.

Tier 1 centers are designed with redundancy built between two different data centers to reduce any single points of failure, including network, server, and storage. Individual data center facility elements are also made redundant, including Heating, Ventilation, and Air Conditioning (HVAC), Uninterruptible Power Supply (UPS), and generator power. Recovery exercises for the Tier 1 environment are performed at regular intervals to validate the capability to failover Tier 1 systems from both data centers. This exercise ensures the proper policies and procedures are in place to affect the failover, verify the applications can run in the secondary environment, and ensure the proper policies and procedures are in the place to return to normal operations. These exercises allow the organization to identify any capability gaps in a well-controlled environment.

There are currently two copies of backups: one onsite and another that is encrypted and stored offsite. The organization is currently moving from IBM Tivoli Storage Manager to CommVault to improve data protection capabilities. The new system will provide greatly improved recovery times and more offsite options, including storing data recovery copies in the Cloud.

All changes to IS services must follow a standard process to ensure appropriate planning and execution to minimize business risk and ensure the integrity of the IS infrastructure. Changes are categorized as a standard change, normal change, and emergency change. Appropriate processes and levels of review are applied depending on the type of change and potential to disrupt operations. It is the responsibility of each person in IS to follow the change control procedure and to minimize the impact of organizational operations.

IS is required to conduct yearly formal risk assessments of the organizational data center resources and off-site network/data locations. The purpose of the risk assessment is to ensure that all reasonably anticipated risks to information availability, reliability, integrity, and confidentiality are identified, analyzed, and appropriately managed. As part of the IS improvement process, IS is responsible for making sure a root cause analysis (RCA) is appropriately performed and documented for any IS incidents. Performing the RCA helps the IS improve the reliability of the organization's information systems.

The organization's IS is currently working with business leaders to identify the criticality of business systems. This provides a standardized approach to identifying business impacts and opens the communication between the business and IT by providing

a common language to describe requirements to ensure proper alignment; providing the blueprint that enables consistent deployments of IT infrastructure to achieve a predetermined level of resilience within a predetermined budget. ServiceNow provides PI to the overall resiliency and availability of the IS environment. ServiceNow supports change control, and problem, capacity, demand, and performance management.

An Infrastructure Currency Policy defines how current the infrastructure environment will be, and identifies investments required to maintain the desired currency. IS works with business leaders to define a policy that includes both hardware and software currency requirements. A proper policy ensures that hardware and software in the environment is properly supported under current vendor maintenance and support agreements. It also reduces the probability of failures and increases the environment security. Leaders have a robust information security program that ensures the confidentiality, integrity and availability of sensitive and critical data. The program is managed by the ISO, under the direction of the OCIO. The ISO regularly conducts risk assessments to ensure that cybersecurity risks are identified and managed appropriately. The Information Security Committee provides governance for the information security program and oversees the development and approval of institutional security policies and standards. Security measures that are deployed throughout the organization include secure email and messaging, secure remote access, network access control, mobile device security, cybersecurity awareness and training, and a centralized identity and access management program supporting role-based access, single sign on, federated authentication, multi-factor authentication, and access auditing . Leaders use

cybersecurity threat intelligence from ISAC organizations, and from other privileged sources, to optimize its Cybersecurity defenses. The ISO performs continuous security monitoring of the enterprise network. When potential threats are detected or reported, an ISO-led incident response team follows the organization's incident response plan to investigate and respond. Lessons learned through the incident response process are applied to the continuous improvement of the overall cybersecurity program.

Safety and Emergency Preparedness. One of the precursors to the establishment of a safe operating environment is having a culture where care team members feel free to question actions and decisions of others, without fear of disciplinary response. The organization's increased volume of PSI reports implies a very robust reporting culture, a key element of a culture of safety. The organization also has mechanisms for proactive identification of potential system improvement and innovation before there are near misses or unsafe conditions. One method is through independent recognition of improvement opportunities from any care team member, which can be submitted to the PI department to be considered for a redesign project.

According to the state's Emergency Management Division, the organization is the most hazardous area of the state. One of the reasons is because it is separated geographically by bodies of water and therefore is highly dependent on bridges. Leaders ensure preparation for disasters and emergencies for a dedicated emergency management team. The team is guided by the organization's Emergency Operations Plan (EOP), which systematically outlines how emergency response personnel, equipment, and facilities will be employed to save lives, prevent or minimize damage to property, and assist all

patients, visitors, and care team members who are threatened by an emergency.

Emergency operations are coordinated to the maximum extent with comparable activities of local municipalities, county, state, Federal government, and private agencies. The EOP utilizes the Hospital Incident Management System (HIMS) and Hospital Support Functions (HSF) concepts; emulating the emergency support functions used by emergency operations centers through the National Incident Management System (NIMS).

The EOP embodies four dimensions of activity working collectively to achieve effective emergency management: mitigation, preparation, response, and recovery. Mitigation strategies aim to reduce the impact of a hazard on the vulnerability when prevention or protection measures fail. Mitigation targets risk reduction to acceptable levels by the organization given that all risks may not be prevented. Preparation activities, programs, and systems are those that exist prior to an emergency and are used to support and enhance response to an incident. Leaders use planning, training, education, and exercising activities to assure clinical continuity of operations during and following an incident. Response involves activities designed to address the initial and short-term effects of an incident. The focus is to reduce additional casualties, damage, and speed recovery. Response activities include the notification of all stakeholders, providing direction and control, and the management of systems and resources; ensuring the safety and security of care team members, patients, and visitors while maintaining operational status through recovery. Recovery involves returning systems to pre-disaster conditions. Short-term recovery actions are taken to return vital life support systems to operating

standards; long-term recovery actions may be continued for months and years. Recovery actions include improving systems, resources, prevention, and protection efforts. Leaders systematically manage its supply chain and is an active member of a GPO. GPO contacts include expectations of the vendors to ensure that emergency performance is enhanced. When selecting suppliers, leaders use a decision process that includes scoring emergency management.

Measurement, Analysis, and Knowledge Management

The following subsection is a description of how leaders gather, analyze, measure, and enhance organizational data, patient information, performance analysis and organizational knowledge to achieve higher levels of competitiveness and performance.

Measurement, Analysis, and Improvement of Organizational Performance

The performance management section illustrates how leaders use performance measures, comparative and patient data, and measure agility, to analyze, review, and improve performance in the organization.

Performance Measures. Leaders are focused on interpreting collected data into meaningful information. This enables leaders to build knowledge and make informed decisions. The selection of tracked data is driven by LEAP which determines organizational goals as aligned to the strategic plan, services provided to the customers, and improvement initiatives. Leaders carefully review data for quality patient care and evaluation of measure definitions is governed by pillar teams before data is transformed into information for actionable insights by Information Solutions (IS). All pillar goals and measures connect to the overall strategic plan and are reviewed by the SEC. IS supplies

stakeholders with a variety of self-service analytics solutions, including exception-based reports, cubes, dashboards, etc. There is much consideration in designing intuitive and user-friendly scorecards, graphs and dashboards that allow stakeholders to easily analyze insights from successes and opportunities. Leaders leverage tableau as an easily navigable central dashboard repository which provides insights on organization goal performance by pillar, by ICCE, by units, by leader, and a variety of other attribution levels within the organization. Leaders combine key performance indicators and dashboards in a thoughtful manner that affords insights across pillars for historical performance, as well as providing real-time information that stakeholders can leverage to act on daily or hourly to help drive future performance. For instance, the LOS dashboard allows stakeholders to understand trended LOS performance, the correlation between readmissions and LOS index historically, and predicts which inpatients are likely to drive a high LOS index while they are still in the hospital. Leaders gather information daily during the DCI and cascaded to daily huddles and bi-weekly departmental meetings, in addition to reviews at decision committees such as QEC and ELC. Information is integral to knowledge sharing and improvements at both the departmental and system level.

