Wellstar®
HEALTH SYSTEM

Wellstar Paulding Hospital

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Neighbors Caring for Neighbors
Delivering World Class Healthcare

National Baldrige Award Application

April 30, 2020

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Glossary of Terms and Abbreviations

A

AACN- American Association of Colleges of Nursing
ACB - Advisory Community Board
ACS - American College of Surgeons
Add'l Additional
AHA - American Hospital Association
AHAB - Advisory Hospital Authority Board
AHRQ - Agency for Healthcare Research and Quality
ALOS - Average Length of Stay
AOS - Available On Site
AP - Action Plan

B

BLS- Bureau of Labor Statistics
BM- Board Member
BOT- Board of Trustees
BT - Bubble Team
BU - Business Unit

C

CAUTI - Catheter-Associated Urinary Tract Infection
CBL- Computer Based Learning
CC - Core Competency
C-Diff - Clostridium Difficile Colitis
CDO - Community Development Office
CEO - Chief Executive Officer
CFO - Chief Financial Officer
CHD - Center for Health Design
CHF - Chronic Heart Failure
CHNA - Community Health Needs Assessment
CLABSI - Central Line-Associated Bloodstream Infection
CMI - Case Mix Index
CMS - Center for Medicare and Medicaid Services
CNO - Chief Nursing Officer
COO - Chief Operating Officer
COPD - Chronic Obstructive Pulmonary Disease
CP - Clinical Practitioner
CPOE - Computerized Provider Order Entry
CY - Calendar Year

D

DCA - Department of Community Affairs
DNR - Department of Natural Resources
DOQ - Director of Quality
DPH - Department of Public Health
DRG - Diagnosis Related Group
DV - Data Vision

E

EBIDA - Earnings Before Int., Dep., and Amort.
ED - Emergency Department
EEOC - Equal Employment Opportunity Commission
ELT - Executive Leadership Team
EMR - Electronic Medical Record
EOC - Environment of Care
EPA - Environmental Protection Agency
EPD - Environmental Protection Division
ES - Emergency Services
ETM - Employee Team Member
EVS- Environmental Services

F

FDA - Food and Drug Administration
FIT - Fix-It-Today
FT - Full-time
FTE - Full-time Employee
FY - Fiscal Year

G

GA - Georgia
GAAP - Generally Accepted Accounting Principles
GPTW - Great Places to Work
GWTG - Get With The Guidelines

H

HAI - Hospital Acquired Infection
HAPU - Hospital Acquired Pressure Ulcer
Hazmat - Hazardous Materials
HC - Hospital Compare
HCAHPS - Hospital Consumer Assessment of Healthcare Providers & Systems
HIPAA - Health Insurance Portability & Accountability Act
HIMSS- Healthcare Information & Management Systems Society
HR - Human Resources
HVA- Hazard Vulnerability Assessment

I

IC- Incident Command
IDR - Interdisciplinary Rounding
IIRM- Innovation and Intelligent Risk Matrix
InfoSec - Information Security's Program
IP - Inpatient
IR - Intelligent Risk
IRS - Internal Revenue Service
ISD - Information Services Department
IT - Information Technology

J

JIT- Just in Time

L

LG - Leapfrog Group
LMAT- Labor Management Action Team
LMS- Lean Management System
LOS - Length of Stay
LS - Leadership System
LT - Leadership Team
LTD - Long-Term Disability
LWBS - Left Without Being Seen

M

MD- Doctor of Medicine
MEC - Medical Executive Committee
MOB - Medical Office Building
MTW- My Team Will
MVV - Mission, Vision, and Values

N

NCA - No Comparison Available
NCN - Neighbors Caring for Neighbors
NDNQI - National Database of Nursing Quality Indicators
NEO - New Employee Orientation
NHSN - National Healthcare Safety Network
NRC - National Research Corporation
NSQIP - National Surgical Quality Improvement Program

O

OFI - Opportunity for Improvement
OI - Operational Performance Improvement Solutions
OP - Outpatient
OR - Operating Room
OSHA - Occupational Safety and Health Administration
OT- Occupational Therapy

P

PC - Paulding County
PCP - Primary Care Provider
PCTL- Percentile
PDSA - Plan, Do Study, Act
PFAC - Patient Family Advisory Council
PHI - Protected Health Information
PI - Performance Improvement
PIC - Process Improvement Committee
PICK - Possible, Implement, Challenge, Kiboch
PM- Priority Matrix
PMH - Paulding Memorial Hospital
PPMT- Provider Performance Management Technology
PRN - Pro Re Nata
PSA - Primary Service Area
PSA3- Problem Solving A3
PT - Part-time
PTM - Physician Team Member
PTO - Paid Time Off

R

ROI - Return On Investment
RN - Registered Nurse

S

SA - Strategic Advantage
SA3- Strategic A3
SaFER - Safety First Event Reporting
SAW- Speaking about Wellness
SBAR - Situation, Background, Assessment, Recommendation
SC - Strategic Challenge
SCIP - Surgical Care Improvement Project
SEE - Seek, Employ, and Engage
SH - Safety Huddle
SIR- Surgical Infection Rate
SO- Strategic Objective
SP- Strategic Plan
SPC- Suppliers, Partners, Collaborators
SPD- Service, Process, Design
SPP - Strategic Planning Process
SSA- Secondary Service Area
SSE- Serious Safety Event
SSI - Surgical Site Infection
ST - Strategic Theme
STEMI- ST-Elevation Myocardial Infarction
STD - Short-Term Disability
SW - Standard Work

T

TA- Threat Assessment
TIA - Transient Ischemic Attack
TJC - The Joint Commission
TM- Team Member
TMC - Tanner Medical Center/Villa Rica

U

UVC - Xenex Ultraviolet C

V

VBP - Value-Based Purchasing
VM - Visual Management
VMB - Visual Management Boards
VML- Visual Management Lane
VOC - Voice of the Customer
VTE - Venous Thromboembolism
VTM - Volunteer Team Member

W

WF - Workforce
WHS - Wellstar Health System
WMG - Wellstar Medical Group
WPH - Wellstar Paulding Hospital

Y

YOY- Year over Year

Preface: Organizational Profile

P.1 Organizational Description

Wellstar Paulding Hospital (WPH) is a healthcare organization where each individual who walks through the doors is not just a patient or an employee but is a part of our community and becomes a neighbor we care for. Through WPHs' Neighbors Caring for Neighbors (NCN) culture, all team members (TM) strive to provide world-class healthcare and deliver on the Mission, Vision and Values (MVV) that guide the Workforce (WF) of 997 talented employee team members (ETM), 400 physician team members (PTM) and 105 volunteer team members (VTM). WPHs' WF is a close-knit family selflessly dedicated to the vision of delivering world-class healthcare to our neighbors. WPH has grown with the community, one thing remains constant: a compassionate WF that embodies our NCN culture.

Originally established in 1957 to serve Paulding County (PC), Paulding Memorial Hospital (PMH) began operations as a 25-bed facility totaling 14,000 square feet paid for by the community of PC. During the 1960s and 70s, financial trouble ensued, and many community members made selfless sacrifices to keep this homegrown hospital afloat. TMs gave up pay for several months and board members made personal donations and prioritized the care of neighbors over their own financial obligations. These actions created a deeply rooted culture that drives WPH's NCN focus to this very day. These NCN recognized the salience of this local hospital and unknowingly laid the foundation for a close-knit community culture that has persisted for over 60 years. In 1994, the PMH board chose to sell the hospital to Northwest Georgia Health System, now Wellstar Health System (WHS), in order to ensure the hospital was able to sustain well into the future and continue to serve the PC community. 20 years later in 2014, WPH moved into its new state-of-the-art, 56 bed, 295,000 sq. ft. facility, which quickly expanded by two floors to meet community demand, bringing the overall occupancy capacity to a total of 112 beds by 2016. Demographic projections indicate WPH PSA will grow to over 200,000 people by 2024 - representing a 7.4% growth from 2019, a strategic advantage leveraged during the SPP **(F2.1-1)**.

WHS is a not-for-profit health system operating predominantly in metropolitan Atlanta comprised of over 20,000 team members within 11 acute care hospitals, 225 medical office locations, outpatient centers, health parks, pediatric center, nursing centers, hospice, and home-care services **(OC1)**. As the largest health system in Georgia, WHS is known nationally for its innovative care models focused on improving quality and access to healthcare, through avenues such as 1) Membership in the collaborative Mayo Clinic Care Network, 2) Stat Clinics that provide access to multiple sub-specialists within one visit, and 3) Health Parks that act as a convenient one-stop-shop for care, the first of their kind in the greater Atlanta healthcare market. In addition, WHS is recognized nationally as an Employer of Choice and is featured on FORTUNE 100's Best Companies to Work For® and Working Mother Magazine's Best Companies list.

Understanding WHS's healthcare delivery model is key in understanding the role WPH plays in enhancing the health and well-being of every neighbor we serve. WPH systems, processes, and results all support a network of intentionally designed and strategically located business units (BU) that provide services to meet the needs of the communities we serve. As an integrated system, WPH TM constantly collaborate with other WHS BUs to ensure patients receive the right care, at the right time, and in the right place based on each person's needs. WHS's care delivery model is built on a "feeder approach," meaning that as patients' needs evolve, the care flows continuously throughout the system, allowing each WHS BU to focus on, execute, improve, and innovate select services tailored to meet the specific needs of that community. This feeder approach is a key WHS strategy to reduce duplication of system services through a clear focus on how services are allocated and how patients and families experience well-refined care transfer as needed within the array of WHS services.

P.1a Organizational Environment

P.1a(1) As a BU within the WHS feeder approach, WPH addresses the distinct needs of our primary service area (PSA) and secondary service areas (SSAs) by providing health service offerings locally and through care coordination with other WHS BUs that can provide a higher level of care for our neighbors when necessary. WPH provides Inpatient (IP), Outpatient (OP) and Emergency Services (ES) through contracted, employed and private PTMs in collaboration with ETMs and VTMs - each of these services' and their relative contributions are described in **(FP.1-1)**.

FP.1-1 Service Offerings

Offerings	Key Services	% of Revenue
Inpatient (IP)	General Medicine (Med/Surg) Surgery Critical Care (ICU) Telemetry (Tele)	10%
Outpatient (OP)	Diagnostic Services Surgery Invasive & Non-Invasive Cardiology	40%
Emergency (ES)	Pediatric Adult	50%

WHS community health needs assessment (CHNA) **(AOS)** and feedback received by actively listening to our neighbors **(F3.1-1)** are key inputs into WPHs SP and used to determine what service offerings to provide to our neighbors. Thus, success is determined by WPH's ability to deliver the healthcare neighbors want and need with the Mission as a trusted promise kept 100% of the time, Vision which WPH is making clear progress on achieving as validated by our results, and Values as woven guidance for how all TMs deliver care to our neighbors.

P.1a(2) WHS's MVV were updated in 2019 to further integrate culture with strategic direction **(FP.1-2)**. WHS new values were created based upon a previously used credo developed in 2010. Each component of the MVV is reaffirmed annually to evaluate whether transformational change is necessary. The redefined MVV will continue to elevate WPH and every WHS BU by reinforcing the purpose for our work as well as a set of non-negotiable beliefs in how we execute and deliver services. MVV guides WPH and Wellstars' integrated system as all TMs pursue a future state that energizes and engages the WF to deliver world-class healthcare.

The vision of WHS is to deliver world-class healthcare to every person, every time. WPH, believes delivering world-class healthcare means performing in at least the top decile of everything we do. The Executive Leadership Team (ELT) and Leadership Team (LT) believe this simple statement vividly captures

WPH's "why" and goal that all TMs will continuously strive to achieve. WPH is agile and as healthcare changes, will anticipate and adjust to best serve our neighbors in relentless pursuit of the vision. Supporting WPH's vision quest is WHS's intentionally straightforward and memorable values that embody who we are and outline the expectations for the care TMs deliver **(FP.1-2)**.

FP.1-2 Mission, Vision, Credo and Competencies

Mission	To enhance the health and well-being of every person we serve.
Vision	Deliver world-class healthcare to every person, every time.
Values	We serve with compassion. We pursue excellence. We honor every voice.
WPH Cultural Motto	Neighbors Caring for Neighbors
Core Competencies	Patient Safety (CC1) Team Member Engagement (CC2)

WPH's Core Competency (CC) of patient safety (CC1) is at the forefront and heart of everything we do, defining how leaders lead, how services and processes are designed, and how a culture was founded upon caring for our neighbors. Through discipline, rigor, integration, and deployment of best-practices through lean methodology, WPH's performance in pursuit of world-class healthcare continues to achieve industry-leading results. Much of this success can be attributed to TM engagement around our role model lean management system (LMS) and previous lessons learned that were integrated into the design of the new hospital erected in 2014. Key safety features of our state-of-the-art building include patient rooms designed to prevent falls with no flooring transitions and an overall design that encourages patients and families to participate in patient care while incorporating nature into the very design and fabric of the building. WPH's state-of-the-art building and daily focus on patient safety have led to WPH being awarded a Hospital Safety Grade A rating from Leapfrog Group's (LG) since 2017.

WPH's second CC is TM engagement (CC2), which inherently supports and upholds CC1. The ELT believes that performance starts with a highly engaged team. Engagement ensures quality, fosters innovation, and stimulates teamwork. No example illustrates the complimentary effects of WPH's CCs better than the process utilized to design the new facility. During the design process, TMs were given the opportunity to contribute to the goal of creating the best possible healing environment for patients, families and designing a workspace that reduces inefficiencies and promotes patient safety. This collaboration lengthened the design process but has led to numerous recognitions from organizations such as U.S. News World and Reports, U.S. Health and News, and the Center for Health Design (CHD). Such efforts to engage TMs have culminated into WPH scoring 91% positive on the 2019 national Great Places to Work (GPTW) Trust Index Employee survey, placing us in the top 100 of 1,800 organizations in all industries across the country.

WPH's CCs and NCN culture directly translate the MVV into tangible action through strategy integration to the front line through "My Team Will" (MTW) and "I Will" statements, providing guidance for our organization now and into the future.

P.1a(3) WPH's WF, or TMs, consists of ETMs, PTMs, and VTMs all united around the vision of delivering world-class healthcare to every person, every time **(FP.1-3)**. Despite being the second-largest employer in PC, WPH maintains a close-knit family culture that creates a sense of community pride for patients, families and customers and promotes an environment of trust and accountability within the WF. WPH promotes active TM engagement via GPTW action planning, daily Safety Huddles (SH) and Medical Executive Committee (MEC). Additionally, the Baldrige and Magnet journeys have engaged TMs in the development of new processes, terminology, and methods to improve WPH's ability to care for our neighbors.

FP.1-3 TM Segments & Profile

Segment	Profile		#
ETM	Status	FT	702
		PT	133
		PRN	162
	Licensure	Clinical	742
		Non-clinical	255
	Role	ELT	7
		LT	30
PTM	Specialty	Hospitalists	48
		Cardiology	34
		Critical Care	66
		Surgery/Procedural	65
		ED	103
		Radiology	61
		Other	23
	Cert.	Board Certified or Eligible	100%
	Role	MEC	14
VTM	Service Hours	< 100 Hours	14
		100 - 400 Hours	30
		400 - 800 Hours	13
		> 800 Hours	48
	Role	Leadership Role/ Volunteer Board	7

Identifying TM expectations begins with culture-based peer-interviewing and New Employee Orientation (NEO). Determining the best fit for the organization starts with ensuring that the education level is commensurate with job requirements and roles **[5.1a(2)]**.

The metropolitan Atlanta area is a competitive environment for TM recruitment. This environment and the growth in demand for healthcare services, in tandem with organizational needs assessments, continue to drive TM recruitment and engagement efforts. Engagement is measured for ETMs, PTMs and VTMs via GPTW Trust Survey and WPH's Volunteer Survey. The key drivers of TM Engagement are listed in **(FP.1-4)**.

FP.1-4 TM Segments and Engagement Drivers

Segment	#	Key Engagement Drivers	Results
ETM	997	Trust, Respect, Fairness, Pride, and Camaraderie	F7.3-18 F7.3-19 F7.3-20 F7.3-21 F7.3-22
PTM	400	Trust, Respect, Fairness, Pride, and Camaraderie	
VTM	105	Pride, Contribution, Teamwork	F7.3-23

Fundamental to WPH's success in delivering world-class, patient-focused care is the integration of PTMs and VTMs within key work systems. PTM integration includes exposure to WPH cultural expectations, involvement in strategic planning, decision-making, process improvements, and development opportunities. As WPH is a community hospital, VTMs represent a special segment of the WF who are dedicated to caring for their neighbors through patient/family rounding, managing the gift shop, patient way-finding, and transporting goods, all of which helps deliver on WPH's vision of providing world-class healthcare and embodies our NCN culture.

P.1a(4) Built on 33 acres of land with 57 additional acres

available for expansion, WPH is located at the corner of Jimmy Lee Smith Parkway and Bill Carruth Parkway, making it easily accessible to the community we serve with room for future strategic growth and expansion. As a partner of the Pebble Project created by CHD, WPH utilized evidence-based design to construct one of the most energy efficient and modern healthcare facilities in Georgia. The Safety 4 developed by WPH focused the design team around the guiding purpose to be the safest hospital in the world. The Safety 4 includes safety to the **1)** Patient and family, **2)** Individuals who work in the hospital, **3)** Community and **4)** Environment, which includes a whole-house stand-by power system along with high-intensity ultraviolet irradiation in the air-handling system to reduce the opportunity for transmission of infection. WPH is heated and cooled with a geothermal heat pump system buried deep under WPH's parking lot where 32 miles of pipe utilize the earth as a thermal battery. The community benefits from zero emissions because no fossil fuels are burned on site to heat the building. Through utilization of the Safety 4 methodology, the ELT collaborated with engaged TMs to provide an environment that supports our CC1.

WPH's state-of-the-art hospital is comprised of 7 floors containing 112 acute care beds, 49 emergency rooms, and 7 operating rooms. On campus is a 82,000 sq. ft medical office building (MOB) that provides medical office space for areas not owned by WPH, along with hospital-based OP departments: diagnostic imaging, rehabilitation (including cardiac), infusion, radiation oncology, and a sleep lab. Key equipment assets for the hospital and hospital-based OP departments are listed in **(FP.1-5)**.

FP.1-5 Key Equipment Assets

IP & ES	OP
• 2 CT Scanners • 2 X-rays • 1 MRI • 1 Nuclear Camera • 1 Cardiac Cath lab	• 1 CT Scanner • 3 X-rays • 1 MRI • 1 Linear Accelerator • 1 Water Therapy Pool

In addition to physical assets, Information Technology (IT) systems include a fully integrated Electronic Medical Record (EMR) through Epic, as well as a Real Time Location to monitor equipment.