Comparative Data, Patient Data, and Measurement Agility. Comparative data is integral to the organization's success and continuous growth, and leaders recognize the need to benchmark all internally and externally. On an annual basis, pillar measurement teams review strategic and organizational goals to select KPI measures that should be benchmarked, to determine which measures are evaluated internally or externally, and to set performance targets. These teams also identify which external benchmarking source is

most appropriate. Pillar measurement teams meet monthly to review comparative measures against benchmarks, determine if modifications should be considered, and use data-driven information to prioritize changes to work systems and performance improvement (PI) projects. Internally, leaders continuously track ICCE, department, and unit specific measures that afford stakeholders the ability to recognize areas of best practice, as well as identify opportunities for improvement. A key partnership with Vizient (a healthcare performance company) helps the organization to make fact-based decisions based on external comparisons using the Vizient Clinical Database (CDB), resource manager (RM), and operational database (ODB). Several KPIs (LOS, mortality, cost, and others) are measured using Vizient risk adjustment methodologies to account for variation in patient insight. These advanced analytics methodologies are based on patient-level data from approximately 100 academic medical centers, and allow for meaningful trending of metrics and comparisons across diverse departments.

One example of how comparative data supports fact-based decision-making was a collaboration between the Value Institute and the Department of Pharmacy. A collaborative team used RM data to compare the organization's utilization of medications to other academic medical centers, controlling for case mix and patient acuteness. That comparative analysis led to Medication Use Evaluations by pharmacy residents, and subsequent changes to medication ordering practice that resulted in decreased costs. In another example, leaders use CDB data to identify patient populations with significant variation and direct costs internally, with more variation than other academic medical centers, and higher costs than expected, according to Vizient's risk models. Performance

improvement projects were then chartered to find ways to reduce variation and reduce direct costs in the targeted population. Vizient's OBD also enables leaders to externally compare its performance to similar hospitals at the unit level on a variety of operational metrics such as labor productivity, capacity and volume, staff configuration, expense ratios, workload/service intensity, supply chain effectiveness, etc.

Leaders have identified two primary compare groups that affords stakeholders the ability to evaluate measures consistently and is available to all leaders of the ABC Organization Health. In addition, leaders leverage the Vizient community of academic hospitals to query for and collect invaluable qualitative data and information to inform insights, learn best practices, and form collaborations with other institutions in creating a continuous learning and improvement cycle. Leaders also utilized many other external comparative data sources and partnerships within the healthcare industry. They use Press Ganey for patient experience and care team member engagement, and application vendors, such as EPIC for comparing metrics against other clients. Leaders have much access to a great amount of comparative data, although all benchmark data is not always available and new comparative methods must be innovative. Leaders recognize a gap in external benchmarking data availability on surgical procedures in the state and initiated a Surgical Quality Collaborative that now enables the organization and other hospitals in the state, to collaborate on surgical quality and patient safety improvements with the knowledge and expertise that guide health systems toward higher reliability.

Leaders effectively use the voice of customer and market data to ensure commitment to patients and families. One mechanism leaders use to directly listen to

patients and families, and to subsequently incorporate their voices into the decision-making processes, is the PFAC program of five patient/family representative bodies. In addition, leaders capture patient and family experiences and share those through the online patient story library. Market data from Sg2 Consulting, and marketing dashboards and reports are analyzed and processed by the strategy department and ICCE to determine opportunities for strategic growth and service gaps in the community, state, and region. Analyzing patient and market data from a variety of sources give leaders a broader perspective of patient needs to continuously improve and build a more patient-centered culture.

In a dynamic healthcare field, agility is crucial for maintaining patient-centricity and high reliability. Agility at the organization is achieved through the visibility, transparency, and ease of access to key performance measures. Hourly and daily reports allow leaders to course correct at any point, and at minimum every 24 hours through the dissemination of information from DCI to daily huddles, departmental meetings, and decision committees. Leaders ensure visibility of information through readily available data sources that can be accessed throughout the enterprise and remotely. Monthly pillar team meetings ensure IS representation who can help implement measurement, dashboard, and other tool changes based on the evolving needs of the organization, or the changing needs of the external environment. Leaders integrate agility in response to rapid changes throughout the organization in performance accountability and transparency, which are part of the teamwork core value. Leaders ensure its course adjustment through systematic strategic data review and external environmental scans for new laws,

standards, market dynamics, and accreditation requirements. Leaders are continuously striving towards improvement and alignment with the ever-changing healthcare trends. For example, leaders measure agility which is demonstrated through the adaptation of updated pillar goal targets as Vizient releases a new regression model every fall, which affects expected rates for many of the organization's quality metrics.

Performance Analysis and Review. Leaders review their performance and capabilities primarily through pillar committees and organizational performance review bodies (SEC, ELC, PEC, etc.). These committees complete weekly/monthly reviews of functional areas they created to oversee. Leaders have a variety of scorecards and dashboards that demonstrate both trended and most recent performance against targets at various levels of the organization (org, pillar, ICCE, unit, leader). Multilayer performance review allows leaders to pulse check and make sure that they are agile. For example, leaders review goals monthly at ADM meetings, pillar goals are reviewed by the pillar team monthly, and unit goals are reviewed at departmental meetings. Upon evaluation of metrics based on the strategic targets identified at measure establishment, leaders formulate action plans when performances and expectations are not in alignment. Each measure has a measure owner, a senior leader in the organization accountable for performance variance, and who is also responsible for the creation, implementation, and performance of action plans to achieve the desired result. Improvement action plans are consistently facilitated by the performance improvement framework. Performance improvement is initiated when there is an adverse event, undesired outcome, or internal/external aspiration/demand for improved performance. Baseline performance is

evaluated, benchmarked internally and externally, and a desired target is established.

From this point, future process redesign occurs to achieve the objective while removing waste and process deviation from the current practice by means of Lean and Six Sigma strategies.

If the opportunity for process improvement spans multiple departments or is systemic across the organization, an organizational discernment assessment is performed in conjunction with a prioritization matrix to focus efforts. By measuring unit-specific objectives at the front line of patient care, all the way up to organizational success metrics, leadership can assess operational performance. The governance board reviews the organization's performance and its progress on strategic objectives and action plans at quarterly SEC updates and weekly ELC and PEC meetings that bring any issues or plans that are approved in the former governance groups. ICCE administrators and other senior leaders report opportunities for improvement (OFIs) with performance improvement plans (PIPs) weekly at ELC, SEC, PEC, etc., as well as sharing best practices for improving performance trends.

Performance Improvement. Leaders have invested heavily in the development of its predictive analytics and data science capabilities to better predict clinical outcomes and future operational performance. They leverage advanced machine learning technologies, a fully integrated cloud-based data ecosystem, and warehouse a multitude of metrics that can be analyzed historically and used in forecasting. Leaders have developed predictive models to help inform insights for both clinical intervention, such as identifying patients who are high readmission or sepsis risks, as well as operation and

business models that inform budget, marketing, and growth planning. Preparation for future performance projections must also incorporate qualitative data gathered via external environmental scans for new laws, standards, market dynamics, and accreditation requirements as well.