P.1a(5) WPH operates in a highly complex and regulated environment **(FP.1-6)**. WPH seeks to comply with and exceed state and federal requirements for patient care, employment practices, patient safety, financial practices, and environment regulations. In addition, WPH goes above and beyond federal and state requirements in pursuit of providing world-class healthcare to our neighbors by choosing to meet a higher standard of care and participating in elective, or "surpassing," advanced certifications. Commitment to the Magnet and Baldrige journeys further instills a culture of continuous improvement in all areas of WPH's business.

P.1b Organizational Relationships

P.1b(1) WHS aligns its organizational structure to ensure overall organizational effectiveness with its feeder approach to service delivery. WPH's President reports to the Executive Vice President (EVP) and Chief Operating Officer (COO) of WHS' Hospital Division, who reports to the WHS Chief Executive Officer (CEO) **(OC1)**. Several services, systems, and processes are designed and co-managed at the system level for BU execution and are not within WPH's scope of control to refine or improve in isolation. Some, not all, include revenue cycle management, legal, supply chain management, acquisitions, information systems and technology services, public health management and community health, as well as some components of finance. WHS is a centralized system that cascades goals and system plans to each BU to deploy these goals into their operations as seen fit by local leaders.

FP.1-6 Regulatory Environment

Type	Agencies/Institutions
Health and Safety	• FDA • GA DCA • GA DPH • OSHA • PC CDO • PC DPH
Accreditation & Certification	• TJC • CMS
Environmental	• EPA • GA DNR EPD
Financial	• IRS • CMS
Health Care Service Delivery	• CMS • GA DCH
Surpassing	• TJC: Stroke, Chest Pain, Diabetes, Total Joint • Leapfrog Group • IBM Watson • Magnet • Baldrige

WPH is governed at the system level and advised at a local level. A 20-member system Board of Trustees (BOT) holds the highest authority, performing processes such as setting strategic direction and evaluating the WHS CEO's performance, while two WPH local boards, Advisory Community Board (ACB) and Advisory Hospital Authority Board (AHAB), primarily serve in an advisory capacity, thus providing an important lens into community sentiment and the needs of our neighbors **[1.2a(1)]**. System governance is guided through a board comprised of lay members and physicians. The local boards consist of both the hospital authority board and the community board, which echoes the membership structure of its system BOT counterpart. Of note, one person from the WPH local boards also sits on the system board.

The leadership of WPH **(OC2)** is comprised of senior leaders, defined as the 7 member ELT, 30 member LT that includes directors and managers and PTMs in either appointed or elected leadership positions within the Medical Executive Committee (MEC). WPH's MEC is an approving body responsible for assuring quality, patient safety, and clinical and behavioral standards. The MEC is composed of 14 PTM leaders serving as representatives for key hospital specialties. Members of the MEC are either elected every two years or appointed by their peers.

WPH's leadership system (LS) **(F1.1-1)** is a guiding framework for the ELT and LT that is structured upon the MVV, CCs, NCN culture and LMS. The approaches within the LS serve as the mechanisms to achieve key work processes **(F6.1-2)**, enabling leaders to innovate and execute and TMs to enhance the health and wellbeing of every person we serve.

P.1b(2) WPH strives to deliver world-class healthcare in the same manner that a neighbor cares for their neighbor. Patients are defined as those who receive services at WPH and are segmented by IP, OP, and ES **(FP.1-7)**. Families are segmented in the same manner and are defined as those loved ones that are involved in a patients' care. Families were added as a new key customer segment in April 2020 to emphasize their crucial role as partners in successfully transitioning patients to their next level of care.

Other customers also include key stakeholders, segmented into two groups: community and donors. WPH's donors play a

FP.1-7 Key Customers and Requirements			
Segment		**Key Requirements**	**Results**
Patients and Families	IP	Had enough input/say in care, Staff eased discomfort, Confidence/Trust in nurses	F7.2-6 F7.2-7
	OP	Trust staff with care, Doctors courteous and respectful, Staff explained things, Nurses listened carefully	F7.2-8
	ES	Confidence and trust in providers, care providers listened, staff eased discomfort	F7.2-9
Key Stake-holders	Com-munity	Education, outreach, promotion, Quality services, Community Involvement	F7.2-13 F7.2-14
	Donors	Responsible Stewardship, Fulfill Philath-ropic Goals, Help me make a difference in my community	AOS

crucial role in the vitality of the organization, and it is WPH's humble responsibility to be good stewards of their generosity. Regardless of whether members of the community have received services directly from WPH, it is our goal that they have experienced the impact of WPH's commitment through education and service in the community. At WPH, we are a neighbor to the community not only when they are sick or seeking care, but also as we seek to improve the community's overall well-being through innovative services, such as Stat Clinics. Based on the CHNA, pertinent healthcare concerns of the community are determined and a strategy for addressing those needs is derived.

P.1b(3) Key suppliers, partners, and collaborators (SPC), and the roles they play in delivering, producing, and innovating health care services are outlined in **FP.1-8**. WHS's value analysis team reviews supplier's quality, cost, and effectiveness of products and services. Collaborators assist with specific initiatives to support care delivery and partners are integrated into the delivery of clinical services.

P.2 Organizational Situation

P.2a(1) WHS maintains a strong competitive position in PC and the surrounding areas that make up WPH's PSA, with over 77% inpatient market share. Of WHS's market share, WPH has 30%. As no other hospital outside of WHS claims more than 4% of the remaining market in WPH's PSA, WPH does not have any true competitors in the area immediately surrounding it. Of note, there are two distant competitors in WPH's SSAs - Tanner Medical Center/ Villa Rica (TMC) and HCA Healthcare. WPH remains committed to maintaining market share and continuing to grow with the community and although penetration into WPH's SSA markets is not an immediate strategy, WPH is considering SSAs as a component of long-term growth strategy.

Because of market dominance in the PSA, WPH has been designated as a "Protect and Grow" market during the most recent WHS Strategic Planning Process (SPP), with expansion targeted at promoting access to healthcare services within WPH's PSA. This strategy entails investments in IP programs, expanding OP presence, and closing primary care gaps.

P.2a(2) Key changes in the healthcare environment that impact WPH's competitive situation include higher deductibles that affect service utilization, population growth in PC, the shift to value-based payments, and the state of Georgia's recent change to its Certificate of Need (CON) laws. Previously, any new healthcare service or facility an organization wanted to build, provide, or create had to be reviewed and approved by the state of Georgia DCH. Based on the new CON regulations, any entity spending less than $10 million in capital expenditures on a new healthcare facility or service does not need CON approval from DCH, which is expected to impact the number of new entrants to into WPH's PSA.

Additional key competitive changes include specific new entrants to WPH's PSA - namely, the nation's first Walmart Care Clinic that opened about 4 miles from WPH. Currently, WPH does not view Walmart as a true competitor due to the differ-

FP.1-8 Key Types of Suppliers, Partners, and Collaborators			
Key SPC	**Role in HC Delivery & Competitiveness**	**Role in Innovation**	**Key Supply-Network Requirements**
Key Suppliers			
Abbot Diagnostics	Distribute lab supplies and solutions	New products and services	Provide value-enhancing laboratory solutions
Medline Industries	Distribute medical supplies	New products and services; cost savings	On-time delivery, accurate and complete delivery
Boston Scientific	Distribute cardiac cathe-terization supplies	New products and services; cost savings	On-time delivery, accurate and complete delivery
Key Partners			
Quantum Radiology	Interpret medical images (PTM)	Enhance patient care processes, PIC participation, grow services	24/7 coverage, read STAT images in 30 minutes or less
Metro Ambulance	Clinical services	Enhance patient care processes, PIC participation, community education	Safe patient transport, effective communication
GAPC Anesthesia Partners	Direct patient care (PTMs)	Enhance patient care processes, participate in PICs, grow services	24/7 Coverage for surgical proce-dures
Apollo/PEMA	Direct patient caregivers (PTMs)	Enhance patient care processes, PIC participations, grow services	24/7 Coverage for ES, TM edu-cation
Key Collaborators			
WCP	Direct patient care	Enhance patient care value, PIC participation, grow services	Collaboration to create value for patients
Vizient	Group purchasing	Benchmarking and cost savings	Increase savings from GP and rebate programs
NRC Health	Patient engagement survey facilitation	Benchmarking, data analytics, best practice sharing	Distribute patients surveys to col-lect feedback, data analytics
Epic EMR	Efficient, user-friendly, standardized documen-tation	Workflow integration and enhanc-ing patient safety	User-friendly documentation, data mining, decision support based on evidence best practice
KSU & PC School District	Educating future TMs	Create training and mentoring opportunities	Develop recruitment pipeline for future TM

ences in care delivery models. Rather, WPH views them as a collaborator in providing care to the community, as they help to address the primary care deficit within WPH's PSA; a deficit that drives demand for over 100 additional providers in primary and specialty care. Staying abreast of changing healthcare environment and closely watching new entrants has reinforced the importance of collaboration within the community. Such collaboration, in tandem with WPH's strategic planning process (SPP), will ensure WPH remains the provider of choice that keeps up with future trends and continuously meets the needs of our community by way of innovation and Intelligent Risk (IR) taking.

P.2a(3) Relevant and actionable competitive healthcare data is minimal and lacking, largely due to delays in publicly reported data. Primary direct competitor data is limited to market share and a few quality metrics. Due to this lack of competitive data, WPH uses a sliding scale method that provides a standard for choosing comparative data to benchmark against **[4.1a(2)]**. A growing number of national reporting databases are available for comparative and competitive data, including IBM Watson, IBM ActionOI, Moody's, The Joint Commission (TJC), Hospital Compare (HC), NRC, National Healthcare Safety Network (NHSN), Centers for Medicare and Medicaid Services (CMS), National Database of Nursing Quality Indicators (NDNQI), American Heart Association (AHA), Provider Performance Management Technology (PPMT), Bettera, Service Now, Proofpoint, Nursing Solutions, Inc., Bureau of Labor Statistics (BLS), Great Places to Work (GPTW), and LG. *Please note: while other databases may exist in health care, WPH is subject to the ones WHS chooses to use and purchase.

P.2b Strategic advantages (SAs) and challenges (SCs) are displayed in **(FP.2-1)**.

FP.2-1 Strategic Challenges and Advantages

Strategic Challenge (SC)	Context
1. Access to care	1. Healthcare
2. Workforce recruitment/shortage	2. Workforce
3. Competitor entrants	3. Healthcare
4. Current capacity constraints	4. Operations
5. CON reform	5. Healthcare
6. Limited mental health services	6. Societal responsibility
Strategic Advantage (SA)	**Context**
1. Patient Safety (CC1)	1. Operations
2. TM Engagement (CC2)	2. Workforce
3. Building design and capabilities	3. Operations
4. Sustained financial performance	4. Operations
5. Strong community tie	5. Societal responsibility
6. Population growth in PSA	6. Healthcare

P.2c WPH's performance improvement (PI) system is founded upon lean management principles, which encompasses processes for evaluation and improvement of key organizational projects and services. Our role model LMS embodies a purposeful set of actions and behaviors that are intentionally performed by all leaders to develop problem solvers at all levels of the organization and provides WPH's ELT, LT, and TMs with a structured, transformational approach to performance improvement (PI). It brings together those closest to the work and eliminates waste, thus creating and delivering value to all TMs and neighbors.

Our LMS is driven by the Plan, Do, Study, Act (PDSA) framework which is utilized as our problem-solving, data driven approach to align and integrate key strategic objectives (SO), tactics and related measures determined through the SPP. Actions taken within each phase of the PDSA are described in **FP.2-2**. After collecting the necessary data and determining project scope, one of three project types are selected in the "Do" phase of the PDSA:

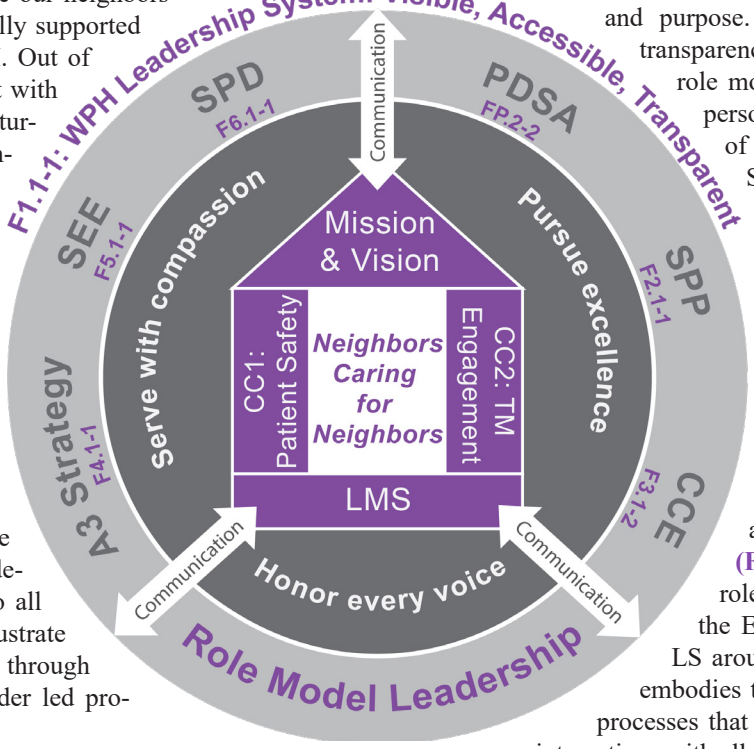
FP.2-2 Performance Improvement Approach

1) **Fix-It-Today (FIT) projects**: entail simply seeing an issue and fixing it in accordance with WPH policy and best practice standards. These projects are reported on an as-needed basis at daily SH and involve minimal documentation and stakeholders.
2) **A3 Lite projects:** act as an intermediary between FIT and Problem Solving A3s when PI initiatives do not meet either of their requirements. A3 Lite projects entail limited documentation, yet they outline necessary resources to resolve the issue-at-hand and promote PI ownership at all levels within the organization. These projects typically affect a TM's immediate environment and can be deployed as appropriate in three months or less.
3) **Problem Solving A3 projects (PSA3)**: utilized when a critical gap in performance or process is identified and root causes to address the OFI are not clear. The scope is large and involves many variables, processes, metrics, and stakeholders. The SPP **(F2.1-1)** drives the creation of PSA3s as they are intended to address performance gaps. SOs become the foundation for Strategic A3s (SA3s) managed by the ELT, thus creating a clear connection between PI systems and the overall organizational strategy **(F4.1-1)**.

One aspect of the PDSA approach that is unique to WPH is Standard Work (SW), which provides a clear standard of expectations that leader use to communicate best practices for work flow, preserve know-how and expertise, measure performance, and mitigate process variation. SW is WPH's play book that provides a reference for training, a baseline for improvement efforts, countermeasure development, and documents/processes to coach to. SW is illustrated as a wedge in **FP.2-2** because it is the mechanism that ensures WPH does not fall back into "old habits" and maintains the improvement efforts made through PDSA.

Category 1: Leadership
1.1 Senior Leadership
1.1a Vision and Values

1.1a(1) As an integrated health system, WHS recognizes the salience of a unified MVV across all BUs, as such, the MVV for all WHS BUs is set by the System BOT and System ELT. Every WHS patient, family and community member deserves world-class healthcare, regardless of which BU it is received from. The WHS's mission provides a shared sense and the "Why" for all TMs. Within WHS shared sense of purpose, each BU serves their communities, families and patients in unique ways that are tailored to exceed their expectations. In PC, achieving world-class healthcare entails providing compassionate and personalized care for every patient, every time. WPH's patients, families and community are more than customers walking through the door, they are our neighbors – those who originally financially supported what is now known as WPH. Out of this support and in alignment with WHS MVV, WPH's NCN cultural motto was created and embraced by the WF.



WPH's NCN motto succinctly declares our culture and purpose; our "True North". WPH's NCN culture drives the decisions and actions the ELT takes throughout the organization which are deployed through utilization of the key processes outlined in WPH's LS **(F1.1-1)** and our LMS; the base of our house. The ELT deploys and integrates MVV to all TMs and SPCs to make illustrate their personal commitment, through the following key senior leader led processes:

- **Common Language:** MVV is the most common language of the ELT/LT used to make and communicate decisions and purposefully repeatedly populate every deployment and communication method in **F1.1-2&3**
- **PDSA:** For every SA3, PSA3 or A3 Lite, there is a PS Champion who is always a member of the ELT to ensure the entire A3 team, which depending on the issue may include SPCs, has the support needed to break down barriers and drive performance.
- **SPP:** The ELT integrates the SPP **(F2.1-1)** with WHS STs, WPH SOs, BTs to create tactics that drive performance and unite all TMs and SPC with WPHs MVV and NCN culture at the center. Each BT is led by an ELT member, illustrating the ELT's commitment to the integration of the SPP to MVV.
- **CCE:** As the goal of WPH CCE is to create engaged Advocates **(F3.1-2)**, ELT members lead the VOC huddle and perform service recovery when appropriate. ELT members also personally read and follow up on any dissatisfied comments left on the NRC survey, perform daily patient rounding, and welcome new patients and their families.
- **SEE:** To ensure WPH hires TMs that are a cultural fit, the ELT participates in (when appropriate) required peer-interviews for each new TM **[5.1a(2)]**. A standard set of behavioral-based interviewing questions (AOS) are used that focus on alignment with our NCN culture and MVV.
- **SPD:** Behind every SPD initiative is an AP which also includes an executive sponsor to ensure MVV stays at the center of the experiences WPH creates for our patients and families.

In addition, in FY18, the ELT set a goal to re-energize the focus on WPH NCN culture. To do this, the ELT made a promise to integrate the NCN language into everything we do. For example, to start off the SH, WPH President (or another member of the ELT) asks the group to share NCN stories that cultivate continued focus on our Why.

WPH's MVV, motto, and CCs are crafted and promoted by ELT as succinct, memorable statements of passion and purpose. ELT visibility, access, and transparency are practiced as key traits of role model leadership. The ELT has personally committed to the use of the LMS through their own SW displayed in each of their offices and through auditing and coaching the LT to established SW (VMB, VML). ELT members do not just speak the MVV, they live it as an ever-present guidance setting the boundaries of what we do and how to do it. WPH's NCN cultural focus drove the development and refinement of WPH LS **(F1.1-1)**. Recognizing WPH's role in the PC neighborhood, the ELT purposefully designed its LS around a house at the center that embodies the values and key leadership processes that guide the ELT, LT and TM's interactions with all stakeholders including suppliers through the leadership communication methods **(F1.1-3)** such as their participation in safety huddles to form the basis for role model leadership at WPH. WPH's values connect the NCN culture to the key leadership processes, which are the cultural and strategic deployment methods described in depth within each category of this application. The ELT exemplify these values of pursuing excellence, compassion, and honoring voices so our house can be a home where our neighbors feel confidence and comfort in coming to us for their care. WPH's values are essential as we seek to understand the needs of our community through tools such as the CHNA, Patient Family Advisory Council (PFAC), and community involvements **(F1.2-1)**, as they are essential for the ELT to create an environment for talented TMs to pursue world-class work by deploying the MVV and NCN culture **(F1.1-2)**.

1.1a(2) The ELT demonstrates personal commitment to legal and ethical behavior, through six key processes within the LS **(F1.1-1)**:

- Collaborates with WHS Ethics and Compliance committee to develop and deploy policy, procedures and guidelines to

promote ethical behavior for all TMs and SPC.

- During day 2 of NEO, the President of WPH discusses cultural expectations around WPHs NCN culture, MVV which includes an ethical discussion and commitment to enhance the lives of those we serve.
- At a minimum of twice a year, WPH's President holds town halls for all TMs. Topics are covered including updated efforts on how all TMs are strengthening WPHs CC1 and CC2.
- Every day, twice a day, SH is held and focuses on reviewing safety concerns that occurred in the past 24 hours as well as forward thinking to anticipate safety events in the next 24 hours, allowing the entire ELT and LT to proactively plan for any concerns that may pose a legal or ethical issue
- Review hotline calls and compliance audit findings, including follow up required.
- Annually complete compliance education and sign conflict of interest statements

The ELT also maintains an ethical environment by personally modeling the behaviors that drive ethical decision making **(F7.4-6)**. For example, during daily SH, every time a TM reports a safety concern, WPH's President, or another ELT member leading in his place, thanks them for having the courage to bring the issue up and doing what is best for the patient and TMs. Regular reinforcement of WPHs values by placing the patient first before anything else enables WPH to maintain a legal and ethical environment.

1.1b Communication To communicate and engage all TMs, patient, families, partners and other key stakeholders, the ELT uses the key approaches and deployment methods provided in **(F1.1-2, 3)**. It is the personal goal of every ELT member to be open and transparent in their one- and two-way communication with all TMs, SPC, patients, families, and other customers. Two-way communication is indicated by an asterisk in **F1.1-2, 3**.

To further encourage two-way communication, and share key decisions and needs for organizational changes, the ELT serves as the funnel through which internal and external information flows. The ELT is responsible for transparent communication to stakeholders after filtering the message appropriately to ensure its alignment and integration with MVV and NCN culture and to facilitate problem-solving. Messages communicated may include information from the community, WHS, regulators, patients, families, or SPC. For example, social media users can comment on WPHs hospital page about their experience. Negative comments are addressed by connecting that patient to either the ELT, LT member, or patient experience representative as appropriate to ensure WPH is attentive to our neighbors feedback, to engage in two-way communication, and to reach a solution via our approach for complaint management discussed in **3.2b(2)**.

In addition, the ELT works closely with their LT and other key stakeholders, such as our PTMs, to discuss the implications of a key decision or organizational change, the best channel to communicate it, and how to ensure that the appropriate message is received. The ELT's extensive transparency methods used to communicate include leadership rounding, documented in the new Nobl Rounding app, frequent mentions at huddle and department meetings, Leadership Council, and annual GPTW survey component that assesses WPHs leaders' ability to communicate with their TMs **(F7.3-12)**.

F1.1-2 Additional MVV Deployment Methods

Methods	Description	Stake-holders
LMS*	MVV is the foundation of our LMS	TM
NEO*	ELT presentations on MVV & WPH NCN Culture	TM
Town Hall Meetings*	Regular meetings focused on the MVV, setting expectations, and communicating results and changes	TM, CP
Performance Review Analysis*	Sets the behavioral expectations and individual strategy contribution expectations	TM
Standardized Agendas	All meeting agendas include our vision statement	TM
Safety Huddle*	Daily Safety Huddle ensures CC1 remains focus	TM, CP
PFAC	Engaged patients,SPC attend to help better deliver on our vision of providing world-class healthcare	ETM, CP
New Physician Orientation	Orientation required of all new PTMs that covers CC1, MVV, patient satisfaction, and hospital expectations	PTM
GAMES	Online program that provides an annual refresher on key organizational information such as the MVV	ETM, PTM
WHS STs*	Drives MVV through shared goal setting	TM
Patient Care Orientation*	Comprehensive and interactive two to five-day orientation designed to meet the needs of healthcare professionals and clinical support personnel and enculturate MVV	ETM
Social Media	Frequent posts conveying our MVV to followers	TM, CP
SPP*	MVV and NCN culture guide all of our strategic initiatives	TM
Team Building Retreats*	Off-site programs to reinforce MVV and encourage innovative thinking	ETM, PTM

Stakeholder Key: TM- Team Members, CP -Contract Partner
*Led by ELT and/or LT

The ELT takes a direct role in motivating TMs toward high performance and a patient, customer, and business focus by being intimately involved in daily SW such as leader rounding, SH, and VOC huddle, in their commitment to transparency through visible leadership and shared learning. For example, WPH President or member of the ELT writes and recites a daily "Safety Minute" that is read at every SH and at the beginning of all meetings throughout the facility, reaffirming commitment to WPHs CC1 daily.

1.1c Mission and Organizational Performance

1.1c(1) The ELT creates an environment for success now and in the future through the role model deployment and systematic review of our LMS and key leadership processes outlined in the outer ring of the LS **(F1.1-1)**. For example, WPH cascaded A3 strategy deployment process **(P2.c, F4.1-1)** and integration of MTW/I Wills **[5.2c(1)]** creates clear integration to the goals of WHS, to WPHs ELT and LT, and to TMs. Additionally, WPH's Seek, Employ, Engage (SEE) approach **(F5.1-1)** leverages WPH's CC2 to create a welcoming environment now and in the future, by setting the organization and TMs on a continuous path to shared success. Creating a culture centered around the safety of our neighbors (CC1) and supporting the needs and aspirations of TMs (CC2) has significantly contributor to WPHs success as we seek to be in the top decile in everything that we do. The ELT's approach for creating an environment for suc-

cess includes the five key components listed below:

Achievement of Mission: The LMS and key leader LS processes enables the ELT to create an environment for the achievement of our mission by deploying and fostering an environment that creates empowered problem solvers at the front line focused on improving WPH's performance with NCN, MVV and CCs at the center. Specific approaches include: **1)** The mission aligned SPP that cascades strategic themes (ST), SOs and tactics to each individual TM through MTW/I Wills further achieves and integrates organizational learning and provides a structure for organizational agility, and **2)** Methods listed in **(F1.1-2)**.

Reinforce organizational culture that fosters patients, customer, WF and culture of Patient Safety: Developing WPH's CC2 of TM engagement was no easy task. The benefits WPH has reaped from it are well worth the investment. The ELT efforts to create a culture in which TMs have a strong connection to their workplace and are committed to enhancing the lives of those we serve has bolstered our guiding purpose as WPH engages with our customers: to be NCN. By developing trust and establishing clear transparent expectations, TMs are better able to care for and exceed the expectations of our neighbors. Methods and tools that have created this customer-focused culture include: **1)** Daily VOC huddles **[3.1a(1)]**, **2)** Visual Management Boards (VMBs), **3)** PFAC, **4)** Leadership rounding, and **5)** Rewarding and recognizing TMs who treat customers like neighbors.

With the ELT commitment of time and resources to continue the journey to remain a high-reliability organization, all TMs are relentless in further developing WPH's CC1 of patient safety through the daily use of our LMS, LS and key work processes **(F6.1-2)**. For example, through our role model LMS and strategy integration process **(F4.1-1)**, WPH integrates organizational opportunities through the use of department/unit VMB and VMLs – such as reducing HAIs. At WPH, the ELT and LT reinforce the NCN culture and CCs through daily involvement in VM, SW, focusing on a culture of patient safety, VOC huddle to focus on patient and family engagement and department/units huddles where VMLs are reviewed to engage TMs, and recognize safety catches.

In addition, through the use of the LMS **[4.1a(1), 4.2b]** the ELT reviews tactics and actions plans created to engage patient and families and improve patient safety to strengthen CC1 through actively working SA3s and PSA3 during ELT weekly huddles, review watch metrics, continued collaboration with PTM leaders during MEC, leadership rounding and through best practice sharing venues **(F4.2-4)**. For example, in FY18 our Infection Prevention team and nursing leaders partnered together on a PSA3, in alignment with WPH SO and WHS ST to incorporate best practices and decrease utilization of central lines and catheters leading to a marked reduction in CAUTIs and CLABSIs **(F7.1-4, 5)**. The impressive results from this collaborative project was presented to WHS leadership and at the 2019 Florida Sterling/Georgia Oglethorpe Award Conference.

Cultivate Organizational Agility, Accountability Learning, Innovation, and Intelligent Risk Taking: Through our LMS and intentional strategy deployment and integration **(F4.1-1)** – our role model behavior – WPH naturally cultivates organizational agility, accountability, learning, innovations and IR taking throughout the entire organization as all TMs problem solve daily. For example, PICK charts are reviewed daily at departmental/unit huddles which cultivates empowerment and opportunity for TMs to share their innovative ideas that can and do become IRs **[2.1a(2)]**. During daily SH, VOC, LOS, Leadership Council and execution of PI initiatives **(P.2c)** opportunities are discussed specific to accountability, learning, innovation, and IR taking, and are discussed to further cultivate organizational agility. For example, as described in **2.1a(2)**, during systematic review of the SPP, in FY19, the ELT identified a gap in a formal process for innovation generation. To close this gap, the ELT developed an Innovation and Intelligent Risk Matrix (IIRM) **(F2.1-2)** that is integrated into the SPP to inform IR taking in alignment with SOs. In FY20, the surgical and sterile processing TMs identified an OFI in the sterile wrapping process due to sharp corners of the instrument pan poking holes through sterile packaging causing avoidable delays in surgery setting. In partnership with the sterile packaging vendor, this team implemented a solution that originated on their PICK chart, utilizing the PDSA FIT process in which foam was put onto the corners of the instrument pan, resulting in a 100% reduction in holes through sterile packaging. This innovation was then plotted on the IIRM, classified as an Incremental PI.

Succession Planning and Development: In addition to potential succession discussion held during a TMs bi-annual and annual performance review process **[5.2c(1)]**. The ELT uses a "9-box" rating system to identify potential successors based on a calibrated performance rating and potential for promotion. Leaders are ranked on a scale of 0-15 for performance and 0-10 on promotion potential. Based on a leader's score, they are placed into one of nine boxes such as rising star, core employee, subject matter expert, high performer and star. To further supplement WPHs efforts, WHS is developing a robust and transparent method for succession planning for all system **1.2a(1)** as well as launching a new mentoring program supporting career development learning opportunities in FY21.

1.1c(2) WPH's ELT creates a focus on action that will achieve WPH's mission through a six-step approach: **1)** Set expectations based on MVV, CCs, SP **2)** Integrate expectations through the LMS, through the use of PICK charts, VMLs **3)** Deploy expectations to all TMs through MTW/I Wills, **4)** Evaluate performance, **5)** recognize and coach as appropriate, and **6)** a Commitment to transparency. WPH's focus on action and ability to identify needed actions that generate value for customers and stakeholders is derived during the SPP as "Bubble Teams" (BTs) create and prioritize tactics, and execute associated APs to create a focus on action as described in **2.1a(1)**. The ELT ensures that these expectations are cascaded to all TMs through several methods such as PSA3s, A3 Lites, VMBs and by reviewing/approving the LT's MTWs used to set expectations and review TM performance **[5.1a(4)]**.

1.2 Governance and Societal Responsibilities

1.2a Organizational Governance

1.2a(1) WHS CEO and EVPLs (OC1) within WHS are responsible for SW related to organizational governance and do so in collaboration with WPH though:

Accountability and Transparency for Senior Leaders' Actions, Strategy and Fiscal Responsibility: The WHS BOT, collaborates with WHS CEO and other EVPLs to create a system SP and set overall system goals which become WHP ST's. The WHS CEO and EVPLs are accountable to these expecta-

tions by the BOT and cascade the SP and goals to each BU–including to WPH CEO. WPH ensures responsible governance through alignment of WHS SP, which is created in collaboration with the WHS BOT **[2.1(1)]**.

In addition, locally WPH has two advisory boards: The ACB, and AHAB. Both boards serve as community advisors to ensure WPH continues to connect with its neighbors as WPH originally started as a community owned facility. ACB and AHAB offer guidance through bi-monthly meetings and serves understand and track how WPH leadership provides for the needs of the PC PSA through its healthcare services, education and outreach **(FP.1-7)**.

Governance concerning clinical responsibility and accountability, such as PTM credentialing and privileging, ultimately resides with the BOT. The BOT receives recommended actions from the BOT safety and quality committee, composed select members of the BOT and all VMPA across WHS. WHS's also has a system MEC comprised of PTMs across multiple specialties whose responsibilities include reporting out to the BOT safety and quality committee at least 10 times a year.

F1.1-3 Sample ELT Transparent Communication Methods

	Method		Audience							Deployment Purpose				
Tool	Frequency	Type	ETM	PTM	VTM	Suppliers	Customers	Regulators	WHS	MVC/CCs	SP/SPP	AP	Inform	PI
Annual Luncheon*	A	1			✓					✓			✓	
Community Classes/Events*	C	1					✓		✓	✓			✓	
Community Meetings*	M	1					✓		✓	✓			✓	
Department/unit Huddle*	D	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safety Huddle*	D	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Department Meetings*	M	1	✓	✓						✓	✓	✓	✓	✓
Gemba Walks*	C	1	✓	✓						✓		✓	✓	✓
Huddle Notes	C	3	✓	✓						✓		✓	✓	✓
Intranet/ESource	C	4	✓	✓	✓	✓	✓	✓		✓			✓	
Leader Rounding*	D	1	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓
MEC Meeting*	M	1		✓						✓	✓	✓	✓	✓
Leadership Council*	Bi-M	1	✓							✓	✓	✓	✓	✓
Nobl Rounding Application	C	4	✓	✓			✓			✓	✓			✓
New TM Orientation*	M	1	✓	✓	✓				✓	✓			✓	
Support-Coach-Support	C	1	✓	✓						✓	✓	✓		✓
Nursing SP Retreat*	A	1	✓						✓	✓	✓	✓	✓	✓
One-on-Ones*	M	1	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓
Open Door Policy*	C	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient Complaint Process*	C	1,2, 3,4					✓			✓		✓	✓	✓
Post Care Callback*	D	2					✓			✓		✓	✓	✓
Performance Review Meetings	M	1	✓						✓	✓	✓	✓	✓	✓
PFAC*	M	1				✓	✓			✓		✓	✓	✓
Leadership Retreat*	A	1	✓	✓					✓	✓	✓	✓	✓	✓
Service Awards Banquet	A	1	✓	✓					✓	✓			✓	
Shared Governance Meetings*	M	1	✓						✓	✓	✓	✓	✓	✓
Social Media	D	4	✓	✓	✓	✓	✓		✓	✓			✓	
Surveys	C	2,3,4	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓
Thank You Notes	C	3	✓	✓	✓	✓	✓			✓				
Town Hall*	Q	1				✓	✓			✓			✓	
Visual Management Boards*	C	1	✓	✓				✓	✓	✓	✓	✓	✓	✓
Safety Huddle	D	4	✓	✓					✓	✓	✓	✓	✓	
VOC Huddle*	D	1	✓	✓					✓	✓	✓	✓	✓	
ELT Weekly VMB Review*	W	1	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓

Key: A- Annually, C - Continually, D - Daily, M - Monthly, Q - Quarterly, W - Weekly
1 - In-Person, 2 - Phone, 3 - Written, 4 - Electronic
*Two-way communication

Selection of Governance Board Members and Disclosure Policies: The selection of the 20 member BOT members is a carefully constructed process guided by WHS's skills and demographics matrix (AOS) that analyzes the composition of the current board and determines what competencies and representations are needed in the future. Upon completion of this analysis, board members (BM) are appointed to a the first of a potential of four, 3-year terms. BMs undergo a 4-hour orientation to: **1)** Cover board member roles and responsibilities including, relevant policies and procedures, **2)** Education concerning WHS's five STs and **3)** Addressing individual BM knowledge gaps around WHS's operations, finances, strategy, etc. BOT membership requires that all BMs sign conflict-of-interest statements annually to ensure transparency and full-disclosure of any relevant or potential issues.

Locally, WPH's MEC is composed of 14 PTMs from various service lines, four medical staff members at large and credentialing representative. Medical staff representatives are appointed by the medical staff president and PTMs at large are nominated and elected; all are subject to executive committee approval. To improve communication, transparency, and input, the open session of MEC now includes a representative from key members of WPH's LT.

Independence and Effectiveness of Internal and External Audits: In addition to external audits by expert firms to ensure financial and regulatory integrity, WHS manages extensive internal audit process on an annual, quarterly, monthly, and continuous basis as necessary and appropriate.

For example, WHS's Medication Use System Improvement Committee audits the efficacy of prescribing practices for certain medicines and suggests improvements during their monthly meetings. Auditing results are provided to all appropriate boards including WHS BOT, WPHs ACH and AHAB and sub committees of those boards to ensure transparency in operations. Additional internal audit processes are AOS.

Protection of Stakeholder Interests: WHS and WPH stakeholders are the communities we serve. As such, WHS and WPH's boards (BOT, AHAB, ACB) are comprised of involved community members whose primary responsibility is to govern in ways that enable WHS and its BUs to continue pursuit of the delivery of world-class healthcare to every person, every time. Locally, the ACB and AHAB voice WPH's stakeholders' interests to hospital leadership and shares on information based on what they hear from the community such as expanding service lines or adding PTMs to care of our neighbors. Additionally, WHS bond rating is protected by the BOT to ensure that WHS retains its rating and credit worthiness through which WHS can obtain resources needed to expand the services and remain financially viable.

Succession Planning for Senior Leaders: At the direction of the BOT WHS EVPLs and WPH CEO review talent within the organization across all functions. To further strength these reviews, in FY20, WHS deployed a robust and transparent succession planning process for all senior leaders across the system. WHS senior leaders which includes EVPs, Senior VPs, and VPs, conducted "talent development discussions" with their direct reports based on internal profiles that asked senior leaders to provide their years of functional experience and leadership experience in key areas, career interests, professional memberships, board/community involvement and geographic mobility. The information provided in these profiles is used to identify individuals within the system who has the skills to move into another role when a TM leaves the organization. System-wide, over 250 critical roles at the Director level and above have been identified as critical for succession candidates.

1.2a(2) To evaluate the performance of WPH's senior leaders, the WPH's CEO creates development plans and determines compensation using the same formal biannual and annual performance management process used for all TMs **5.2c(1)**. As well as informal performance management processes such as feedback and coaching. To improve the effectiveness of leaders and WPHs LS **(F1.1-1)**, areas of opportunity identified during the formal and informal evaluation process are executed through methods including our LMS, two-way communication and shared goal setting (MTW/I Will) To evaluate the performance of WHS and WPH BOT, AHAB, and ACB, all BMs evaluate their performance based on a 3-year evaluation cycle which includes:

Year 1 (Full Board Assessment): Evaluation of structure, processes and policies pertaining to the BOT

Year 2 (Committee Board Assessment): Evaluation of structure, process and policies pertaining to the committees the BOT deploys

Year 3 (Individual and Peer Assessment): Evaluation of their individual and peer performance and involvement on the BOT.