When gaps between future performance projections at an expected performance, leaders develop action plans and reconcile in alignment with the planning process with oversight and revision led by the SEC, PEC, and ELC. The organization has a Rich Performance Management Framework that includes projections for performance against targets which give leaders the ability to understand performance trajectory and helps inform the need to take action. Advanced analytics capabilities, including those from Sg2 Consulting, offer the ability to identify which drivers will likely affect the aspirational outcome, so that future performance can be a focused effort. Due to a systemic demand to work smarter in synthesizing data to insights, leaders have recently developed a data-driven OFI program that finds gaps in performance and alerts responsible leaders for improvement.

The leader's focus on the culture of safety continuously promotes process improvement initiatives. Once the analysis and review of mission is performed, improvement opportunities are identified from both a top down and bottom up approach. All opportunities are then prioritized by the Performance Improvement Oversight Committee and are subsequently resolved with the help of the IMPROVE project management team's oversight. Team leaders (champions and process owners) are assigned and project problem statements are solidified. Recommendations are then given

to the QEC to approve the project initiation. Project teams are given a 60-day timeline to report their progress to the IMPROVE committee. The IMPROVE leadership team meets weekly to assist teams with shortfalls in resources, team and organizational concerns, and the elimination of barriers that may be causing delays in product progress. The QEC, in partnership with the PI Department, provides oversight for prioritization of PI and innovation opportunities based on its alignment with the strategic mission and the degree to which patient harm has or can occur.

The organization's Continuous Process Improvement success is based on being result oriented, involving the entire care team, and providing a sustained and deliberate application of IMPROVE principles. To be result oriented, the processes and outcomes of IMPROVE efforts are diligently measured and the efforts are rigorously evaluated by a multidisciplinary IMPROVE team. Projects are not closed until the metrics have demonstrated sustained improvements of the goal for a pre-determined period. Comprehensive team involvement focuses all members of the care team on effectiveness, efficiency, and waste elimination.

The team has restructured their mindset from "this is the way we have always done things," to a persistent focus on seeking the best way to accomplish daily work. As leaders continue to deploy the IMPROVE methodology, the key to successful change does not lie within the tools but rather within the people who use them effectively. As a further endorsement, leaders offer a full spectrum of IMPROVE workshops for training purposes that range from one hour to a full day. In addition, annual PI training is provided for all current and new care team members. A detailed interactive PI webpage

provides PI information, tools, and training modules readily available to all care team members. In order to understand the growth required to make the program goals, IMPROVE efforts are focused, deliberate, and sustained to be embedded in the culture.

As an academic medical center and research institution, leaders of ABC Organization Health greatly value innovation. The primary focus on innovation created a need for both the recruitment and onboarding of a Chief Innovation Officer (CInO) and a Director of Innovation. The Innovation Pillar Goal was selected by leaders across all departments and ICCE leadership. To achieve a score of 5 on this metric (with 3 being “goal”, 1-2 “below goal”, and 4-5 “stretch goal”), teams have been asked to participate in an innovation campaign. Teams are led by a project champion who is tasked with executing at least one idea campaign within the domain/ICCE. Champions additionally are required to attend a 1-hour innovation campaign workshop. Leaders also recognize the value of widespread transparency to the patients and community. Therefore, leaders publicly post quality data to the Internet, allowing patients and their families to review outcomes. The posted quality data includes hospital acquired infection rates, process of care measures, and patient satisfaction.

Physicians at ABC Organization use VR goggles to immerse themselves in a surgery setting (a risk-free environment) to practice and test the surgery before actually performing it on a patient. Also, a team member worked with device company to develop the first FDA-approved system to detect generalized tonic-clonic seizures using a wearable device that continuously records EMG activity in the bicep. Another team member uses the surgical stabilization of rib fractures (SSRF) which involves installing a

plate to line up two ends of a rib fracture to improve the healing process and improve patient quality of life. These are only a few innovative strategies that leaders of ABC Organization use to ensure they are delivering quality patient care.

Information and Knowledge Management

The following information is a description of how organizational leaders manage data and information, and data knowledge to make informed decisions for the organization's direction and growth.

Data and Information. Leaders verify and ensure quality of organizational data and information utilizing best practice testing and validation processes, confidentiality standards (annually reviewed via required courses), database backups and redundancy, business continuity measures, expert access team (subcommittee of Health Information Management Committee), consistent network monitoring, and audit monitoring by the Office of Compliance. Leaders manage the data and information to ensure the accuracy, validity, integrity, reliability, and currency through the office of compliance, legal, and health information services. To ensure validity, leaders use the best practice forums that show to be effective and then they mirror the practices that have already proven to be effective. The clinical IS leadership participates in health information management, data integrity, and quality roles. Leaders recognize the need to place priority of data quality which is led by the Office of the Chief Information Officer (OCIO), in alignment with quality assurance standards and processes fully integrated throughout the organization. As the need for data and information within the organization grew, and the need to ensure the quality of its development, leaders created a Chief Data Officer position that is

responsible for ensuring this data is accurate, valid, reliable and current. Last year, leaders launched a Data Governance Group, Data Quality Approach, and reorganized IS teams to support these functions. Quality information drives a data-driven culture and provides a foundation for insights provided by analytics, data science and other consumers across ABC Organization Health. The core dimensions of quality assurance include: (a) completeness, (b) uniqueness, (c) timeliness, (d) validity, (e) accuracy, and (f) consistency.

Leaders undergo clinical data quality improvement when existing measures fall below thresholds, new data sets come under investigation, new data quality requirements emerge for new and existing data sets, and business rules, standards or expectations change. Information Solutions (IS) is an enterprise-wide, IT, informatics, and analytics organizational structure, with the purpose statement of “harnessing the power of information to improve the lives we touch”. IS ensures data and information availability, with the goal of system uptime of 99.985%. Additionally, IS focuses on providing systems education and training to care team members, with standard processes for sharing information in the event of a system failure. IS provides all care team members 24/7 access to the service desk for help, utilizes field engineers at all locations for in person assistance, as well as in person Electronic Health Record (HER) system help. Information is readily available as a self-service solution on all of the organization’s computer assets. Leaders ensure redundancy by operating two data centers, which allow to failover to the back-up data center with minimal impact to end users. Tableau and other service analytics tools, including on-demand reports, afford users access to the most

up-to-date data, metrics, and information. Leaders also leverage the intranet to ensure care team member access to an array of information, including links to organizational scorecards. Leaders host multiple websites that provide transparency in data and other information for patients, referring providers, and the community at large.

Leaders continuously reevaluate the effectiveness of information availability procedures by collecting feedback from stakeholder groups, evaluating user adoption and utilization metrics, analyzing help desk calls, simulating both expected and unexpected system downtimes, and performing root causes analysis with problem resolution on any unplanned downtime incidents. Leaders recently developed the role of the solutions consultant, which shapes business and clinical demand for information solution services, seeking prioritization and alignment to strategic objectives and core competency maintenance, to ensure the right information is available at the right time to help propel the strategy of ABC Organization Health. Recently leaders recognize that there was a 6% exception rate when users logged into Epic (EHR). IS has implemented several new hardware and software improvements to reduce the exception rate to 1.37%, nearing the best performance of all Epic organizations.