Local Advisory board learning includes outside speakers that cover topics such as: Certificate of Need changes and other regulatory implications that could impact WHS and WPH.

1.2b Legal and Ethical Behavior

1.2b(1) WPH addresses and anticipates legal, regulatory and community concerns with WPH's health care services and operations through proactive planning grounded in the WHSand WPH SPP **(F2.1-1)**. During the WPH's Scan phase: step 3, BTs consider key inputs such as WHS SP VOC and their key requirements, needs identified in the CHNA report and other regulatory and operational changes to create tactics and associated APs. WPH's SPP and deployment through LMS **(F4.1-1)** and MTW/I Wills allows the ELT, LT and TMs to proactively address adverse social impacts, public concerns of WPH's current or future health care services.

In addition, continuously throughout the year WPH PICK charts **[2.1a(1)]**, hazard risk assessment **[6.2c(1)]** and PFAC **[3.1a(2)]** address public concerns not anticipated during the SPP. For example, to address environmental concerns expressed by the public as the new campus was under construction, WPH elected to use a geothermal heating and cooling system with 32 miles of pipes buried deep under WPH's parking lot to safely use the environment as a thermal battery in effort to reduce emissions and overall energy costs.

To further prepare for legal and regulatory concerns with WPH health care services and operations, WPH Quality and Accreditation TM has SW, such as EOC rounds and report outs **[5.1b(1)]**, in place to meet and surpass requirements of regulatory agencies such CMS and TJC. For example, to surpass the minimum requirements of WPH's regulatory agencies, based on needs identified in WPH's CHNA and VOC, WPH pursued and received specialized accreditations for Chest Pain, Total Joint Replacement, Diabetes certification and "Gold" hospital rating from the Commission on Cancer **(F7.1-17)**. WPH ELT has also chosen to pursue additional recognitions importance such as: Malcolm Baldrige Award and Magnet status as WPH continues the journey to become a top decile performer across all SOs. WPH's key compliance and risk processes, measures and goals for meeting and surpassing regulatory, legal, and accreditation requirements in **(F7.4-7, FP.1-6)**.

1.2b(2) In addition to the approaches used to promote and ensure ethical behavior in all interactions as described in **1.1a(2)**, all TMs signed a formal Code of Conduct. Every new leader reaffirms her/his personal commitment to WPH's LS by signing and displaying that signed commitment letter in their office (AOS). Each TM who signs WPHs Code of Conduct is committing to uphold ethical expectations such as: professional conduct, patient and TM confidentiality, quality of patient care, patient's rights, vendor relationships and identify conflicts of interest. Annually, all TMs complete Goals for Achieving Mandatory Education and Safety (GAMES) process **[5.2c(2)]** which includes ongoing education on key ethical topics such as: HIPPA privacy and security, Corporate Compliance, Patient rights and effective communication **(F7.3-28)**.

WPH also has a local ethics committee, designated compliance officer and human resource experts. WPH's ethics committee is an inclusive, transparent, multidisciplinary committee of TMs including: patient experience liaisons, bio-ethicists, chaplaincy, nursing leaders and PTMs. The goal of this committee is to problem solve and create SW around challenging clinical ethics scenarios such as determining power of attorney and verifying do not resuscitate orders. Breaches of ethical be-

havior can be reported through the WHS compliance hot-line and are responded to by the ELT (which includes WPH's HR expert). As appropriate, SPCs ethical interactions are ensured through the methods already described and through WHS robust supply network selection, alignment, and performance expectation processes described in **(6.1c)**.

1.2c Societal Contributions

1.2c(1) WPH considers societal well-being and benefits formally during the SPP **(F2.1-1)** and continuously throughout the year by utilizing tools within our role model LMS **[4.1a(1)]**. As part of WHS ST, Patients and Consumers, WPH has a SO specific to "Engage our community and donors through service and education" **(F2.1-3)**. Through the BT tactics that are deployed via associated APs, WPH always considers the societal well-being and benefit during the SPP and throughout the year.

Social contributions to WPH community include nurse internship and externship programs through collaborations with Kennesaw State University and PC High Schools **(FP.1-8)**. WPH's VTM program also provides clinical experience opportunities for teen VTMs that have a medical interest to shadow TMs to expand their knowledge and interest in the medical field (SC2).

As described in **1.2(b)**, WPH contributes to the well-being of the environment through the geothermal pump system. In addition, WPH is the second largest employer in PC which supports our neighbor's economic system.

1.2c(2) To actively support and strengthen the communities WPH's neighbors reside in, the ELT, LT and other TMs partner with WHS community benefits team to meet the needs of our community (defined as WPH's PSA and SSAs) through:

Community Health and Wellness Programs (F1.2-1), F7.4-11):

- *Stop the Bleed*: TMs train, equip and empower bystanders to help "Stop the Bleed" in victims during vital moments emergency responders arrive. WHS coordinated with the Georgia Trauma Foundation to start this statewide initiative.
- *Speaking About Wellness*: provides the WPH community with health and wellness educational seminars for all life stages.
- *Wellstar's Congregational Health Network*: serves as a bridge between WHS, WPH and faith communities, by offering help with lifestyle changes, personal habits, attitudes, faith and well-being. Coordinated by a registered nurse with specialized experience, WHS program assists congregations of all faiths to develop a volunteer health ministry at no cost.

Community Involvement (F1.2-1, F7.4-11): WPH ELT and LT immerse themselves into the communities WPH services through leadership roles in several local organizations such as the Chamber of Commerce Board, Rotary Club, Chattahoochee Tech Board, and the Economic Development Council.

Community/Personal Benefit (F1.2-1): WPH and WHS provides donations and sponsorships to impactful organizations in our community such as United Way and the American Heart Association. Additionally, WPH offers shadowing and tuition reimbursement opportunities to at-risk high school students interested in technical occupations.

To determine areas for organizational involvement, WHS conducts a CHNA every three years to evaluate the effectiveness of the support each BU, including WPH, provides to their community as well as to inform WPH SP to address gaps that are identified from this assessment and customer listening and learning approaches **(F3.1-1)**.

F1.2-1 Community Support Initiatives

Area	Initiatives	
Community Health and Wellness	Heart Failure Academy	Speaking About Wellness
	Stop The Bleed Program	Spirit of Women
	Congregational Health Network	Nutrition Network
Community Involvement	Chamber of Commerce Board*	Government Affairs Committee*
	Economic Development Council	Board of Science and Technology*
	Rotary Club*	Chattahoochee Tech Board*
	Physicians address community organizations	Paulding Education Foundation Board*
Community /Personal Benefit	YWCA Sponsorship	American Heart Association
	Tuition Reimbursement	American Cancer Association
	United Way	March of Dimes
	Cops for Kids Sponsorship	Relay for Life
	Running with the Badges Sponsorship	

Key - *ELT or LT on board/committee

Category 2: Strategy

2.1 Strategy Development

2.1a Strategy Development Process

2.1a(1) WPH developed its first comprehensive approach to local strategic planning in 2018. WPH's SPP **(F2.1-1)** is now integrated with WHS's SPP through standardized strategic themes (STs) that provide a framework for creating and deploying strategic direction. The SPP is centered around WPH's MVV and NCN culture and consists of three phases: **1)** Scan, **2)** Plan, and **3)** Deploy. Execution and learning is prioritized throughout all phases of the SPP, allowing WPH to deliver on the tactics pertinent to meeting the strategic vision. The ELT creates strategic accountability and priority by involving all segments of the WF as key participants of our SPP. Every phase of our SPP is dedicated to learning, reviewing, and refining processes as necessary in order to deliver world-class healthcare to every person, every time and continue on our journey of being in the top 10% of all that we do.

WHS's five STs form the framework of our SPP **(F2.1-3)**. Each ST has a "bubble team" (BT) charged with creating short and long-term tactics - the specific actions we take to reach and accomplish our SOs - supported by an action plan (AP) – which is facilitated through a PSA3, A3 Lite, FIT, SPD or a business plan - that allows WPH to execute on SOs aligned STs. Each BT is comprised of LT members and led by an ELT member. Through intentional execution of the processes outlined in our three SPP phases and the steps within each phase, we enable our ELT, LT, and TMs to collaboratively enhance the health and well-being of every neighbor we serve now and in the future.

Phase 1. Scan - In the first phase of the SPP, the ELT validates WPH's CCs and work system to create local SOs in alignment with the WHS SP and STs. The ELT also revalidates that the SPP consistently embodies our MVV's as the core of what we do and that it supports both the future direction of the organization and the value expectations for TMs. Additionally, the SPP ensures our CCs represent WPH's strengths and differentiation in the market and that our work systems encompass

the best internal processes and external resources to deliver the highest quality care to our neighbors. This crucial revalidation step defines the "Why" behind WPH's decision making, which drives and informs the OFIs identified and work on throughout the year. Understanding WPH's foundation and True North allows us to pivot current operations, as needed, to maintain organizational agility in a turbulent industry. Following ELT validation (Step 1) and alignment with the WHS STs (Step 2), each BT leader prepares and presents baseline data at WPH's Strategic Planning Kick-Off to create tactics and associated APs which cascade the WHS SP and incorporate inputs such as WPH past and current performance, national benchmarks, community demographics, CHNA, and projected IP, OP, and ES use rates (Step 3).

Phase 2. Plan - BTs create and subsequently rank tactics (Step 4) within each SO through utilization of our dynamic Priority Matrix (PM) (AOS), scoring each tactic on a scale of 1 (low priority) to 5 (high priority) in the areas of: risk impact, risk probability, the cost of change, duration, impacts on TMs and customers, regulatory compliance, and the effectiveness of the current process, if applicable. Tactics earning the highest priority score become inputs to the SPP and the basis of APs used to deploy tactics, and inform which IR's to take. Following prioritization, BTs identify short-term (1 year or less) and long-term (2-3 years) tactics used to inform the development of APs and set performance measures, end of year targets, and projections to guide our WF as we work to achieve the SOs outlined in the **Scan** phase. Tactics receive an owner and a timeline to ensure accountability, and the APs within them are then shared with TMs, LT, and ELT who are given the opportunity to make comments, provide suggestions, and give feedback on proposed tactics (Steps 5 and 6).

SO(s), associated tactics, performance measures, and short- and long-term goals and projections align with our STs and together comprise the WPH SP (F2.1-3).

Phase 3. Deploy - TM feedback is incorporated, SP tactics are finalized by the ELT and BT leaders (Step 7), the SP is distributed to the LT (Step 8), and goals are cascaded down to the TMs using "MTW" and "I Will" commitments. Effectively connecting the goals set by the system and locally aligned SOs in a manner that is team-based and individualized (Step 9). The commitments create ownership and buy-in for organizational goals and are used during each TM's biannual performance evaluations **[5.1a(4)]**.

Throughout the entirety of the SPP, the ELT and LT executes on key deliverables and deploys objectives, tactics, and APs to TMs, using our role model LMS and tools including PDSA (FP.2-2), SW, VMBs, and SPD process (F6.1-1) as appropriate. SA3s **(P2.c)** are created based upon SOs in alignment with WHS's STs. Each SA3 includes goals such as those listed in F2.1-3, which flow to PSA3s, A3 Lites, or FIT projects in areas identified as OFIs, and subsequently flow to the VMBs of appropriate department/units (F4.1-1).

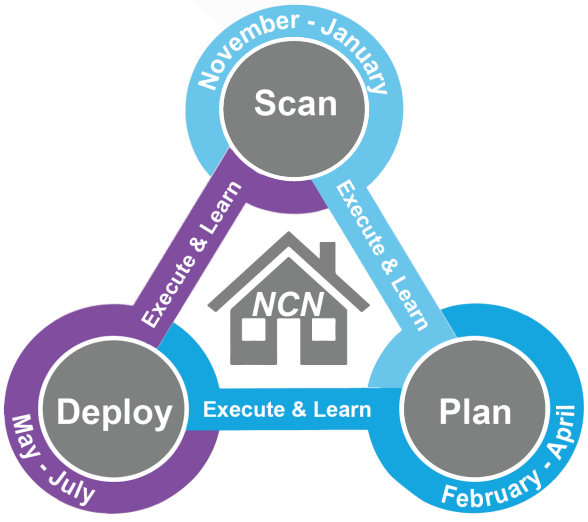
This highly aligned and clearly cascaded SPP cultivates a culture of transparency, inclusion, learning, continuous improvement, and innovation as described in **2.1a2**, ensuring that our SPP addresses the potential need for transformational change, prioritizes change initiatives, and promotes organizational agility. Consistent with WPH's steadfast pursuit of learning and improvement, the ELT and LT refine the SPP year after year to ensure that WPH delivers on the vision of providing world-class healthcare to every patient, every time. For example, during the current SPP, the ELT developed an Innovation & Intelligent Risk Matrix (IIRM) (F2.1-2) as a clarifying and implementable method of tracking innovation throughout the year.

2.1a(2) WPH's NCN culture is at the core of the SPP and encourages the ELT and LT to both incrementally improve and innovate work processes to continuously provide the best care to our neighbors. Systematic formal SP steps and the informal approaches of huddles capture innovative ideas from all segments of the WF.

Through a cycle of learning, WPH recently developed and implemented an original IIRM (F2.1-2) that guides proposed solutions for both operational and strategic opportunities through a framework of four distinct categories: **1)** Incremental PI, **2)** Disruptive PI, **3)** Incremental Innovation and IR, and **4)** Breakthrough Innovation and IR. The IIRM challenges BTs to propose innovative tactics by setting parameters based on projected impact and the proposed idea's existence within the industry. The matrix ultimately defines what innovation means at WPH, provides a framework on which to plot ideas and assess IR, making the concept of creating "innovation" more approachable and attainable for the ELT, LT, and TMs. Tactics plotted on the right side of the IIRM signal potential strategic opportunities which are prioritized and evaluated to determine IR in alignment with the MVV via the strategic PM as described in **2.1a(1),** (F7.1-39). Of note, though the IIRM and PM are both formally incorporated into the SPP, they were purposefully designed to be dynamic, i.e. agile to changing circumstances.

To capture innovative ideas from TMs at every level of the organization every day, PICK charts are a fully deployed tool integrated into the SPP to stimulate new ideas and problem solve. PICK charts (AOS) are reviewed during daily huddles and engage TMs in improving per-

F2.1-1 WPH Strategic Planning Process

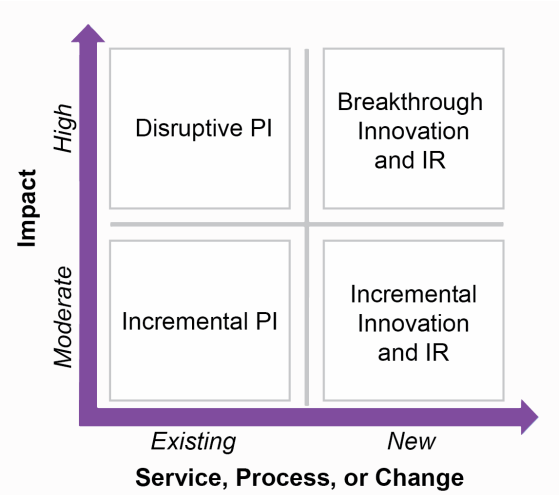


Scan
Step 1: Validate MVV, CC, Work System (ELT)
Step 2: Review WHS STs for alignment (ELT)
Step 3: Prepare baseline data (BT leaders & ELT)

Plan
Step 4: Create tactics & define priority, ownership & timeline (BTs)
Step 5: SP shared (WF)
Step 6: Solicit feedback (TMs)

Deploy
Step 7: Finalize SP tactics (BT Leaders & ELT)
Step 8: Final SP distributed to LT
Step 9: Cascade goals & educate (ELT, LT, TMs)

F2.1-2 WPH Innovation & Intelligent Risk Matrix



formance of their work area by embracing the team's collective knowledge and encouraging free thought. TM suggested ideas for improvement and innovation are posted onto the PICK chart for the team to analyze and later categorize into one of four categories that determine the future direction for the opportunity and its IR potential: Possible, Implement, Challenge and Kibosh (PICK).

- **Possible:** action is needed but the proposed innovation needs adjustments to be effective and efficient.
- **Implement:** action is needed or would be greatly beneficial immediately and the proposed innovation is feasible and promising.
- **Challenge:** action is not needed yet but the proposed innovation could significantly benefit WPH when the market necessitates it and resources are available.
- **Kibosh:** action is not needed and the proposed innovation does not align with WPH's MVV.

Operational or strategic "Implement" opportunities are integrated into our PDSA **(FP.2-1)** or SPD **(F6.6-1)** as appropriate and are visually displayed as "In Progress." Once completed, these opportunities are displayed as "Completed" to celebrate successes. Ultimately, ideas from the "Implement" and "Challenge" quadrants have the potential to be integrated and plotted on the IIRM. As an example of an IR generated through the PICK process, a TM suggested using a new EKOS product to treat pulmonary embolism patients. The idea was plotted on the "Implement" quadrant, determined to be a strategic opportunity and IR to take, and is now being implemented using the SPD **(F6.6-1)**.

IIRM, daily huddles, and PICK conversations reinforce, support-coach-support and teach problem solving as well as establish a discipline of identifying and prioritizing opportunities, assigning resources, reviewing work in process through to completion, and celebrating successes. The SPP inherently stimulates a culture of innovation by its constant commitment to "Execute and Learn" through key processes such as WPH's dynamic Priority Matrix and IIRM, VMBs, and SW, which allow us to improve and learn through deployment of grassroots initiatives. Both formal and informal innovation processes ultimately allow WPH to identify key strategic opportunities which are outlined in **(F2.1-3)**.

2.1a(3) WPH collects and analyzes relevant baseline data regarding our market, internal and external environment, and regulatory bodies during the Scan phase. Baseline data is compiled from internal and external sources by BT leads and the ELT in preparation for our Strategic Planning Kick-Off held in early January during which current, past, and projected trends, tactics, and areas for opportunity are presented and discussed. Our strategic kick-off "level sets" where we are as an organization to create the foundation for new tactic development. As BTs develop tactics, they conduct a deeper analysis to understand root causes of OFIs, using data sources such as internal trending, external benchmarks, top-decile performance, and VOC feedback. During collection and analysis, we include the following key elements of risk:

Strategic Challenges (SCs) and Strategic Advantages (SAs) - During the Strategic Kick-Off, a SWOT analysis is completed to refine our understanding of WPH's environment and update our SCs and SAs. Real-time, ongoing data (such as productivity and Length-Of-Stay (LOS) for each SO are collected throughout the SPP to reinforce understanding of WPH's SCs and SAs. For example, by staying abreast of data and market trends throughout the last SPP and in alignment with WHS guidance, we decided to change one of our SCs from "WF Recruitment" to "WF Recruitment and Shortage," because while recruiting in a competitive market presents its own challenges, it is even more challenging to recruit when competition is coupled with a national and regional shortage of care providers.