Organizational Knowledge. Organizational knowledge is built upon transparency and a communication framework. Leaders have several ways to manage and provide access to knowledge through technological systems, including ServiceNow. ServiceNow is a knowledgebase and request management system. The knowledgebase management process includes requirements for regular review/revision of articles and approved processes. Knowledge articles are reviewed every 6 months for relevance,

currency, and accuracy. Care team members can provide feedback and effectiveness of articles in the system. Supply chain management meets routinely with suppliers to monitor performance trends, internal opportunities, as well as any concerns. Leaders changed primary distributors in July 2018 in response to performance concerns. During the initial 90 days with the new supplier, supply chain management met weekly with representatives of the supplier to identify successes and address any issues. Leaders strive to receive feedback to and from partners and affiliates in real time and through open and consistent communication. In 2018 team, leaders started the biannual health affiliation leadership conferences where leaders from affiliate hospitals and ABC Organization gather to communicate about the affiliation program and specific topics such as access, service development, and quality. For added transparency with partners, leaders are developing scorecards for affiliate partners to share data regarding quality, service, and development of strategic initiatives to ensure they meet their goals and adjust initiatives as needed to optimize healthcare in the client's state.

Leaders are currently establishing a practice to implement and communicate best practices across the organization. To expand their knowledge base capabilities, they have developed a standard template to document any new process or process redesign to be loaded into a central repository to be leveraged for transfer of knowledge by transparent sharing of both best practices and lessons learned. The organization's Magnet recognition is maintained through the sharing of internal best practices, evidence-based practice, and external benchmarking to demonstrate higher levels of performance than benchmark hospital peers. ABC Organization Health's CInO is responsible for ensuring that the

innovation process is transparent, accessible, appropriately resourced, and impact and milestone driven. Leaders of ABC Organization have developed their own application for the collection of ideas that may be submitted randomly or in conjunction with an organizational or departmental idea campaign designed to elicit innovation ideas for specific opportunities or categories. The application allows other users to review the ideas and vote for the best ones. As a result, leaders are developing a transparent and rich repository of innovative ideas and engaging the entire enterprise in thinking innovatively. Additionally, 2018 leaders hosted the inaugural Innovation Summit, in which innovation teams from across the organization submitted more than 30 posters detailing their innovation idea campaign and resulting innovation project(s). The presentations were open to the public and the top ideas were selected to compete in a Shark Tank competition for funding. This is one example of how the organization is focusing on sharing knowledge. Leaders use knowledge to embed learning from organizational operations through a variety of approaches and fosters learner-driven education through the creation of MyQuest catalogs.

Collection, Analysis, and Preparation of Results

The following section is a collection and analysis of ABC Organization Health's results for health care and process results, customer, workforce, leadership and governance, and financial and market results. ABC Organization Health is a fairly large organization, and therefore leaders can use a variety of metrics to measure their performance in each area of the Baldrige Excellence Framework for nonprofit organizations. Senior leaders work together to analyze and improve on the results that are

indicated below. They strive to improve each year so they can maintain competitiveness, drive performance, and enhance employee and patient satisfaction.

Health Care and Process Results

The health care and process results section contain a description of health care and customer-focused service results, work process and effectiveness results and supply-chain management, and safety and emergency preparedness.

Health Care and Customer-Focused Service Results

As an HRO, leaders have been able to drive excellence in performance in many healthcare outcomes important to the patients and care team. These metrics include mortality index (observed/expected, with the goal to be <1.0), PSIs (potentially preventable hospital acquired complications, observed/expected, with the goal to be <1.0), as well as various hospital acquired infections and injuries. The figures are listed in Appendix B, Figures B1-B6. The mortality index slightly decreased from 2016 to 2017, however it increased in 2018 from 2017. In Figure B2, the potentially preventable hospital acquired complications have continued decreasing at 0.89 in 2016, 0.83 in 2017, and to 0.81 in 2018. The Catheter Associated Urinary Tract Infection Standardized Infection ratio in Figure B3 slightly increased in 2018 at 1.1 from 0.63 in 2017. The serious safety event rate in Figure B4 decreased in 2018 to 0.78 from 0.88 in 2017. The central line associated blood stream infections in Figure B5 have significantly lowered from 1.15 in 2016 to 0.81 in 2018. The hospital acquired pressure injury in Figure B6 has also significantly decreased from 2.58 in 2016 to 1.27 in 2018.

Although the metric does not have an industry benchmark, the ultimate goal is to achieve zero. As the health system continues to engage patients to be active participants in their healthcare, leaders have encouraged the increase use of MyChart. Over the past six years, over 40,000 patients have enrolled every year with a MyChart account. The MyChart figure is located in Appendix B, Figure B7.

The activation of electronic visits (E-visits) began at the end of 2015, allowing patients to virtually request an online appointment; a provider assesses the patient virtually and provides an assessment and medications if needed. E-visits have grown significantly and improves efficiency and access for the patients. The annual number of E-visits is shown in Figure B8. E-visits have grown from 754 in 2016 to 2,123 in 2018 which was a significant increase. Leaders have also seen a marked growth in telehealth consults in the past few years, as part of the ongoing strategy to provide services to patients in their own community, and fulfill the goals and values around innovation. In 2016 the number of telehealth consultations was 2,641 and grew to 4,357 in 2018.

The organization has also substantially grown the number of consults for telehealth as well as the number of sites for school-based and outpatient-based health. School-based telehealth sites increased from 46 in 2016 to 62 in 2018. The number of outpatient-based telehealth sites increased from 72 in 2016 to 98 in 2018. The figure is represented in Figure B10.

Work Process and Effectiveness Results and Supply-Chain Management

The PI department is committed to working with different teams across the organization to deliver high quality outcomes and spread best practices. Their projects

have led to increased efficiencies and consistent cost savings throughout the organization. The goals for both total projects and annual savings are set at the beginning of the fiscal year. Leaders have outperformed internal goals every year in total project volume and cumulative savings as outlined in Figures B11 and B12.

The IS team closely monitors Epic's performance and efficiency daily. Epic exception rate is defined as the workflow response time. Any click in Epic in which the response time is >5 seconds results in an exception rate. The IS team is improving to reach the goal of 1.3% (determined as 95th percentile performance by the Epic vendor). The response time is in Figure B13. IS monitors Epic systems and accounts for the time the system is up and running. Over the years, leaders improved their rate towards the goal of 99.985% which is represented in Figure B14. In the event Epic is off-line, there are dedicated downtime procedures.

Leaders have dramatically expanded service offerings in recent years with several outpatient clinics in the region, including acute care, ambulatory, and retail pharmacy, and has experienced increasing inpatient volumes. These changes have been accompanied by an expense increase for pharmaceuticals and supplies. Supply chain management changed major distributors in July 2018 and do not have, and is currently building metrics with the new distributor which will include fill rates, picking errors, and backorders.

Safety and Emergency Preparedness

ABC Organization Health has a robust multidisciplinary disaster preparedness team that performs numerous drills and tabletop exercises that correlate with assessments

of potential risks such as infant abductions, mass casualties, natural disasters, and active shooters which is represented in Figure B15.

To mitigate risk of past employees having access to the IS systems, leaders now track and have improvement efforts for the average number of days to deactivate care team members' access to sensitive patient information after their separation from the organization. The organization's IS team also monitors security incidents which are caused by external entities. Examples of these incidents include phishing attacks, virus or malware outbreak or any other attempts to gain unauthorized access to systems or data. IS continues to monitor and implement protective controls to limit these attacks. This is shown in Figure B16.

Customer Results

Patient and Other Customer Satisfaction

Leaders of ABC Organization Health closely monitor patient satisfaction and dissatisfaction results through standardized, validated, publicly reported and nationally benchmarked surveys. These include HCAHPS for inpatient and CGCAHPS for outpatient services with benchmarks set at the 90th percentile for “top box” responses (e.g. answering a 9 or 10 on a 10-point scale). The patient satisfaction figure is shown in Figure B17.