Regulatory and business environment - Potential changes in our regulatory and external business environment are scrutinized closely by WHS, our ELT, and LT to ensure WPH remains compliant and competitive. For example, one of the questions used to evaluate tactics through the PM specifically asks the BTs to consider regulatory compliance **[2.1a(1)]**. Additionally, accreditation TMs help to guide the SPP by using the processes listed in **(F7.4-7)**. WPH incorporate updates from regulatory agencies on industry changes, such as the recent Certificate-of-Need (CON) law changes in Georgia. In addition, WPH learns about its external business environment through our key customer listening and learning approaches **(F3.1-1)** which includes our CHNA.

Blind spots - WPH improves blind spot detection and execution by using our LMS tools, such as PDSA and SPD, to deploy tactics and associated actions plans **(F4.1-1)**. These processes and tools, in addition to real-time data review processes, identify blind spots in our SPP and information based on feedback received from our TMs, customers, SPC, or other individuals as appropriate. Strategic BTs are multidisciplinary to share the diverse knowledge and local expertise from those in direct patient and support care. These multidisciplinary groups prompt collaborative problem-solving and innovation that help us to identify blind spots in our SPP and information. In 2019, the ELT and BTs identified a knowledge management improvement opportunity; we were not consistently tracking why we stopped pursuing tactics identified during the SPP. In response, a shared strategy scorecard (AOS) has been created for each BT to record progress, actions, and identify reasons for why we stopped pursuing a tactic to inform future SPPs and information.

Ability to execute - SP execution goals are determined through setting performance targets and measures in the Plan phase. As we execute on our SP tactics throughout the year through our WHS aligned and cascaded A3 strategy **(F4.1-1)**,

WPH continuously track implemented tactics for desired improvement (F4.1-2) using our LMS tools to continuously learn throughout the SPP cycle and ensure performance metric improvement.

2.1a(4) WPH's key work systems are identical to our key service offerings: IP, OP and ES. WPH delivers on our work systems through coordinated efforts of our aligned key work processes (F6.1-2) and key support processes (F6.1-4).

WPH's approach to deciding which key processes will be accomplished by TMs vs externally is based upon the MVV, CCs, and SOs. Processes occurring within our work system that are not core to our business or that we do not have immediate experience in are evaluated to determine the feasibility for WPH or WHS to accomplish internally. Evaluation includes: available resources, ROI, and current and future capability and capacity. Based on this evaluation, if it is determined that an external SPC should execute a process, a request for proposal (RFP) is submitted to organizations focusing on creating a mutually beneficial relationship with aligned goals, objectives, and strengths to achieve respective CCs. These clear expectations include regular communication, identify ineffective service delivery, and allows WPH and the external SPC to learn together and continuously deliver on established expectations and CCs. For example, Epic facilitates WPH's EMR (FP.1-8) to provide efficient, user-friendly, standardized, and integrated clinical documentation services. Due to a lack of experience in this area, WHS took an IR and decided to collaborate with Epic in a system-wide EMR rollout to support our MVV.

Throughout the SPP, the ELT reviews and evaluates WPH's current and future need for CCs and work systems. Review includes past performance and top decile benchmarks to verify relevance of our current CCs and work systems, as well as to identify any gaps or opportunities to inform and capitalize on future CCs or work systems. Once we have reached and maintained top decile performance for at least 3 years in an area that not only delivers on our MVV but is also a competitive advantage that is hard to imitate, the area or metric is determined to have CC potential.

2.1b Strategic Objectives

2.1b(1) WPH's key SOs, goals, and timetable for achieving them, key changes in healthcare services, customers and markets, SPC, and operations are all outlined in WPH's Strategic Placemat (F2.1-3).

2.1b(2) The bases of WPH's SOs are the WHS STs that provide the ELT with a focused, balanced approach to consider the needs of all stakeholders within each ST. WPH's PM considers and balances the needs of key stakeholders through its ranking process and tactics within each SO as BT's carefully map to address each of WPH's SCs and leverage SAs, CCs, and strategic opportunities (F2.1-3). Through a cycle of learning, the ELT and LT adapted the PM to reflect the importance of regulatory compliance. Before deployment of a new SP, all tactics, relevant information, and lessons learned from BT meetings are reviewed by the entire ELT to ensure integration throughout each of the STs. This process allows WPH to balance short- and long-term planning horizons and competing organizational needs to drive the MVV forward.

2.2 Strategy Implementation

2.2a Action Plan Development and Deployment

2.2a(1) Each of our key short- and long-term tactics have associated APs used to deploy and accomplish them. Due to space limitations, we are not able to display actions plans (AOS). They are developed and aligned with WHS's STs and WPH's SOs, thus creating a direct correlation between tactics, associated APs, and our "Why." After tactic prioritization, APs are developed by their respective owner at the department/unit level to set specific next steps and expectations. The appropriate LMS tool, such as PDSA (FP.2-2) or SPD (F6.1-1), are integrated into tactics and APs which are designed to achieve an improvement or to create a new experience for our neighbors. Performance measures are established for each AP in order to track and trend progress. By integrating the SPP and focusing our efforts on areas that we are not meeting top decile performance, APs become a road map for achieving our world-class Vision.

2.2a(2) APs, as extensions of WPH's tactics, are collectively well-known validation of transparency as cultural strength. They are deployed to TMs and key SPC via the communication methods in (F1.1-3) including VMBs, town halls, SH, and NEO, which further exemplifies the cascading of goals from WHS to each individual TM at WPH. As creating problem solvers is an important focus area for the ELT and LT, we are intentional about including TMs and SPC in improvement and service design initiatives, which strengthens ownership throughout all levels of the organization and develops TMs to achieve the goals within each of every SOs. Deployment of these plans is integrated with the LMS (F4.1-1) that cultivates an environment for TMs to problem solve daily, achieve success, and pursue world-class healthcare for our neighbors.

To ensure that WPH can sustain the key outcomes of our APs, performance is reviewed as described in **4.1b** and **(F4.1-1)** daily. If an AP's desired outcome is not consistently being achieved, the owner(s) and key stakeholders utilize the tools in our role model LMS to determine root causes, eliminate waste and enhance the value we deliver to our customers **(P.2c)**. For example, WPH consistently performs in the top 10% of the country by eliminating harm to our patients through limited use of Foley catheterization (F7.1-4). Due to daily review of VMBs and VM huddle review processes, TMs, LT, and ELT quickly identified HAIs as an OFI and converted it from a "watch metric" to an actively managed metric to ensure WPH is meeting the vision to provide world class care to our neighbors. Nursing units that had an opportunity for foley use reduction added a new VML dedicated to it's reduction with a True North of reducing and maintaining Foley days to avoid HAIs.

2.2a(3) WPH's approach to ensuring financial and other resources are available to support the achievement of APs while still meeting current obligations- begins by proactive planning during the Plan phase of the SPP (F2.1-1). During tactic prioritization, the "Cost of Change" is 1 of the 8 scoring criteria considered on the PM and informs the ELT on the approximate level of resources needed for successful implementation. Depending on tactic priority, financial resources are provided through either operational funding, routine BU capital, or WHS strategic capital. Tactics that are not funded financially are reevaluated each year based on changes in the internal and external environment. Other resources such as additional staff, technology support, or other operating expenses are requested during the annual budgeting process that follows the SPP.

For resources requested off budget cycle, a Situation, Back-

F2.1-3 Strategic Plan (Placemat) FY20-22

WHS STs	SO(s): True North	Link: CC, SC, SA, SOpp.	Short- & Long-Term Tactic(s)	Performance Measure(s)	FY20 Goal	FY22 Projection	Results
Caregivers & WF	Achieve GPTW Top 100	CC1 & 2, SC2, SA1 & 2	STT: Mentor/mentee program for leaders & new hires	Turnover rate	< 12%	< 10%	F7.3-1 F7.3-2 F7.3-3 F7.3-4
		CC1 & 2, SC2, SA1 & 2	LTT: Formal succession planning & career development strategy				
		CC1 & 2, SC2, SA1 & 2	STT: Create & execute Code Lavender	GPTW	≥ 90	≥ 100	F7.3-17
		CC1 & 2, SC2, SA1 & 2	STT: Improve quality monthly GPTW action planning	GPTW	≥ 90	≥ 100	F7.3-17
		CC1 & 2, SC2, SA1, 2 & 6	LTT: Partner with local schools to create future WF recruitment pipeline	Vacancy rate	< 6%	< 5%	F7.3-5
Performance Excellence	Achieve IBM Watson Top 100 rating	CC1 & 2, SC1 & 4, SA1, 2, 6, SOpp.	STT: Improve ED throughput	Admit to Depart Arrival to Provider Arrival to Depart	140 minutes 28 minutes 171 minutes	133 minutes 26 minutes 163 minutes	F7.1-24 F7.1-24 F7.1-25
		CC1 & 2, SC5, SA1, 2,	STT: 5 days a week IDR & include ancillary staff	LG Safety Grade Mortality Index	A grade Top 100	A grade Top 100	F7.1-1 F7.1-2
		CC1 & 2, SA 1 & 2, SOpp.	STT: Improve VMB lead by local leaders	Leader LM training compliance	100% ELT	100% ELT & LT	F7.3-29
		CC1 & 2, SA1 & 2	STT: Deploy problem solving A3 for HAIs	Complication Index CLABSI	Top 100 NHSN 25th	Top 100 NHSN 10th	F7.1-3 F7.1-5
		CC1 & 2, SA1 & 2	STT: Deploy twice-daily safety huddle	Culture of Safety survey	Beterra 90th PCTL	Beterra 90th PCTL	F7.1-34
		CC1 & 2, SA1 & 2	STT: Deploy Safety First program	Culture of Safety	Bettera 90th PCTL	Bettera 90th PCTL	F7.1-30
		CC1, SC1, 3 & 5, SA1, 5 & 6	LTT: Increase access to primary care & other sub-specialty services	LG Safety Grade	A grade	A grade	F7.1-1
Patients & Consumers	Top-decile performance in patient experience	CC1 & 2, SA1 & 2, SOpp.	STT: Create leader SW & measurement in all departments	NRC Likelihood to recommend: IP, OP & ES	IP: ≥ 50th PCTL OP: ≥ 90th PCTL ES: ≥ 75th PCTL	IP:≥ 75th PCTL OP: ≥ 90th PCTL ES: ≥ 90th PCTL	F7.2-1 F7.2-3 F7.2-2
		CC1, SC1 & 3, SA1 & 5	STT: Launch PFAC awareness campaign & involve PFAC in council structure				
		CC1, SC1 & 3, SA1 & 5	LTT: Discharge paperwork from any WHS visit available on MyChart				
		CC1, SC1 & 3, SA1 & 5	LTT: Education video available for patient/family viewing				
	Engage our community and donors through service and education	SA1 & 3, SC5	STT: Improve social media engagement & measurement	Social media engagement	5,500 engagements	8,500 engagements	F7.2-12
		CC2, SA2 & 5	STT: Implement community involvement tracking	Community Events	30	50	F7.2-14
		CC1 & 2, SC1 & 3, SA 1, 2 & 5	STT: Identify community screenings from CHNA demographic info	Community Events	20	30	F7.4-11
Valued-Based Care & Advocacy	Meet or exceed financial operating budget	CC2, SC4, SA2 & 4	STT: Implement MOR process	IBM Action OI	< 40th PCTL	< 35th PCTL	F7.5-1
		CC1 & 2, SC4, SA1, 2 & 4	STT: Reduce CMI Adj. Medicare FFS LOS	CMI Adj. ALOS	≥ 2.77	≥ 2.75	F7.1-22
		CC2, SC4, SA2 & 4	LTT: Provide financial training and education for new and current leaders	Operating margin	6.2%	6.5%	F7.5-1
		CC2, SC2, SA2 & 4	LTT: Reduce contract labor in every department	Contract Labor Hours	IBM 10th PCTL	0	F7.5-9
Marketplace	Develop and improve service offerings	SC3, SA4, 5 & 6	STT: Implement internal/external marketing strategy	Discharges	8,200	8,400	F7.5-11
		SC1, 3 & 5, SA3, 5 & 6	STT: Complete Master Facility Planning to determine future needs	Master Facility Plan % Completion	75%	100%	100%
		CC2, SC1 & 3, SA2, 4, 5 & 6	LTT: Grow profitable service lines to meet community needs	IP & OP Procedural growth	IBM 50th PCTL	IBM 75th PCTL	F7.5-14
		CC1, SC1, 3 & 5, SA1, 5 & 6	LTT: Increase access to primary care & other sub-specialty services	LG Safety Grade	Grade A	Grade A	F7.1-1

LTT: Achieve Baldrige Award and Magnet Recognition®

Key: ST - Strategic Theme, SO - Strategic objective, CC - Core Competency, SC - Strategic Challenge, SA- Strategic Advantage, SOpp- Strategic Opportunity, STT - Short-Term Tactic, LTT- Long-Term Tactic

ground, Assessment, Recommendation (SBAR) is used, which may include an ROI analysis of resources such as equipment, staffing, and potential volume impacts supplemented by a financial risk assessment and a discussion on the impacts to other key work processes and operations. Depending on the request, the ELT and Capital Committee review current available funding and outstanding capital requests to reassess priority and make necessary resource allocation changes based upon the current needs and obligations of WPH. In addition, the Labor Management Action Team (LMAT), which consists of WHS representatives and WPH's ELT and LT, meets weekly to review FTE requests and ensures WPH maintains the ability to support current obligations while meeting the needs of our customer's To manage the risks associated with APs to ensure financial viability, key performance metrics are reviewed using Vm huddles to track and trend data and information for daily review **[4.1a(1)]**, **(4.1b)**. For example starting fin FY20, WPH implemented a new internal strategic capital management process in which any TM can make a request for capital to the ELT and LT through a collaborative, transparent approach where all capital requests and available funding amounts are shared and proactively prioritized by all stakeholders in alignment with the MVV, CCs, and SOs to determine actual funding.

2.2a(4) WPH's key WF plans to support our short- and long-term SOs are integrated into the SPP within the Caregivers and WF ST outlined in **(F2.1-2)** and carefully designed to enable TM's to achieve all ST, SOs, and tactics that comprise the SP. One of WPH's SCs identified through the SPP is "WF Recruitment and Shortage" **(FP.2-1).** Recruitment is extremely important to meeting organizational capacity needs as yearly increases in census require WPH to find new TMs. Adding the right TMs to our engaged WF (CC2) is essential to safely taking care of our neighbors (CC1) and reflecting the spirit of NCN. WPH's robust approach to recruitment is described in **5.1a2**.

In addition to the tactics identified within the Caregivers and Workforce ST, WF capability and capacity needs are also considered during the development of short and long-term APs across all STs, depending on the focus of a tactic within the SO. As we implement new services and experiences **(F6.1-1)**, or improve processes **(FP.2-2)**, the ELT and LT consider WF capability and capacity needs to create APs. This may include partnering with WHS and other Wellstar BUs, recruiting new TMs, additional training/education, or reprioritizing how we add or use current resources to ensure WPH has what it needs to effectively execute on short- and long-term APs **[2.2a(3)]**. As an example of how WPH's WF plans are considered in all STs, it was identified during action planning development for a Clinical Decision Unit build-out that while our current staff have the capability to take care of our neighbors, WPH needed to add additional TMs to ensure sufficient staffing levels to deliver safe care to our patients. Through Pro Forma development as recommended by the Marketplace BT, WPH added 5.20 FTEs.

2.2a(5) Performance measures used to track the achievement and effectiveness of APs are listed in **(F2.1-3)**.

Just as the ELT and LT use our role model LMS to track, trend, and review organizational performance, the same approach to measure the effectiveness of tactics and associated actions plans in relation to their success in achieving SOs **(4.1b)**. For example, "MTW" and "I Will" statements further deploy WPH's SOs and tactics, thus promoting TM buy-in and alignment to WPH's SP.

2.2a(6) Short- and long-term performance projections are listed in **(F2.1-3)**. The ELT and LT use the SPP and PM to determine which tactics to execute on in the short and long-term, and incorporate learnings identified from the processes described in **[4.1c(1)]** to address any potential performance gaps in APs. The ELT and LT are confident we can project performance up to 3 years out to serve as directional guidance, but regard projections beyond 3 years as too speculative and non-value adding. If gaps related to projected performance vs. that of competitors are identified, an AP using the appropriate tools via LMS or SPD is deployed to determine root causes through analyzing top contributors, establishing lagging and leading indicators, tracking missed opportunities, and developing countermeasures to close the gap in performance.

2.2b Performance trends are reviewed daily by TMs, LT, and ELT within respective daily huddles and VMBs and at least weekly by the ELT during ELT VM huddle **(F4.1-2)** as a part of our integrated cascaded A3 strategy **(F4.1-1)**, [**4.1a(1)**], which enables TMs to respond rapidly to circumstances that require a shift in action planning. The tactics and daily SW used to measure and review performance are intentionally aligned with WPH's SOs through our role model LMS **(F4.1-1)**. Part of WPH's daily SW is reviewing VMLs based on the department and unit's specific OFIs that align with organizational SOs and tactic derived APs, ensuring integration of daily SW and SP and allowing WPH to meet the goals of the SOs. Within each of the VMLs, a leading indicator is tracked monthly and a target condition with a lagging indicator is established and tracked daily to measure the target condition's impact on performance. Since departments daily track performance and overall impact to strategic goals, frontline problem solvers have a structured, data-driven approach to rapidly change and execute on changes in APs. For example, when WPH started using NRC as the patient engagement survey tool, it was identified that one of the survey questions shifted from asking patients if their room/stay was "clean" to asking if it was "clean and comfortable." The Environmental Services (EVS) team recognized the shift and responded quickly by changing their TMs' scripting to ask the question, "Is there anything else I can do to make your stay more comfortable?" before leaving the room. This rapid execution of proactively addressing the comfort-level of our neighbors has prompted significant improvement in the number of engaged patients who score us a 9 or 10, further enabling us to deliver on our MVV.

The ELT and LT utilize transparent communication methods **(F1.1-3)** to communicate necessary changes, which are then deployed through the same cascading process described in **4.1b**. Both the PDSA and SPD approaches incorporate the use of trials, thus allowing WPH to test tactics and understand impact before full deployment.

Category 3: Customers

3.1 Customer Expectations

3.1a Listening to Patients and Other Customers

3.1a(1) WPHs ability to care for and seek immediate and actionable feedback from our neighbors is predicated upon creating an environment that facilitates trust between our customers and TMs. WPHs approach to hear from the VOC and TMs is built upon a foundation of reinforced formal and informal processes used to listen, interact with, and observe patients,

families and other customers **(F3.1-1),** which are woven into the ELT and LT LS and Cycle of Customer Engagement (CCE) **(F3.1-2)**. This intentional approach is systematically reviewed during our SPP **(F2.1-1)** to ensure efficacy and continuous improvement.