Leaders have met or exceeded the provider ratings for the organization. They also gather information on patient satisfaction and dissatisfaction through their “willingness to recommend” patient survey data which has met or exceeded the benchmark. Leaders want to ensure the organization is patient-centered, so they have incorporated patient-

centered questions into patient surveys, with a goal to achieve the 90th percentile in “top box” performance. When patients or care team members are dissatisfied, their concerns get tracked until there is a resolution. The goal is for leaders to find a solution within 7 days.

Patient and Other Customer Engagement

Leaders consider their patients and families integral members of the care teams; they subscribe to the philosophy that they are partners with the patients and families, honoring and respecting their roles as caregivers and care-receivers. They have drastically grown their patient and family councils. Although there is no benchmark for the number of councils or number of members, leaders are proud of ongoing growth of the highly-engaged members of the community that help shape the current and future efforts for the organization. Another engagement strategy is the use of GetWellNetwork. There is no benchmark for it, however utilization rates are high which indicates a high patient-family engagement which is presented in the Figure B18.

The organization’s Office of Marketing Services monitor brand and image awareness across a variety of categories. The categories consist of strong image/reputation, new and advanced technology and equipment, expertise in all fields, better doctors and nurse, caring and compassionate doctors and nurses, participates in my health plan, community involvement, award winning, convenient locations, easy access, proximity, faster emergency service and treatment. Leaders strive to improve their brand image. It is a great win for the organization to see a large increase in brand image and awareness across several categories such as new and advanced technology and

equipment, better doctors and nurses, and caring and compassionate doctors and nurses.

The table below compares various differentiators between national rankings and ABC Organization Health in 2015 and 2017.

Table 5

Image and Reputation

Differentiators	National 2015	National 2017	ABC organization 2015	ABC organization 2017
Strong image/reputation	39.00%	42.96%	43.40%	68.79%
New technology and equipment	34.50%	36.97%	38.80%	66.11%
Better doctors and nurses	31.40%	34.83%	35.00%	53.13%
Convenient locations	50.30%	56.10%	49.90%	37.97%
Faster emergency room service	26.90%	28.87%	28.10%	29.84%
Expertise in all fields	25.70%	29.11%	28.00%	62.09%
Community involvement	26.30%	28.09%	32.10%	44.16%

Workforce Results

Workforce Capability and Capacity

Leaders track the average days it takes to fill a position. They use internal goals to help measure success. They also measure turnover to understand the capacity of the workforce. Turnover is important so they can focus on certain areas of the organization to help care team members stay with the organization. The turnover chart is listed in Figure B19. Leaders also have goals to increase the amount of African American workers and

veterans in the workforce. In addition, they aim to increase the overall under-represented minorities in the leadership team (administrators, managers, and directors).

Workforce Climate, Engagement, and Development

Leaders track OSHA lost days of work due to injury which helps to understand the workforce wellness. They also track how care team members rate the Culture of Safety at the organization. Leaders utilize standardized, validated, benchmarked care team member engagement surveys each year to determine the engagement results and they have steadily increased overall care team member engagement scores each year. They also measure physician and nursing engagement since they comprise of the largest segments in the workforce.

Leaders also measure their volunteer engagement which is a growing body of the workforce and is improving each year. Over 60% of respondents feel that the work they do as a volunteer is important to the organization. Leaders heavily invest in workforce development, aligned with the mission, values, and core competencies. One goal in nursing is to increase the education levels which has been increasing each year. To enhance organizational knowledge skills, leaders have implemented a host system to train all of the care team members through MyQuest.

Leadership and Governance Results

Leadership, Governance and Societal Responsibility Results

Leaders are committed to staying engaged with the local community through service. More than half of the leadership team volunteer for local, nonprofit charities or organizations. Leaders have seen an increase in both open and click rates for weekly

messages that they send to care team members throughout the enterprise. The BOT completes a yearly self-assessment survey designed to highlight areas of focus and encourage transparency of thought and action. The goal setting process allows leaders to choose goals each fiscal year and then holds them accountable for those goals. ABC Organization Health has a large annual economic impact on the region of \$3.8 billion and nearly 28,000 jobs. Leaders continue to support the local community through sponsorship of numerous external community organizations, providing over \$168,000 to local organizations, all of which align to the strategic plan.

Strategy Implementation Results

The previous strategy section depicts how the Strategic Initiatives and goals align with the overall Strategic Plan. To monitor performance, strategy leaders report out quarterly to the governance body as well as through updated dashboards. The leadership team uses what is called a Stoplight Report and color code the results (red, green, yellow) so that it is visible to the organization on whether or not they are meeting the goals for their patients and families. The figure below represents the organization's scorecard and under the scoring key, red = 1, yellow = 2, light green = 3, green = 4, and dark green = 5.

Financial and Market Results

Financial and Marketplace Performance

Leaders have managed to control expenses during a time in healthcare where financial challenges and patient complexities are increasing. The KPI is the total expense, adjusted by the severity of the patient's illness, per patient discharged, which Entity A has a set goal for 47 days cash on hand, borrowing ability and resiliency. Both entities

have exceeded their goals and the operating margin is performing well during a time of margin constraint in healthcare. The organization's Revenue Cycle team closely monitors the days in accounts receivable. With the support of the organization, Revenue Cycle has continually reduced the days in accounts receivable and found effective ways to accelerate collections. Leaders monitor and analyze multiple other crucial metrics including collections compared to budget, Medicare spending per beneficiary, and FTE per adjusted occupied bed to stay aligned with internal budgets and/or benchmarks. ABC Organization Health's market share is based on three market regions defined in the Strategic Plan. The organization has grown in market share throughout the various market areas.

Key Themes

The themes that emerged during the examination of ABC Organization's senior leadership team contain process strengths, process opportunities, results strengths, and results opportunities. The findings and results derive from the Baldrige Performance Excellence Framework, organizational documents, and semistructured interview responses. The organization's key themes are a critical component of their continuing and future success to deliver quality patient care. The findings indicate that organizational success relies heavily on ensuring they are meeting the patients' needs. The key themes consist of patient-centeredness, employee focus, and innovation.

Process Strengths

One of the main process strengths of ABC Organization is the IMPROVE model which shows the cycles of improvement within the organization. Leaders adopted this

particular strategy to improve quality in respective areas. The quality assurance performance groups use the IMPROVE process to improve patient care. Leaders also use a process called STEEEP: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Leaders follow the STEEEP process to ensure they deliver the proper care their patients need. Leaders analyze data pertaining to length of wait lists, scheduling density, where patients are physically located and where they would like to be seen. Leaders measure quality through annual depression screenings, disease management, diabetes management such as A1C, and satisfaction with communication and patient engagement. Leaders use an effective infrastructure for determining their key performance indicators on a one through five scale. Leaders refer to this as a stoplight report and color code the goals so that it is easily recognizable by the organization. Leaders also utilize their governance and accountability infrastructure so that all leaders understand what they are expected to do to meet certain goals. Leaders measure utilization which includes readmission risks or rates and utilization of the emergency room and inpatient care. Leaders use what are called evidence-based guidelines and initiatives which means if they want to improve or create a strategy, they will analyze best practice forums and try to mimic what has already proven to be effective. Leaders ensure that patients are well enough to transition to their home or another level of care to open more beds. None of this would be possible without hiring excellent staff, so their strategies revolve around retaining and attracting the best human talent. One of the main strengths for ABC Organization is that leaders have focused on strengthening the relationships between care providers, patients, and families which has helped to grow

patient and family councils. Leaders see continuous growth in this area and the participants agree that ongoing engagement is essential for the growth of the organization and wellbeing of their patients.