During all stages of the CCE, WPH actively listens to our neighbors through the tools listed in **(F3.1-1)** to ensure TMs are gathering feedback from all customer segments along the CCE and taking appropriate action to sustain a high level of patient and family engagement. WPH has feedback methods for all segments of the VOC within the CCE in order to learn and improve, thus moving patients, families and customers along the CCE with the goal of engaging patients and families to advocate for WPHs services. Advocacy, in the end, is the only acceptable objective; everything else is considered an OFI. WPHs customer listening and learning tools not only serve as inputs into the SP to drive change; they also enable TMs to actively process feedback in real-time to take action and engage in service recovery when appropriate. As an example of continuous improvement, starting in April 2020, WPH began measuring performance in themes such as communication, education, and alleviating fear for family members through rounding and enabling remote communication between patients and families. In addition, WPH added family specific questions using Nobl to determine families level of engagement in April, 2020. Initial results will be AOS.

As immediate and actionable VOC feedback is a WHS priority, WHS recently adopted the NRC Real-time survey solution as its approach to analyzing the VOC. The change was made because NRC allows the ELT and LT to access patient experience and engagement data within 1-2 days after a patient has used WPHs services, a marked improvement from the previous 60-day delay with Press Ganey. NRC helps to better evaluate patient engagement based on a score of 1-10 and integrates results with a new Nobl rounding app WPH is piloting to produce detailed information LT and TM use for SW **[3.2b(1)]**.

In 2019, WPH implemented a daily VOC huddle to seek immediate and actionable feedback concerning the quality of healthcare services, how to exceed expectations and escalate service recovery efforts when needed. During VOC huddle, the ELT and LT share patient and family comments obtained during leader rounding, new NRC comments, and any patients that require service recovery. To reinforce the high expectations of how WPH engages patients, the ELT and LT focus first on patients that score us less than a 9 on an NRC survey and are therefore not yet WPH advocates **(F7.2-10)**. Leaders reach out to patients and families who were not engaged with WPHs services through post-care call backs to discuss OFIs as appropriate. Leaders then track, trend, and take action upon OFIs to prevent them in the future. For example, through VOC huddle, it was discovered that, at times, patients holding for a bed in the ED were going without food at night due to a gap in tracking. TMs recognized this OFI and it was addressed through a FIT project **(P.2c)** by stocking the ED with sandwiches to eliminate this dissatisfier. This daily, transparent VOC meeting furthers WPHs patient safety culture (CC1) and enhances patient and families engagement by creating an environment where patients, families and TMs work together to improve the care delivered to our neighbors. As part of WPHs role model LMS, units or areas not meeting top decile performance for patient engagement have a VML on their VMB dedicated to engaging patients and their families. Daily review of VMLs empower problem solvers at the front line and allows WPH to move patients along the CCE or maintain their advocacy for WPH services.

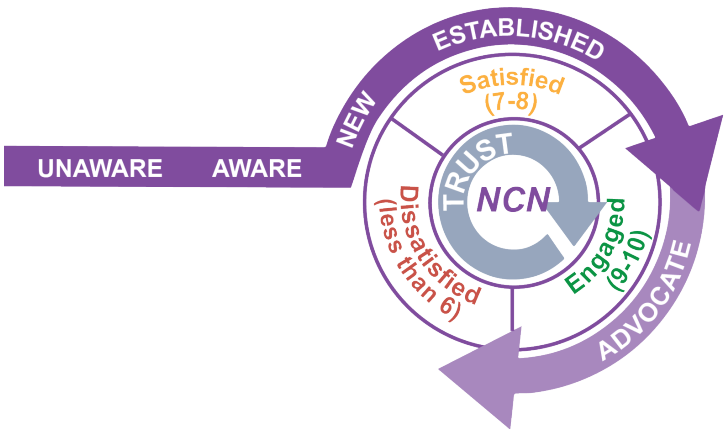
As one of the most accessible and intuitive methods for customers to reach WPH, social media has been important in monitoring the VOC and appropriately engaging with potential customers; especially those who are unaware of WPH services. WPH utilizes social media and other web-based technologies as a venue for two-way communication. Gathering feedback and responding to customers occurs daily at the system level and is disseminated to the involved facility. Once WPH is notified of feedback, a member of the ELT, LT or patient liaison takes swift action to address the individual patient, family, or community concern and identify lessons learned that are incorporated into future changes. Comments and feedback from customers have influenced the deployment of other amenities that help WPH better care for our neighbors and has sparked changes such as: **1)** Hospitality cart that accommodates families of surgery patients with food and drinks at no charge, **2)** Geriatric dementia carts that engage patients with dementia in mental tasks and prevent falls and **3)** Concierge services for IPs.

F3.1-1 Key Customer Listening and Learning Approaches

Methods based on CCE Stage	Customer Segmentation					
	New, Established, Advocates				Unaware, Aware	All stages
	IP	OP	ES	Former	Potential	Competitors
Patient Rounding	✓	✓	✓			✓
Communication Boards	✓	✓	✓			✓
NRC Survey	✓	✓	✓	✓		
Patient & Family Liaison	✓	✓	✓	✓	✓	✓
Local Board Representation				✓	✓	✓
Nobl Rounding	✓		✓	✓	✓	
Community Health Needs Assessment	✓	✓	✓	✓	✓	✓
Community Meetings				✓	✓	✓
ETM, PTM & VTM	✓	✓	✓	✓	✓	✓
Post-Care Callbacks	✓	✓	✓	✓		
Social Media	✓	✓	✓	✓	✓	✓
Care Transition Center	✓	✓	✓	✓	✓	✓
Complaint and Grievance Process	✓	✓	✓	✓	✓	
Patient & Family Advisory Council	✓	✓	✓	✓	✓	✓
Patient-Initiated Awards (Daisy and Rose)	✓	✓	✓	✓		
Health Fairs				✓	✓	✓
Daily VOC Huddle	✓		✓		✓	✓

Key - Former: Patients not currently receiving care but have in the past; Competitors: Patients that are receiving care from competitors instead of WPH

F3.1-2 NCN Cycle of Customer Engagement



3.1a(2) WPH utilizes the listening approaches outlined in **(F3.1-1)** to listen to former, potential, and competitor customers to acquire actionable information and lessons learned regarding health care services, patient and other customer support, and transactions. Through these approaches, the voice of former, potential, and competitor customers is integrated and used within many of WPH's key processes to deliver world-class NCN healthcare. While all of these methods provide relevant and actionable information, certain listening tools are especially critical to determine the customer's realized and unrealized needs: **1)** PFAC: TMs, patients, families and customers voluntarily attend monthly meetings managed by WPHs customer service department to create a sounding board for ideas, suggestions and opportunities around a patients experience and daily operations. This interdisciplinary forum is designed to improve a patients and families experience and provides learning opportunities for TMs, SPC, patients and their families to collaborate to enhance the lives of those we serve and thereby move potential customers to become long-term customers pursuant to CCE. **2)** CHNA: the CHNA for WPH's PSA (conducted by WHS in partnership with the Georgia Health Policy Center) provides vital information on the health needs of the community, allowing WPH to incorporate feedback into the SPP and make decisions based on current and future community need. **3)** Community board and committee participation: TMs serve on the boards of local charities, social, and faith-based organizations that, in addition to meeting the personal missions of TMs, also exposes them to community sentiments on matters that are informative for WPH on how to best enhance the health and well-being of every person we serve. By doing so, WPHs CC2 is enhanced and emphasizes that working at WPH is more than just a job - it is in alignment with true purpose. **4)** Weekly CON Review: WPH's President receives a weekly CON statement from WHS to review any changes in the competitive environment that may give additional insight and actionable information regarding community need and changes in healthcare services.

Information obtained through WPHs listening approaches are integrated into the SPP to create and prioritize tactics through our role model LMS using PDSA **(FP.2-2)** if the initiative requires improvement, or SPD **(F6.1-1)** to design for a experience. The ELT and LT use these processes to avoid current patients from becoming only former patients, i.e. they slip backwards in the CCE. For example, as TMs became aware through rounding that many patients and families voiced trouble in obtaining medications due to economic, transportation, and care coordination barriers, the LT and ELT were notified through the transparent communication methods **(F1.1-3)**. The LT and ELT used SPD **(F6.1-1)** to evaluate the viability of a retail pharmacy. Now, WPH retail pharmacy delivers Meds to Beds and coordinates financial assistance for patients and families who need it.

3.1b Patient and Other Customer Segmentation and Service Offerings

3.1b(1) WPH's approach for determining customer groups and market segments begins with a market analysis that considers population growth, demographics, socioeconomic status, household size, health behaviors, disease group, and the use rates. These factors are further analyzed for each key service offerings in WPHs PSA and SSAs. The market analysis provides insight into the current state of community access and also projects the future state of the population, thus allowing WPH to identify current and anticipate future customer groups and market segments. This process coupled with data from the CHNA is used to inform the SP and facilitates intelligent predictions, IR taking, and helps determine which customer groups and market segments to emphasize and pursue for business development. The ELT and LT also determine groups and segments through NRC patient engagement surveys, social media, patient rounding, and daily VOC huddle. For example, during the design of the new facility, certain stakeholders expressed desire to add a labor and delivery unit at WPH. However, through market analysis, the demand for these services were being met by other WHS BUs. The ELT decided that duplication of this service was an unwise use of the financial resources and investments were made in other key service offerings to meet the needs of our neighbors. Decisions regarding business growth are reviewed at least annually in the SPP to improve what WPH currently offers and to choose or decline new services as directed by MVV.

3.1b(2) WPH's SPP provides a systematic approach to evaluate the use of customer information and its effectiveness in anticipating future market needs, segments, and customer groups, as discussed in **3.1b(1)**. The SPP is an ongoing and agile continuous learning process that evaluates IR, integrates VOC and projects market needs to attract new patients and customers, thus expanding relationships with WPHs community. Through integration of the VOC tools and the SP, WPH identifies and adapts service offerings to meet the requirements **(FP.1-7)** and exceed the expectations of current and potential customer groups by creating tailored experiences for patients and families by using the SPD model **(F6.1-1)**.

WPHs' SPD **(F6.1-1)** serves as a focused, comprehensive, and inclusive process to develop and deploy new healthcare processes or services. For example, imaging leaders identified and adapted radiology service offerings to expand relationships with current and potential patients and families, based on TM input and market analysis by adding interventional radiology services. The ELT convened a team to create an AP through utilization of SPD and PDSA, in alignment with the SP by directly involving the Marketplace BT in planning efforts. Interventional radiology is now an integrated part of WPHs offerings and provides access to needed service expansion for current and new patients alike.

3.2 Customer Engagement

3.2a Patient and other Customer Relationships and Support

3.2a(1) WPH's CCE **(F3.1-2)** is a segmented framework to build and manage relationships with patients, families and other customers through trust to increase engagement and advocacy, leading to an overall increase in positive brand recognition and market growth. As the CCE depicts, trust and NCN culture are the driving forces that turns the wheel towards engagement and exceptional experience.

To build and manage relationships WPH uses the processes outlined in **(F3.2-1)** throughout every stage within the CCE. The first step is creating awareness of the WHS brand to unaware individuals through marketing methods managed at the system level. Though WHS has had a strong brand in its primary market for many years, the brand had not been significantly changed in decades. To revitalize and strengthen brand image and positioning in an increasingly competitive market and to align with future direction, WHS refreshed its brand strategy and revealed a new logo, brand colors, and MVV in February 2020, which were developed through extensive consumer research of over 4,000 consumers across WHS PSAs, feedback from WHS and WPH boards and more than 4,600 TMs across the system. WHS' new tagline: "More than Healthcare. PeopleCare", is founded upon WHS' commitment to treating the whole person and ensuring that patient experiences are relational rather than transactional. The new brand is being released across the WHS PSA through social media releases, TV commercials and will continue to be enhanced as signage is updated for all facilities, thus allowing WPH to move potential customers from Unaware to Aware. WHS's social media team continues to refine how it enhances the organization brand positioning through a new PeopleCare campaign, promptly responding to and resolving posted customer concerns, and sharing success stories from patient advocates.

After a patient becomes aware of WPH and they continue to use our services, TMs build rapport and mutual trust with them, moving patients and families along the CCE to become an established patient who regularly receives care from and advocates for WPH. WPH accomplishes Advocacy through specific trust building processes that include **1)** TM, LT & ELT rounding, **2)** Specific inquiries to understand their needs both within and outside of WPH, **3)** Processes outlined in **F3.2-1** **4)** concierge services and 5) systematic informal interactions with TMs to address and discuss any concerns at daily VOC huddle. As an example of WPH's CCE in action, a patient experiencing exhibiting symptoms at a community dental office was rushed to WPHs ED and found to be in the midst of a ST-Elevation Myocardial Infarction (STEMI). The care team was ultimately able to save this patient's life. As a result of phenomenal care coupled with an exceptional experience, this particular neighbor traveled along the CCE in one visit; from unaware to an engaged advocate.

WPH's approach to managing relationships with patients and generating patient advocates occurs daily by all TMs through rounding and VOC huddle and annually by the ELT, LT and Customer BT during the SPP. In total, these methods comprise a systematic and unrelenting pursuit to meet our neighbors' requirements and to enhance the health and well-being of every person we serve within every key service offering **(FP.1-7)**. This is accomplished by utilizing the approaches in **F3.2-1**, thus creating an ingrained culture of trust that is woven into the fabric of the organization.

3.2a(2) WPH's listening approaches **(F3.1-1)**, care and information access methods **(F3.2-2)**, and key work processes **(F6.1-2)** enable customer segments to access information and support for healthcare services. WPHs processes of customer engagement **(F3.2-1)** outlines how the support provided differs depending on where the patient or customer is within the CCE and exemplifies how TMs cater to the unique needs of each neighbor in their WPH journey.

WPH's approach to determine customer's key support requirements is similar to that described in **3.1b(2)**, except that in this instance, the ELT and LT apply it to support mechanisms rather than service offerings; all supplemented by listening approaches **(F3.1-1)**. Through utilization of the SPD, departments and teams determine and align support requirements. Requirements are then deployed to TMs and integrated into patient and customer support processes using our role model LMS tool set including huddles, VMBs, PDSA, SPD, or through MTWs and I Wills, depending on the need. For example, when a care coordination opportunity related to certain conditions such as heart disease and cancer was identified by ETMs and PTMs, heart and cancer navigator programs were implemented at WPH. The purpose of the navigator program is to provide patients with individualized information to help them feel better equipped and more knowledgeable about their healthcare journey and care requirements within and outside of WPH.

Customers access WPHs services through conveniently located campus **[P.1a(4)]** and the WellstarON program launched in February 2020, that provides telemedicine visits accessible from any location through a patient's personal device. Through WPHs and WHSs SPP, demographic trending, CHNA, and disease process trends are analyzed in order to take IRs in providing new health care access methods to customers. Recent developments in WPHs access points include: **1)** Urgent care clinics, **2)** Saturday and weekday evening hours for OP imaging, and **3)** Two Additional Cardiologists.

F3.2-1 Processes within Stages of Cycle of Customer Engagement

Processes	
Unaware and Aware	**New, Established, and Advocate**
• Billboards* • TV & Radio Ads* • Social Media* • WHS Website* • Centers of Excellence** • Branding Focus Groups* • Health Fairs* • Stop The Bleed Program* • Educational Classes* • Online Scheduling Access**	• Care Transition Center** • Communication Board • Patient Rounding • VOC Huddle** • Complaint & Grievance • Leader Rounding** • IDR • Post-Care Call-Backs • PFAC** • NRC • Nobl App • MyChart • Concierge Services** • Therapy Dogs**
Results	
• F7.2-12, 13, 14 • Branding engagement & marketing campaign (AOS) • CHNA (AOS) • F7.4-11,12	• F7.2-1 through F7.2-11 • F7.1-17 • PFAC Participation (AOS)

*Process enhances brand image, **Process exceeds expectations

3.2a(3) WPH's management of complaints is inclusive, proactive, and systematically managed through our LMS, daily VOC huddle, review of NRC patient comments and ELT and LT rounding. Daily problem solving enables WPH to recover patients, families, and other customer's confidence as well as enhance their satisfaction and engagement to create advocates and ultimately avoid similar complaints in the future.

WPHs approach is segmented into two distinct categories: **1)** concerns that can be resolved within 24 hours (complaints) and **2)** those that take longer than 24 hours to fully address and resolve (grievances). Complaints are addressed by TMs present at the time of concern in order to resolve and engage in service recovery promptly prior to the patient, family or customer leaving the facility. WPHs innovative daily VOC huddle serves as an agile complaint resolution process in which, patient, family, and customer concerns discovered during patient rounding are addressed. Concern and recovery efforts are documented to track and trend opportunities by the leader of that specific department/unit. If it is determined during VOC huddle that a patient, family or customer's concerns are unable to be resolved by the area's leader, a member of the ELT will visit the patient and family to enhance the patient's confidence and re-engage them in their care.

In alignment with our CC1, concerns regarding quality of care or other complaints not resolved within a 24-hour period (grievances) are documented in SaFER where a hospital designee is responsible for managing the grievance process. The SaFER database segments patient concerns to facilitate cycles of learning throughout the organization. The hospital designee synthesizes follow-up from appropriate TMs, manages the grievance process, and serves as the main point of contact for the patient and family. The designated TM contacts the patient or family to provide relevant findings and actions taken. A grievance is considered resolved when the patient or family is satisfied with the resolution or an agreement can be otherwise reached.

3.2b Determination of Patient and Other Customer Satisfaction and Engagement

3.2b(1) In order to proactively meet the needs and requirements of WPHs neighbors and in pursuit of top decile performance, all TMs utilize standard and new leading-edge approaches, such as the Nobl rounding app, for each key service offering that focus on determining patient satisfaction and engagement in real-time and prior to leaving our facility. Approaches differ depending on performance levels within each key service offering as appropriate and determined by performance:

IP & ES: WPH is piloting a new rounding platform, Nobl, to further improve and integrate patient satisfaction and engagement data to exceed patient expectations and proactively address concerns for IP and ES as WPH has yet to achieve consistent top decile performance. Through SW and Nobl rounding tool, ETMs ask patients, families, and other customers a standard set of questions to pro-actively determine their satisfaction, dissatisfaction, or engagement with our services to prompt conversations and when necessary, engage in service recovery in real time. Fully deployed daily VOC huddle is central to this process, as a repeating interdisciplinary approach that celebrate wins and implement service recovery

OP: As WPHs OP key service offerings consistently exceed to decile performance, leaders over each OP area perform post

F3.2-2 Key Customer Access Methods

Customer Segmentation	New, Established, Advocate			Unaware, Aware
	IP	OP	ES	
In-Person				
Patient Rounding	✓	✓	✓	
Patient & Family Liaison	✓	✓	✓	✓
Support Groups	✓	✓		✓
Physician Referral	✓	✓	✓	✓
Hospital Information Desk	✓	✓	✓	✓
Administrator On-Call	✓	✓	✓	✓
Facilities	✓	✓	✓	✓
Community Events				✓
Care Team	✓	✓	✓	
956* Classes	✓	✓	✓	✓
Evening and Weekend Appts.		✓		
Electronic				
WellstarON		✓		✓
Website	✓	✓	✓	✓
Social Media	✓	✓	✓	✓
Online Appt. Scheduling		✓		✓
MyChart Patient Portal	✓	✓	✓	✓
Care Transition Center	✓	✓	✓	✓
MyChart Bedside Tablets	✓			
ER Express Tablets			✓	
Other				
Interpreter Services	✓	✓	✓	
Discharge Folder	✓	✓		
Complaint, Grievance Process	✓	✓	✓	✓
Communication Boards	✓		✓	
Board Representation				✓
Patient Guide	✓		✓	✓

dissatisfied comment (6 or below) on their survey.

After a patient receives services from WPH through any key service offering, the method of formally measuring satisfaction, dissatisfaction, and engagement with our patients and families is through NRC surveys and post-care callbacks, as necessary. Through a cycle of learning, WHS recently selected NRC as its new survey vendor to measure patient engagement and satisfaction. Survey responses are segmented by service offerings to track strengths, identify root causes and OFIs for each offering. As depicted in **(F3.1-2)**, WPH determines *engagement* as a 9-10 "% Positive" score on the survey. *Satisfaction* is measured as a 7-8 and *dissatisfaction* is measured as a score of 6 or less. If a patient scores any of WPHs service offerings a 6 or less, the leader of that area contacts the patient and family to further understand concerns and engage in service recovery. Dissatisfaction is also determined through the formal grievance process, as outlined in **3.2a(3)**. Community satisfaction and engagement is determined through the PFAC, local boards, and CHNA.

3.2b(2) NRC, HCAHPS patient satisfaction surveys, and CMS provide WPH with comparative information for customer satisfaction and other metrics such as payment, value of care, and timeliness. Each of the survey tools provides benchmark-

ing, where WPH strives to be in the top 10% of the country. The ELT and LT review survey reports daily, which include comparing current performance to top decile performance, responding to patient comments and identifying opportunities for recognition, learning and improvement. In addition to asking customers direct questions, satisfaction for WPH is ascertained indirectly through competitor analysis process, CHNA, and consumer demand analyses by PSA (AOS).

3.2c Use of Voice-of-the-Customer and Market Data

The ELT and LT use the VOC, market data and information to set goals and develop tactics to meet or maintain top decile performance, thus directly impacting our performance analysis and review processes **[4.1(b)]**. This approach is integrated within the SPP which drives operational decision making and ensures alignment with what is best for our neighbors. During the last SPP, the ELT identified that patient engagement was not as integrated into WPHs culture compared to patient safety. The patients and consumers BT, pursuant to our LMS, analyzed VOC market data and determined there was a demand for weekend OP imaging services. Through SPD, the OP imaging clinic expanded their hours of operation to include Saturdays, thus providing better access to move customers positively through CCE.

Category 4: Measurement, Analysis and Knowledge Management

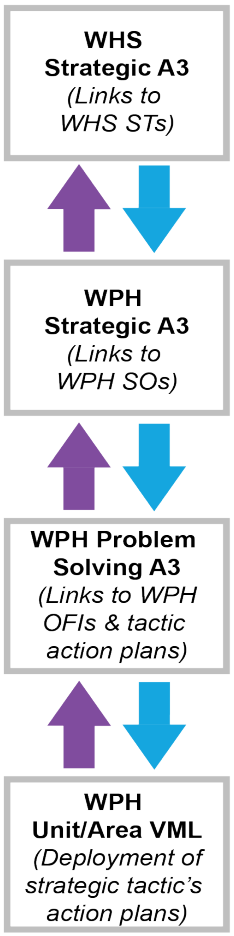
4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a Performance Measurement

4.1a(1) WPH has developed an extensive comprehensive approach to review performance data and information on daily operations and overall organizational performance through our role model LMS and integration with the SP through cascaded A3 strategies **(F4.1-1)**. Goals identified on SA3s are reviewed on a rotating basis at weekly ELT meetings. Goals that are consistently meeting performance expectations are categorized as "watch metrics" and reviewed monthly. If a performance expectation is not being met, TMs use PDSA, a tool within our LMS, to decide whether the OFI warrants a FIT project, A3 Lite, or a PSA3 to improve, track, and trend data and enhance performance in that area. Based on the target conditions identified in PSA3s and A3 Lites, VMLs are updated as appropriate and reviewed weekly by the ELT and department leaders. Categorizing data and regularly reviewing performance better enables WPH to comprehensively select, collect, and integrate goals relevant to tracking daily operations and performance in alignment with the SP **(F2.1-3)**. For example, aligned with the "Value-Based Care and Advocacy" ST, WPH's SA3, aligned with its respective SO, includes five performance measures. One of those performance measures, premium pay spend, had not achieved top decile performance, prompting a PSA3 that determined the root cause to be overtime which led to every applicable department/unit to execute on an A3 lite.

WPH's data selection approach is systematically evaluated during the Deploy phase of the SPP **(F2.1-1)** and throughout the year as organizational and external changes occur. WPH is also assisted by system partners in identifying new metrics or those that need to be modified to ensure WPH is able to consistently and accurately track progress on achieving SOs and tactics. For example, WHS recently added new dashboards to track a new metrics including blood culture contamination and Medicare Fee For Service LOS.

F4.1-1 Cascaded A3 Strategy



Most data collection occurs automatically and electronically in alignment with scheduled intervals and key organizational deadlines to facilitate effective decision-making and evaluate performance. The data is managed via Tableau dashboards, balanced scorecards, Weekly President's scorecard (AOS), generated reports, VMB/Ls, and communicated at meetings such as ELT huddle, MEC, PIC, VOC and SH huddle. Key organizational performance measures tracked daily include volume, staffing, patient engagement, LOS, and ED throughput. Key financial measures, such as those identified within the Value-Based Care and Advocacy ST **(F2.1-3)** include short- and long-term goals such as operating margin, LOS, and overtime, which are reported on at least a monthly basis.

4.1a(2) To provide an accurate and honest comparison of WPH's performance, WPH devised a 5-point sliding scale approach that aligns with the vision of delivering world-class healthcare to every person, every time. The sliding scale ensures WPH has the most relevant comparative data available to make fact-based decisions in order of preference: **1)** Top-decile performers nationally, if not available, **2)** Regional data, **3)** State and local, **4)** other WHS BUs and past Baldrige award winners or **5)** Historical performance. Many metrics are often tracked simultaneously and not independently within the outlined hierarchy above.

Once the appropriate comparative data is identified, it is integrated into SPP tactic development and into our role model LMS for deployed use by all TMs through VMBs, VMLs, MTW and "I Will" statements and town halls. As processes change and new metrics are gathered, comparison metrics are re-identified via the sliding scale methodology. For example, through a cycle of learning, facilitated an OFI was identified to improve comparative data for volume within select service offering segments. Thus, in FY20, WPH used applicable IBM ActionOI top decile benchmarks as a comparison for volume by service offering for total discharges, ES visits, and general surgery **(F7.5-11, 12, 14)**, moving the selection of comparative data from fifth to first on the sliding scale in order to best support fact-based decision making.

4.1a(3) As healthcare is a dynamic industry, WPH recognizes the importance of having effective communication methods and listening approaches deployed not only to learn about and understand organizational or external changes, but also to anticipate and react appropriately to them. To ensure that WPH's performance measurement system can respond to rapid or un-

F4.1-2 Sample Transparency Enhancing Performance Review Methods											
Review Process	Responsible for Review					Content Analyzed				Review Methods	Changes Made Based on Review
	LT	ELT	CP	MEC	BM	OS	Comp.	FH	PSOAP		
Daily											
Safety Huddle	✓	✓	✓			✓			✓	• Daily huddle discussion • Flash report for previous day performance & census for current patient load • Trending from leadership rounding • Daily staffing grids & ACTION reports • VRS reporting system • Review report with appropriate stakeholders • Daily charges reviewed for accuracy • Patient comment review • Quality report • Pharmacy review	• Outliers for LOS & readmissions identified for potential intervention • Trending information from leadership rounding used to pro-actively address VOC concerns • Local in-house float pool • Operational changes based on variances to standard protocol • Employee injury report review • Daily charge verification by leaders • Nobl rounding tool • Clinical & operational protocols update
Census/Utilization	✓	✓		✓		✓	✓	✓	✓		
Rounding Trends	✓	✓				✓			✓		
Productivity	✓		✓			✓	✓	✓	✓		
SaFer Reporting	✓	✓		✓	✓	✓		✓	✓		
Charge Report	✓					✓		✓			
Patient Experience	✓	✓				✓	✓		✓		
VMB/VMLs	✓	✓			✓	✓			✓		
Antibiotic Stewardship	✓		✓	✓		✓					
Weekly											
Productivity	✓	✓				✓	✓	✓	✓	• Staffing compared to flex budget • Patient satisfaction scores, comments, & action plans reviewed • Department meetings • Rounding departments	• Resource allocation & staffing modifications • Patient satisfaction follow-up from comments & proactive changes related to VOC • PI project initiated, consult stakeholders • Escalate for position approval & begin recruiting • Contact facilities management or security to design solution
HCAHPS/PG	✓	✓	✓	✓		✓	✓		✓		
Key Clinical Metrics	✓	✓	✓	✓		✓					
Staffing Vacancies	✓	✓	✓	✓		✓		✓	✓		
ELT VM Huddle	✓	✓				✓	✓	✓	✓		
Catch Ball	✓	✓				✓			✓		
EOC/Emergency Rounding	✓					✓					
Monthly											
Quality Indicators	✓	✓	✓	✓	✓	✓	✓		✓	• Quality performance verses benchmarks • Performance verses benchmarks • Compliance with LT rounding on patients • HR review • BU-based review of roll up performance • Peer review & trending • Review inventory and formulary • Recognize at MEC, LT & A Team meetings	• Quality indicators reviewed for potential PI projects & process modification • EP education & intervention as necessary • Rounding compliance assessed by A Team • Department modifications to increase WF engagement • BU operational changes to meet budgeted targets • Clinical practice minimum standards are established • Modify ordering practices • Award Safety Star
Infection Prevention	✓	✓	✓	✓	✓	✓					
Rounding Compliance	✓	✓				✓					
Turnover	✓	✓	✓		✓	✓		✓	✓		
Monthly Financial/ Operational Targets	✓	✓		✓	✓	✓	✓	✓	✓		
Clinical Performance by PTMs	✓	✓		✓	✓	✓	✓				
MUSIC & P&T	✓			✓		✓					
Reward & Recognition	✓	✓		✓	✓	✓					
Annually											
Strategic Plan	✓	✓		✓	✓	✓	✓	✓	✓	• Performance measures outlined by SP • Budget target vs. performance • Physician trust survey • GPTW score • Safety Culture grade • Nursing Excellence • Review formulary	•Review & refine SPP, initiatives, tactics & action plans • Added competitor & national benchmarks • Review & refine physician engagement methods • PI projects, EP education, & facilities modifications • Support-coach-Support & reward & recognize high-performers • Modify formulary based on best-practices & financial viability
BU Performance	✓	✓	✓	✓	✓	✓	✓	✓			
PTM Engagement	✓	✓		✓	✓	✓			✓		
ETM Engagement	✓	✓			✓	✓	✓		✓		
Culture of Safety	✓	✓	✓	✓	✓	✓	✓		✓		
TM Performance	✓	✓				✓			✓		
Formulary Review	✓		✓	✓		✓					
Continuously											
PI Projects	✓	✓	✓	✓		✓				• Review metrics outlined in PI project template • Assessment of environment to ensure safety • CHNA report, community news	• Modify PI plans as necessary • Changes in BU environment to meet all environmental & regulatory requirements • New service offerings & capacity changes in WF
Environment of Care/ Regulatory Requirements	✓	✓		✓		✓					
Industry/Demographic Requirements	✓	✓	✓	✓	✓		✓				
Key: CP - Contracted Partners, P- Physicians, BM- Board Members, OS- Organizational Success, Comp. P- Competitive Performance, FH- Financial Health, PSOAP- Progress on Strategic Objectives and Action Plans											

expected organizational or external changes, the ELT and LT continuously collect information from stakeholders, patients, and regulators **(FP.1-6, F1.1-3, F3.1-1)**, and track data that would lead to top decile performance as described in **4.1a(1)**. Organizational agility is integrated into key work processes **(F6.1-2)** through daily SW, such as huddles and VMBs, and

through extensive use of PDSA which enables departments and PI teams to respond quickly to changes. For example, in 2020 in response to regulatory guidelines to limit visitors due to COVID-19, WPH added family specific questions asked during rounding and video-conferencing capabilities in all patient rooms to ensure patients and families were kept informed daily, regardless of in-person visitation. Widespread updates related to organizational and external changes are communicated to TMs through the methods listed in F1.1-3, as appropriate.

4.1b Performance Analysis and Review At WPH, the ELT and LT review and analyze data and information through extensive, overlapping, and repetitive standard approaches that are intentionally deployed to enhance transparency in the review of organizational performance and capabilities, which are integrated into the SPP, PDSA and SPD. A sample of daily, monthly, and yearly performance review methods, as well as those that occur continuously, are listed in (F4.1-2). During and following the SPP, the ELT and BTs create SA3s based on the goals and expectations from WHS and BOT (F4.1-1). SA3s directly align with WPH's local SOs (F2.1-2), determine focus by utilizing available and appropriate data through the sliding scale methodology **[4.1a(2)]** and expose OFIs not meeting top decile performance, thus providing the direction to create PSA3s, A3 Lites, or FIT projects **(P.2c)**.

WPH's thoroughly deployed PSA3s, A3 Lites, and FIT projects **(P.2c)**, **[6.1b(4)]**, provide all TM's with the framework to objectively analyze WPH's performance, conduct reviews, determine root causes, and develop countermeasures to improve performance to ensure the validity of drawn conclusions. On each PSA3 and A3 Lite, the designated PI team provides background on the OFI, current state, creates a problem statement, identifies goals and performs a gap analysis to determine top contributing factors and target conditions focused on potential countermeasures. Once target conditions and potential countermeasures are understood and developed, a VML is used to problem solve at the front line and drive improvement in performance.

For example, through the ST "Performance Excellence," in alignment with WPH's SO and SA3 to "Achieve IBM Watson Top 100 Rating" as a validation of WPH's commitment to CC1 of patient safety and to achieve zero patient harm (F2.1-3). There are multiple performance measures within this SA3, including falls, CAUTIs, CLABSIs and other HAIs that are focus areas for the entire system. As identified during WPH's SPP, WPH has consistently met top decile performance expectations for HAIs, however, patient falls fell short of top decile performance. A PSA3 was created to determine root causes, ultimately identifying that many patients were falling when using the restroom due to variation in following a best practice standard known as "foot in the door" – where staff are expected to give patients their privacy but keep a foot in the bathroom door to assist the patient if needed. VMLs were developed and deployed to units not meeting top decile performance for patient falls. Since this initiative took effect, WPH has seen a great reduction in patient falls throughout the facility, thus delivering on our CC1 (7.1-15).

The ELT actively monitors and reviews performance to reinforce organizational success, competitive performance, and financial health monthly as described in **4.1a(1)**. By utilizing the methods outlined in (F4.1-2), the ELT tracks progress on achieving system delivered ST goals and organizational SOs and tactics. These approaches, along with weekly ELT "catch ball," determines if the right course of action is being taken and assists when there are barriers.

The accuracy, sensitivity, and rapidity of WPH performance analysis and review processes are systematically evaluated during the SPP to remain agile to respond to changing circumstances and act as inputs into our role model LMS. Changes are made to modify aspects of review such as metric collection, stakeholder involvement, methods of data sharing, and frequency of sharing. For example, in 2019, WPH changed its SH format to eliminate report out on unactionable or irrelevant data that distracted from current and emerging key safety concerns and encouraged off-line discussion after SH as necessary for follow-up.

4.1c Performance Improvement

4.1c(1) Projecting future performance occurs during the SPP each year (F2.1-1). WPH's approach begins with understanding all aspects of the business and OFIs including: **1)** current state, **2)** year-over-year (YOY) performance, **3)** market, regulatory and improvement assumptions and **4)** desired future state based on cascaded goals and comparative and competitive data that include top decile performers. Projections are developed by each respective BT, reviewed by TMs during the Plan phase of the SPP, and finalized by BT leaders and the ELT before deployment. Projections are deployed to all TMs through the BTs, strategy placemat (F2.1-2), VMLs, MTW/I Will goals, and through many of the communication methods listed in (F1.1-3).

For example, the decision to add a second cardiac catheterization/procedure lab was based on WPH's projected performance and an analysis showed that **1)** the current cardiac catheterization lab was at capacity, **2)** cardiac services has grown by of 44% since FY2018, and, **3)** market demand for cardiac services has increased, thus informing WPH's desired future state to **4)** expand current cardiac services to include electrophysiology (EP) procedures and meet the need for cardiac services within the community. Based upon these analyses, business plan and the opportunity cost of not expanding services, it was determined the additional lab was an IR to take, thus leading to a $5.5 million investment in WPH's facility to enhance the service offerings provided to our neighbors.

4.1c(2) WPH uses findings from performance reviews to inform the SPP, track progress on organizational goals, and develop prioritization for continuous improvement and opportunities for innovation per the newly developed IIRM (F2.1-2). The PM utilized during the SPP assists in prioritizing opportunities and potential PI projects. BTs plot their strategic tactics based on anticipated impact and whether the service, process, or change exists within healthcare. Once developed, innovative ideas and IRs are deployed to work groups and functional-level operations through VMLs, MTWs, and "I Wills", as appropriate.

WPH's PICK system [**2.1a(2)]** is a continuous process that captures improvement and innovation ideas from TMs. To deploy priorities for continuous improvement at the functional level, the PICK system is utilized in departments and units to promote innovation at the front line, thus reinforcing WPH's CC2. "Challenge" ideas from the PICK chart are gathered by the ELT and reviewed weekly during the executive VM huddle. Additionally, WPH often acts as the pilot BU for WHS in deploying new and innovative processes or products from SPC.

For example, in FY20, WPH partnered with Nobl to provide an NRC integrated method of rounding on patients, families, and other customers, acting as the pilot for WHS and providing feedback on this new rounding tool throughout its deployment. Through the partnership with Nobl, WPH has been able to further develop priorities for continuous improvement and SPC supported innovations, thus strengthening WPH's ability to listen to the VOC. As appropriate, SPCs become members of PSA3 teams to ensure organizational alignment in pursuit of reaching top decile performance.