Process Opportunities

After reviewing the organization's documents and interview responses, an important opportunity would be for care providers to consistently follow up with patients (create a follow-up plan) to ensure that the activities patients are engaging in outside of the care provider facilities are improving their health. One of the participants mentioned that patients' health is primarily dictated by what happens outside of the doctor's office. If leaders improve engagement among care providers and family team members to help patients manage their health outside of the facility, they may see an improvement in recovery. Also, leaders want to get new patients processed in a timely manner to the correct part of the organization so they can address whatever is causing them to be there. When leaders measure utilization it helps create opportunities to change how patients interact with the system to help reduce high utilization costs by delivering better and timely care.

Leaders create additional opportunities for providing quality care by focusing on internal innovation strategies to reach the next level of organizational performance. For example, ABC Organization has innovative strategies to help patients manage their heart conditions. Team members use an artificial intelligence algorithm to provide a detailed map of the left atrium with 95% accuracy in 10 seconds. Leaders also find it challenging with not having enough resources such as time, money, and people. Leaders find it

difficult when they do not have the ability to fully understand what it is going to take for a patient to act on the information that a doctor presents during the visit. One of the participants stated that many health organizations are focused on productivity whereas the leadership focus for ABC Organization has transitioned away from revenues to units of work which they refer to as RVUs. Leaders want to focus more on data analysis so they can make the determination on what is actually impactful and beneficial for the patient. One of the participants heavily emphasized the importance of recruiting great talent as it will help make them feel attached to something large that helps set the stage for providing quality care.

Results Strengths

The primary care practices are at a PCMH level 3 and the organization is recognized by the National Committee for Quality Assurance. Leaders analyze data such as HCAHPS and CGCAHPS data. The patient satisfaction figure is shown in Figure B17 and it shows consistency in patient satisfaction at 78% during the 2017 and 2018 fiscal years. Outpatient satisfaction has increased from 87% in 2016 to 88% in 2017 and 2018. Inpatient willingness to recommend has been consistent at 83% in 2017 and 2018. If patient volume keeps increasing with mortality and readmission rates, then leaders know they are not meeting the needs of their patients. Mortality indexes, hospital acquired infections and injuries are presented in Figures B1-B6. One of the major themes in this study centers around patient-centeredness and the organization utilizes patient surveys to ensure they are providing the proper care for their patients. For example, for inpatient adults, leaders received ratings for the following categories (the goal is 90%): (a)

accommodations and comfort (85%), (b) staff attitude (82%), (c) staff respected cultural, racial, ethnic, religious, spiritual needs (100%), (d) family's participation in care (92%), (e) staff respected family's cultural needs (93%), and (f) staff respected family's spiritual needs (92%). In addition, the overall culture of safety score has been at its highest with a rating of 4.03 in 2018 which focuses on how the care team members rate their view of safety in the workplace.

Results Opportunities

In the previous section, in the inpatient adult survey results are trending in the right direction, however the inpatient pediatric results have areas for improvement. Leaders received the following ratings for the following categories for inpatient pediatrics (with 90% being the goal): (a) helpfulness of information desk (91%), (b) accommodations and comfort (84%), (c) staff attitude (93%), (d) comfort of overnight facilities (70%), and (e) information provided about available facilities (84%). There are opportunities for improvement, particularly in the category D to ensure patients are receiving a higher level of comfort. One of the ways in which leaders can achieve this is to explore specific areas of overnight discomfort and align those with the organization's strategic goals to grow and diversify. The results in the inpatient adults and pediatrics surveys only contain one year of data so there are opportunities to strengthen certain areas for the future. Outpatient willingness to recommend decreased from 93% in 2017 to 92% in 2018. While the difference is not significant, there are opportunities to improve this area by focusing on diversity and inclusion among care team members and patients.

Project Summary

The study involves a qualitative single case study where leaders explain the strategies, they use to provide quality patient care. The study includes a conceptual framework containing the R-A theory and TQM. Leaders of the organization use their resources (technological equipment, health facilities, and employees) to create a competitive advantage in the healthcare market. In addition, while there are other health organizations focusing on productivity, leaders of ABC Organization are using other resources, such as units of work to drive growth and quality patient care. The units of work have different sizes depending on the work that is being done and they transitioned to this type of resource to focus more on the work itself rather than revenue. TQM is an important framework for this study because leaders of ABC Organization use strategies to ensure their patients are receiving the proper care, they need, by improving communication and understanding between the care provider and patient through various surveys. The key themes from analysis of the study findings include patient-centeredness, employee focus, and innovation. I combined the Baldrige Excellence Framework, organizational documents, and participant interview responses to develop these particular themes. While there are a multitude of strategies and goals for this particular organization, the intent of this doctoral study was focused on delivering quality patient care and those themes were most relevant to the study. In addition, those themes were prevalent in the participants' interview responses which means that the senior leadership team uses those themes to implement strategies that will guide the organization in the right direction.

Contributions and Recommendations

Application to Professional Practice

The findings in this doctoral study are relevant to improved business practices because the organization's success is heavily reliant on implementing strategies surrounding patient centeredness. Vass et al. (2017) explained that business leaders need to develop strategies to meet patient needs. For example, leaders of ABC Organization Health examine and measure utilization which help to reduce high cost utilization so that patients can receive care more effectively and efficiently. Success is possible when leaders create a culture that is driven towards the same goals. When leaders implement effective quality patient care strategies, they can enhance patients' lives which not only helps the organization's competency and credibility, but future patients may be more likely to use them as their primary care provider. Also, the findings relating to direct communication between clinical staff members and patients are important for professional practice because it is essential that patients fully understand the direction and guidance they are receiving from medical staff. When patients understand the direction that medical staff give to them, they can use that to accelerate the care process.

Implications for Social Change

The implications for social change in the doctoral study include leaders implementing patient-centered strategies to ensure they are meeting patient needs. Quality patient care strategies can help new and existing patients to live longer and happier lives. As a result, senior business leaders can have a large impact on societal wellbeing because they are directing their resources to ensure members of society are

receiving the proper care they need. When leaders have a passion for helping others, that can become a reflection of an organization's core values. In this doctoral study, leaders of ABC Organization create an environment built on establishing relationships and effective communication to ensure they exceed their patients' needs. From a communal perspective, quality patient care strategies can greatly impact the community in a positive manner to continue helping people live longer and healthier.

Recommendations for Action

I recommend that leaders of health organizations follow the concepts outlined in the Baldrige Excellence Framework to ensure they are continuously looking at ways to improve their organizational strategies. Also, I recommend that leaders put more concentration on data analysis because since there is a lot of data coming from the organization, it is challenging to provide succinct data at the point of clinical decision making. In addition, leaders need to better organize the data so they can determine which data is impactful for organizational sustainability and the wellbeing of the patients. Leaders need to pay attention to the results so they can learn from shortcomings and continue to invest in innovation, hiring the best talent, and implementing quality care strategies that help patients live longer and better lives.

Recommendations for Further Research

In previous sections of the doctoral study, there are limitations. The sample size comprised of three senior healthcare leaders. While it is important to have their input, there are not any additional perspectives on strategies for providing quality patient care. Of course, since they work together as a team, there are common themes and strategies

that they all focus on, however, their perspectives on them may be different. The doctoral study consists of a single case study, whereas a multiple case study may have yielded more information. Also, there is a possibility that senior leaders withhold certain pieces of information that may or may not have enhanced the quality and expectations of the study. I would recommend further research on delivering quality patient care by examining additional senior business leaders, in addition to comparing two or more health organizations to explore their similarities and differences. Some strategies may prove to be more effective than others and this may be an opportunity for leaders of health organizations to learn from one another.

Reflections

Before conducting research on delivering quality patient, I was not entirely sure what to expect. Along the way, I discovered numerous strategies and ideas about the most efficient and effective ways to ensure patients are improving their lives. I realized there is an abundance of information pertaining to quality patient care in a very complex healthcare industry. One of the most important things that I gathered from the findings of this study is that it is very beneficial for health organizations to strategize around patient-centeredness. I enjoyed interacting with senior business leaders of a large health organization to determine what current measures they are taking to ensure the future prosperity of the organization and society. Analysis of my study helped me to understand the importance of strategic initiatives surrounding the healthcare industry.

Conclusion

Leaders of health organizations use a variety of strategies to deliver quality patient care. The strategies are aimed towards social workers, pharmacists, physicians, patients, and many other staff members. Healthcare providers serve a very impactful purpose in society which is why it is imperative that senior business leaders are constantly striving for ways to ensure quality standards are met for their workers and patients. With an inevitable growing population, rapid technological changes, economic uncertainties, and other global issues, managing and directing a health organization is a major challenge. While quality patient care is one among many important areas of a health organization, it is arguably one of the most important drivers for societal wellbeing. Quality patient care strategies are and will be for many years, a focal point for advancing technology, innovation, capital, talent, and social change.

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Appendix A: Interview Protocol

Date:
Time:
Participant:
Researcher:

Introduction:

My name is . The goal of this research project is to determine which strategies healthcare leaders use to deliver quality patient care. I will use the information from the interview to identify how healthcare leaders use specific strategies to deliver quality care in a large health organization.

Before the interview, I emailed you a copy of the consent form, which you returned electronically. The interviews will take approximately 30 minutes and will follow a semistructured format. I will record the interview, first noting the date and time, and for anonymity, I will identify you as Participant (Participant 1; Participant 2; Participant 3) when coding the transcript (PO1; PO2; PO3). You have the right to withdraw from the research project at any time by expressing your intent either verbally or electronically. Do you have any questions or concerns you would like to share with me? If there are no other questions, then we can get started.

Turn on the voice recorder.

Central research Question: What strategies do business leaders use to provide quality patient care?

1. Do you have any regarding the topic?

Introduction Questions:

1. When did you start working with _____ (nonprofit organization)?
2. What is your role?
3. Why do you want _____ (nonprofit organization) to be successful?

Interview Questions:

1. What strategies have proven to help the organization to achieve quality patient care?
2. What specific strategies do you use to improve quality patient care for new patients?
3. What specific strategies do you use to improve quality patient care for current patients?
4. How are you able to measure the success and failure of your organizational strategies for providing quality patient care for both new and current patients?
5. What are your strategies to help improve the quality of patient care for all patients?
6. What were the key challenges to implementing the strategies for improving patient care to both new and existing patients?
7. How do you mitigate the challenge associated with providing quality patient care for new and existing patients?

8. What else would you like to share about strategies for providing quality patient care that we have not addressed in the previous interview questions?

Thank you for your time today. I will provide you with a copy of the transcript, including all questions and concerns for your review following the interview. If there are any concerns or additional information you feel that pertains to the discussion, please feel free to reach me at_____. Have a wonderful day!

Appendix B: Figures

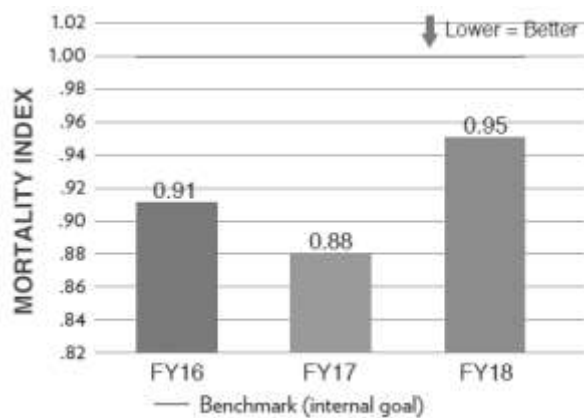
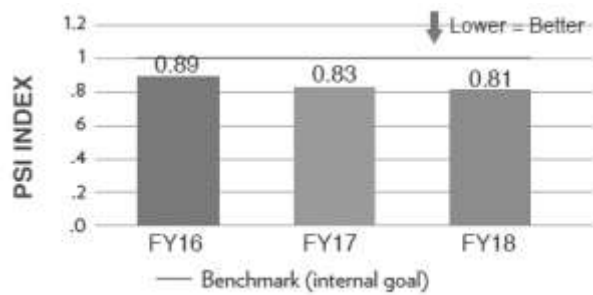
Figure B1*Mortality Index***Figure B2***PSI Index*

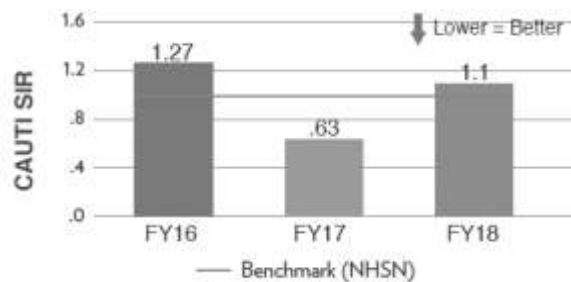
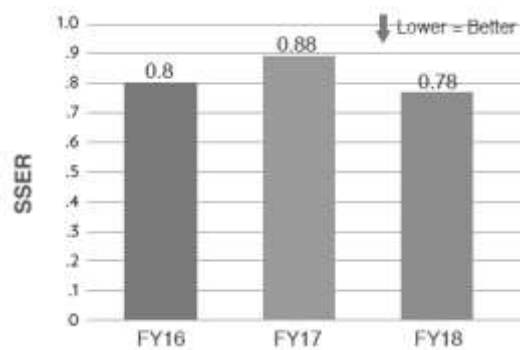
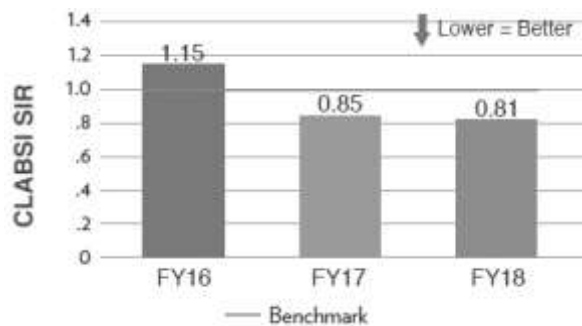
Figure B3*CAUTI SIR***Figure B4***Serious Safety Event Rate (SSER)***Figure B5***CLABSI SIR*

Figure B6

Hospital Acquired Pressure Injury (HAPI) Rate

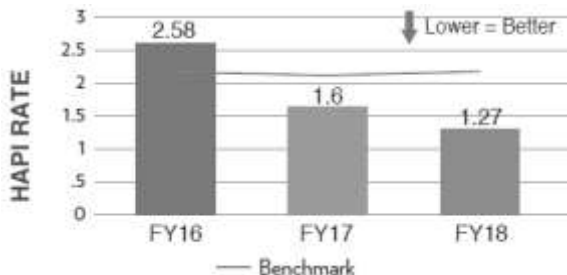


Figure B7

Cumulative MyChart Users

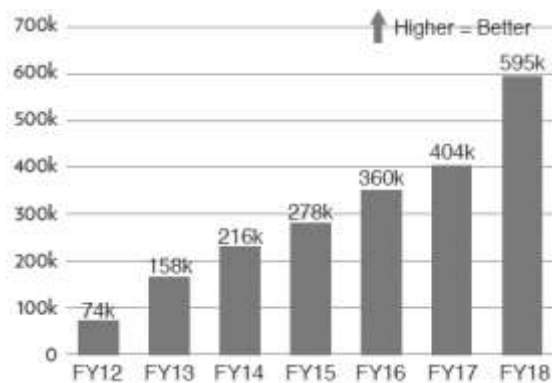


Figure B8

Annual Number of E-Visits

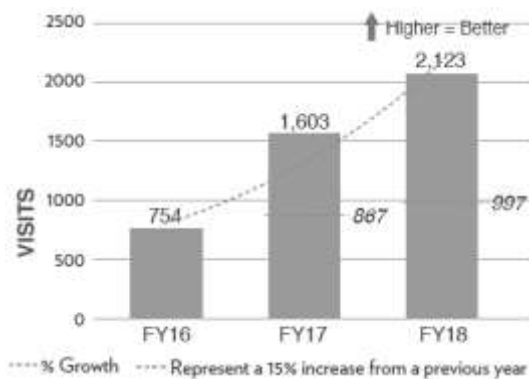


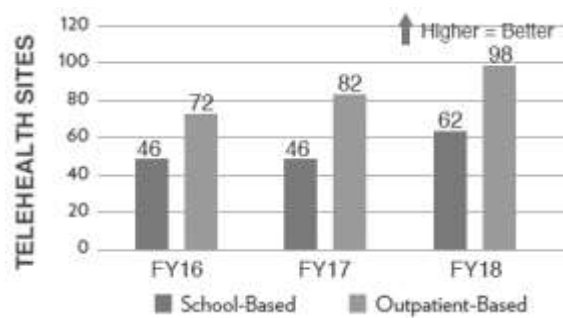
Figure B9*Organizational Scorecard***Figure B10***School-based and Outpatient-based Telehealth Sites*

Figure B11

Number of PI Completed Projects

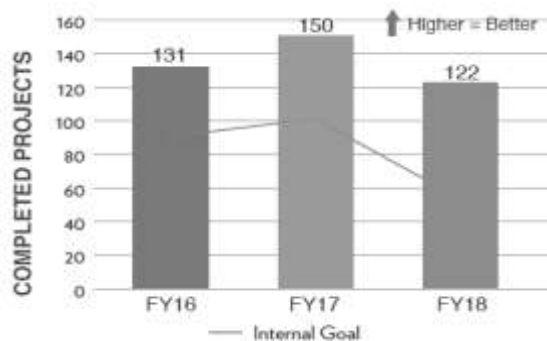


Figure B12

Annual Savings from PI Projects

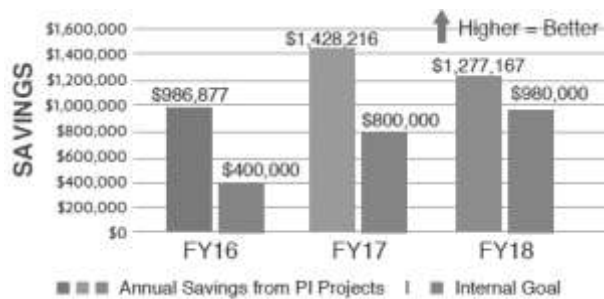


Figure B13

EPIC Response Time

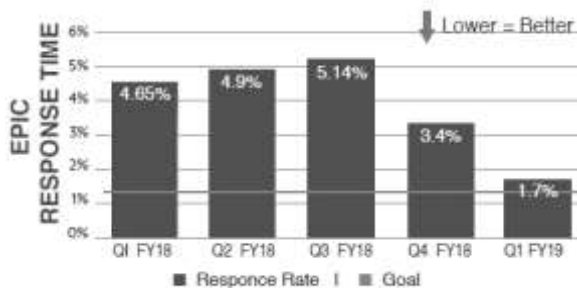


Figure B14

EPIC System Uptime

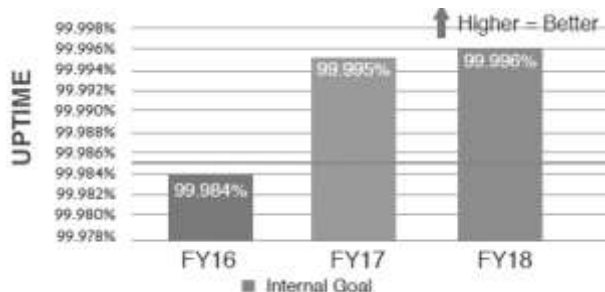


Figure B15

Annual Volume of Incidents and Drills

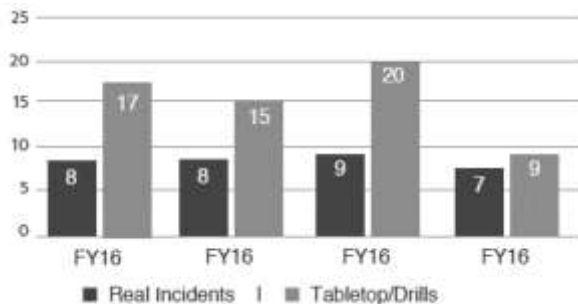


Figure B16

Security Incidents

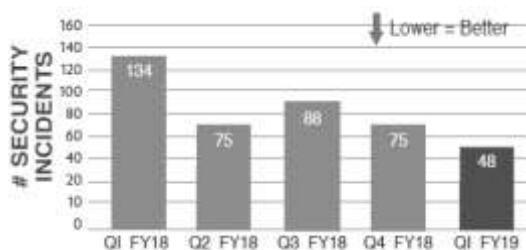


Figure B17

Patient Satisfaction

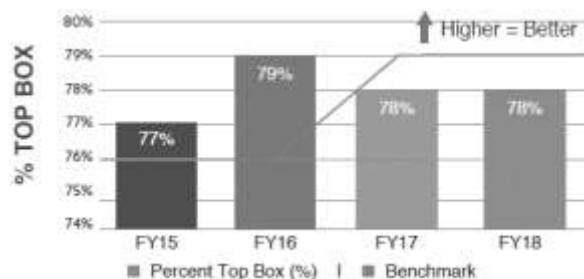


Figure B18

Utilization of GetWellNetwork by Feature

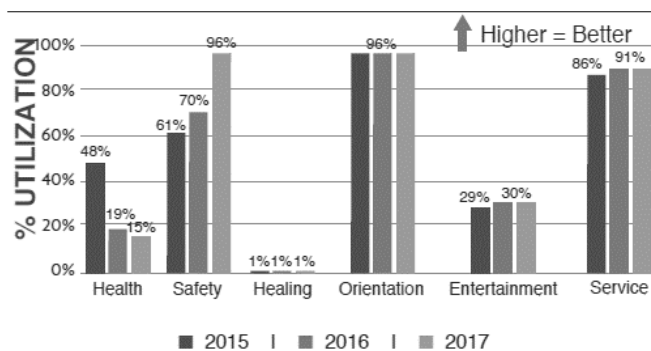


Figure B19

Turnover (Entity A, Entity B, RN Turnover)