4.2 Information and Knowledge Management

4.2a Data and Information

4.2a(1) WPH's methodologies to verify and ensure the quality of organizational data and information is summarized in **(F4.2-1)**. WPH approaches data and information with a "trust but verify" mentality, meaning that all TMs audit the data and information received to ensure quality and confirm its accuracy and validity. Manual processes to track, trend, and validate data at the local level include, but are not limited to, VMBs, VMLs, IDR audits, and Gemba walks. For example, WPH's pharmacy TMs proactively take inventory on a daily, weekly, monthly, and quarterly basis to verify the accuracy of their electronically recorded data through their inventory tracking tool to trust but verify the electronically collected data is valid.

WHS IT department develops, implements, and monitors methodologies to ensure optimal management of data and information. Established procedures and guidelines are systematically reviewed to protect information and verify WPH's data's integrity and currency. The IT team also tracks relevant measures such as unauthorized access and technology downtime to ensure the electronic data and information we use is recoverable, searchable, and traceable.

F4.2-1 Sample Data & Information Quality Management

Area	Management Approaches
Accuracy and Validity	Data capture, entry and reporting and clinical documentation templates with edit capability
	Database design includes drop-down menus, task lists, check boxes and standard formats
	Random data audits/reviews
	Third party guidelines and validations
	Performance analysis and review
	Going to the Gemba
	Standardization of codes for data comparison
Reliability and Integrity	Automation and error-detection/avoidance
	WF Education for data input
	Alerts-drug/drug and drug allergies
	Disaster recovery planning/downtime processes
	Generator backup/uninterrupted power supplies
	Virus intrusion software
	Mainframe database backup systems at multiple sites
	Pilot tests and system redundancies
	Downtime recovery plans and processes
	Workstation replacement <7 years
Currency/ Timeliness	Real-time data transfer and information sharing
	Visual management, standard work, and SH
	Scheduled and emergency software/hardware /operating system/ updates
	Annual assessment of network infrastructure
	Routine meetings with hardware/software vendors

4.2a(2) Transparency is critical to WPH's culture and performance. Accordingly, electronic, written, and in-person methods of ensuring availability of organizational data and information for stakeholders is shown in **(F4.2-2)**. WPH's approach to making needed data and information available in a user-friendly format and timely manner to TMs, SPC, patients, families, and other customers begins by ensuring ease of access and designing systems, including IT systems, in collaboration with key stakeholders.

Information availability systems are designed and continuously refined to ensure that every TM, patient, family member, stakeholder, or SPC has access to the information they need at the moment needed in order to provide each group with the knowledge and information that enables them in their journey with WPH. Stakeholder collaboration ensures that WPH capabilities and data users' expectations are aligned. After system design with stakeholder input is completed using SPD methodology, appropriate users are educated on the systems in order to ensure full understanding and address potential blind spots.

F4.2-2 Data and Information Availability

Users	Access and Availability	Type of Data/Information
Patients	• Direct mailings • Rounding • White boards • Email • Phone • Website	• Personal health information • Individualized care plan • Statements/payments • Medical record • Scheduling
Community	• Website • Community classes • Marketing	• Physicians and services • Wellness management • Addiction, chronic disease management • Exercise, diet and nutrition information • Medical self-help • Community partnerships
PTM	• Medical staff meetings • Medical staff committees • Operational committees • EMR	• Core measures • Financial measures • HCAHPS • Infection control • Recalls, alerts, reminders • Physician-focused events • Physician satisfaction surveys • Occurrence reporting • Policies and procedures
TMs	• Committees • Daily safety huddles • Communications boards • Email, newsletters, signage • Town halls • Tableau dashboards	• RCAs • Sentinel events • Progress toward goal • Performance dashboard • Satisfaction survey • HCAHPS • Culture of Safety survey • Patient safety story
VTM	• Face-to-face meetings • Email	• Policies/procedures • General information
SPC	• Meetings • Contracts and agreements • (See FP.1-7)	• Policies and procedures • Education

4.2b Organizational Knowledge

4.2b(1) WPH utilizes the processes shown in **(F4.2-3)** and the best practice sharing venues that include WHS, PTMs, and SPC **(F4.2-4)**, to both build and manage organizational knowledge within WPH and throughout WHS for all TM segments. These processes facilitate collaborations during which WPH gathers and shares information internally and externally, to leverage and increase TM talent and stakeholder expertise to deliver on the vision of providing world-class healthcare to our neighbors.

F4.2-3 Sample Knowledge Management Approaches

	Method of Transfer/ Collection
TMs	Standard Work Rounding Annual competency training Policy and Procedures New employee orientation PI process Visual management boards WF engagement survey VOC meetings PICK boards Medical Staff Retreat
ELT and LT	Standard Work Leader Standard Work Leadership meeting New leader orientation PI process Scorecards Environment of Care committee Leader's Council VM huddle/boards
Customers	Rounding Patient satisfaction survey Discharge folders Communication white boards Hourly nursing rounding PFAC MyChart
Community	CHNA Health fairs and education classes WPH classes Support groups
SPC	Clinical contracts reviewed annually Community Metro/EMS partners attend ED PIC meetings

The cornerstones of WPH's knowledge management approaches are SW and other LMS tools used by ELT, LT, and TMs to correlate and blend knowledge into standardized role-specific steps and actions to eliminate waste, promote consistency and efficiency, and provide a uniform method to measure performance. SW sets TM performance expectations and serves as documentation for best practices, training, and a baseline for improvement.

SW is a tool that belongs to leaders and is deployed during staggered, cohort-style LMS training for LT members (F7.3-28). Resources for leader SW are made readily available and accessible to all leaders through Microsoft Teams, WPH's collaborative network drive. The creation of SW, along with key knowledge management approaches, is important to successfully build, manage, collect, and transfer knowledge for TMs, customers, and key SPC.

WPH blends and correlates data from several sources, including those outlined in (F4.2-2), (F4.2-3) and (F4.2-4) to build new knowledge and utilize as inputs into PI initiatives, SPD new service design, or into the IIIRM. Ultimately, new knowledge built, collected, and managed from WPH's knowledge management processes is assembled and transferred during the SPP and development of innovative tactics. Examples of knowledge management approaches that have been refined through a cycle of learning within recent SPPs include: **1)** VOC huddle implemented by the ELT and LT in FY20, **2)** Nobl rounding integrated by WHS, WPH ELT, and LT in FY20, **3)** Segmenting GPTW TM engagement survey by ETMs and PTMs in FY19, as suggested by WPH ELT members, and **4)** creation of IIRM in FY20 (F2.1-2).

F4.2-4 Best Practice Sharing Venues

Venue	Participants	Examples
Systems Councils	LT at every BU, PTM, SPC	Respiratory Therapy & Lab, Value Analysis, Service Line
WHS Quality & Patient Safety	WHS EVPs, members of ELT, Guest speakers, SPC	CAUTI/CLABSI, Mortality, LOS, New Patient Safety Initiatives, Standardized Order Sets
Order Sets	PTM, ETM, SPC	Sepsis bundle, Blood culture draws
Daily Huddles	TM, SPCs	Safety concerns such as: Falls & Pressure injuries, VOC, Bed Unit Huddle, VM, PICK chart
PIC	TM, Partners, SPCs	STEMI, Stroke, Trauma, Joint, Radiation Safety
MEC	PTM	Evidence based practices such as MTP, Bed placement guidelines, VTE prophylaxis protocol

4.2b(2) High performing units, departments, or processes are identified as those meeting nationally benchmarked top decile performance for three or more trending data points, or those consistently progressing towards top decile performance. Once these high performing units, departments, or processes are identified, WPH utilizes the knowledge transfer management approaches **[4.1b(1)]** and transparent communication methods (F1.1-3) to seek and share best practices within WPH, WHS, and from other BUs within WHS.

Following identification of these best practices and "better than best practice" innovations that are a product of WPH's innovation generation and management methods **[2.1a(2)]**, **(6.1d)**, such as role model deployment of our LMS, several venues (F4.2-4) offer the opportunity for the owners of best practices throughout WHS to share their findings to other TMs. Best practices are deployed and integrated into daily operations via LMS, SPD, and PDSA.

4.2b(3) WPH's LMS is centered around creating problem solvers at the front line through continuous learning, as deployed through the cascading A3 strategy (F4.1-1), in alignment with WPH SPP (F2.1-1) and WHS STs as outlined in (F2.1-3). As such, learning is embedded through WPH's work processes and by problem solving via lean tools on a daily basis, thus eliminating waste and providing exceptional value to patients and families. Our LMS tools are ingrained and fully deployed processes woven into WPH's NCN culture and LS (F1.1-1), that use and embed knowledge in every aspect of operations. Furthermore, the learning generated in daily huddles translates to countermeasure development and PICK chart ideas that are shared with the ELT through a cascaded, grass-roots process and promote shared learning throughout WHS.

As a learning organization, WPH continuously explores more opportunities to leverage the knowledge of TMs, WHS resources, information systems, facilities, and customers. This is especially evident as WPH simultaneously pursues Baldrige and Magnet Recognition that facilitate opportunities for organizational learning from external stakeholders.

Category 5: Workforce

5.1 Workforce Environment

5.1a Workforce Capability and Capacity

5.1a(1) WPH manages its precise WF capacity and capability needs on a systematic basis through tactic development in our SPP **[2.1a(1)],** budgeting process **[2.2a(3)],** and regular performance reviews **[5.2a(1)].** As outlined in **2.1a(1)** and during the Scan phase of the SPP and described more extensively in **2.2a(4)**, the "Caregivers and Workforce" BT perform a comprehensive gap analysis of the current and future WF capability and organizational capacity needs to be successful according to projections **[4.1c(1)]**. Each tactic created by the BT that requires a WF capability and capacity analysis is aligned and integrated with our SOs, tactics, and associated APs within that ST to ensure we are able to execute and deliver safe patient care for every person, every time (F2.1-3)**.** Once BTs have identified the WF resources needed to execute an AP, those resources

are requested and reviewed by the appropriate leader and the ELT using tools such as KRONOS and IBM ActionOI (AOS) – whose productivity reports provide comparable capacity staffing benchmarks based on acute care facilities similar in scope and size - to assess the financial resources available to expand or change our WF capability. The ELT and LT use IBM productivity benchmark reports to evaluate if current staffing levels are sufficient to accomplish our work processes and deliver world-class care to our patients. We aim to be in between the 25th and 40th percentile for staffing productivity to both deliver on our CC1 and balance our fiscal responsibilities.

On a continual basis, WF capability and capacity needs are assessed through daily SH, and daily bed and departmental huddles. Nursing units use staffing grids and all other areas use productive man-hour per stat and ongoing staffing assessments performed by the managers of each area and our bed control department. WPH's daily SH and bed huddles provide a standardized, regular forum for TMs to discuss and problem solve around variables that affect our capacity needs, such as census, acuity, and skills needed to safely take care of our patients. During our twice daily bed huddle census, staffing by position and any current or potential staffing gaps are reviewed. This discussion also includes the needed skills, competencies, and staffing ratios required by the level of care our patients need. At least annually, our TM skills, competencies, and required certifications are verified and reaffirmed to ensure the care we are providing to our patients is up-to-date as outlined by evidence based best practices, thus continuously cultivating the WF competency needed to perform the skills that deliver world-class care to our patients. In addition, overall performance of each TM is evaluated on a bi-annual basis in alignment with our values, "MTWs", and the skills and competences needed to perform their job.

5.1a(2) In 2007, WHS was in the 15th percentile for WF engagement. Simply put, this was unacceptable and particularly debilitating given WF shortages (SC2). To improve TM engagement and job satisfaction through our ability to recruit, hire, and onboard new TMs, WHS began a multi-year transformation to become an employer of choice. WHS's goal was to recruit the best TMs from across the country and our system leadership knew that because our TMs inevitably share their employment experience with other potential TMs, engaging the current WF would be crucial in a competitive market – underscoring the importance of reputation in our approach to recruit new TMs **(F5.1-1)**. Building an environment where all TMs are connected to their workplace and committed to their profession was no simple task as it meant a true cultural shift in how we, as an organization, interact with our WF. Continuous and pointed system-wide and local efforts over the last decade have continuously improved WPH's TM engagement. Since 2017, WPH ETM engagement, measured as GPTW's "Trust Score," has increased by 8% and PTM engagement by 5%, an indication that we develop leaders and careers focused on total wellness of our WF **(F7.3-17)**. The efforts taken across the system have enabled WHS and WPH to develop an effective and supportive WF environment that ensures we are an employer of choice.

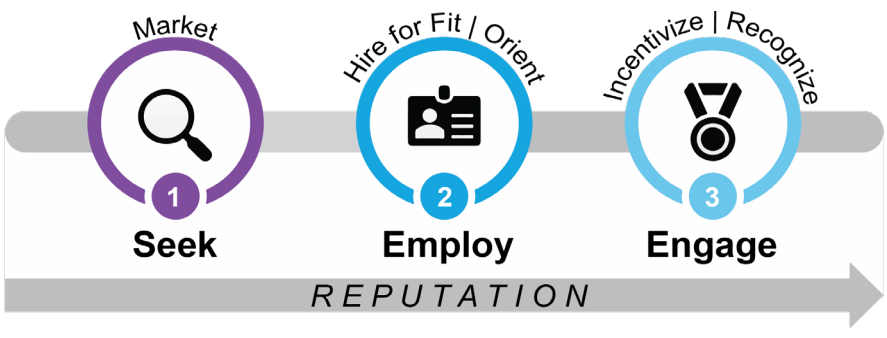
At WPH, how we Seek, Employ and Engage (SEE) new TMs begins with our MVV and CCs as we work to continuously cultivate a team of engaged TMs (CC2) that share our organizational vision to deliver world-class healthcare to every person, every time. After identifying our WF capability and capacity needs as described in **2.2a(4), [5.1a(1)]**, our approach for recruiting, hiring, onboarding, and retaining new TMs moves potential new TMs from seeking, to employed, to engaged with WPH **(F5.1-1).** We have designed and manage a 3-stage process for recruitment to ameliorate the industry-wide shortage of healthcare talent (SC2).

Stage 1: Seek - In coordination with WHS, WPH recruits TMs through marketing channels for each TM segment:

- **"Traditional" recruitment efforts [ETM, PTM, VTM]:** In collaboration with WHS, traditional recruitment media to effectively spark interest in potential TMs, including direct marketing via social media, billboards, radio and TV, recruitment events and career fairs, and professional associations.
- **Comprehensive benefits [ETM, Employed PTM, VTM]:** Our benefits **(F5.1-4)** are communicated through our recruitment efforts and provide a tangible baseline for competitiveness in our market.
- **Recruitment Pipeline [ETM, PTM, VTM]:** Intern and extern programs for students in local high schools, colleges, and universities to set WPH up as a first choice in shadowing and employment opportunities, thus creating a recruitment pipeline of local talent that reflects the diversity of our PSA. WPH uses shadowing to proactively recruit students pursuing a healthcare profession for harder to fill positions in an effort to address our SC2.
- **Reputation [ETM, PTM, VTM]:** Our reputation as marketed by our TMs through word of mouth organically brings attention to WPH as an employer of choice.

Stage 2: Employ- Our Employ stage encompasses two phases: *Hiring for Fit* and *Orienting*. Ensuring cultural fit with WPH is a crucial part of how we ensure candidates are aligned with our MVV and NCN culture, which reduces turnover, increases TM engagement (CC2), and positively drives performance, ultimately enabling us to enhance the lives of the neighbors we serve.

F5.1-1 Seek, Employ and Engage Approach



By *Hiring for Fit*, we ensure new TMs represent the diverse ideas, cultures, and thinking of our organization and greater service area community through the following processes:

Initial Screening and Verification [ETM, PTM, VTM]: The first step in our process to ensure potential TMs align with our MVV begins with a formal application process. Following an application submission, WHS Human Resource (HR) team

verifies education, experience, references, licensure, and certification, and performs standard background checks to confirm capability requirements. All PTMs undergo an extensive screening process following the WHS credentialing/privileging process to assess qualifications, and competency based on demonstrated capability. VTM candidates fill out an application through WPH's Volunteer Services, delineate their area(s) of interest, and submit a background check.

- **Traits Assessment [ETM]:** As preserving our MVV and NCN culture is central to our hiring process, all potential ETMs take a Caliper Traits assessment (for leadership positions) and the Gallup Insight assessment (for front line positions) for the hiring manager and peers to gain an understanding of a candidate's personality, alignment with the skills necessary to be successful in the position, and work style.
- **Interview [ETM, PTM, VTM]:** Once candidates are screened, verified, and selected based upon cultural alignment, skill level, and trait assessment results, they are invited to our campus. To further determine cultural alignment with NCN, 100% of the time WPH conducts peer-based interviewing that allows the candidate and current TMs to mutually assess cultural fit. If the candidate is culturally aligned and meets all formal requirements, they are readily welcomed to our team of NCNs.
- **Shadowing [ETM, VTM]**: If appropriate for the specific role, potential candidates are offered the opportunity to shadow before an official job offer is made to further ensure a mutual cultural fit and for the candidate to understand daily job tasks they may be asked to perform. For example, in FY18, WPH's EVS team turnover rate had increased to 46.18%. By using our role model LMS to determine root cause, the EVS Leader identified that although the TMs joining WPH were the right fit culturally, they did not have a realistic expectation of what the position required day in and day out. Once the shadowing program was implemented for all new EVS TMs, turnover dropped to 18.64%.

TMs are welcomed through our *Orient* phase. WHS New Employee Orientation (NEO) is conducted on a TM's first formal day of work and is designed to engage and excite new TMs about their future with WHS. Every new TM attends a local orientation session on day two at WPH to introduce them to our NCN culture. Specialty, department, and job-specific orientations follow NEO, during which TMs are introduced to their team, daily work environment, and are assigned a mentor, preceptor, or trainer (oftentimes a lead within that department), as appropriate. All TMs receive education on technology specific to their role, such as Epic. Mentors, preceptors, or department leads facilitate evaluations and encourage growth throughout a new TM's 30-60-90-day orientation period and beyond **[5.2c(3)]**, which is structured to monitor progress on clinical, core, and role-specific competencies. Our extensive commitment to TM learning and development is also carefully designed to increase retention with extensive onboarding and reinforcement through GAMES, our LMS, and others to address our SC2 as further described in **5.2c**.

Stage 3: Engage: Retaining the top talent we've employed begins with understanding the needs and goals of our new hires. We invest in new TMs with career development and progression opportunities to maximize their performance and pursue our vision to deliver world-class care. We overtly recognize and reward all TMs who perform their jobs in an exceptional manner. In addition to unit, department, and facility recognition efforts, WHS programs such as Thank You Cards, Shining Star, Leadership Attribute Recognition, Winners of Wellstar, Service Awards Banquet, Nursing Excellence Awards, and Healthcare Week all create opportunities to honor exemplary performance **(F5.1-2)**. As a reflection of CC2 holding true at all times, during the COVID-19 pandemic, WPH provided an in-house marketplace that allowed TMs to order groceries and other household items to be delivered onsite, helping to reduce stress, save time, and provide support to TMs in balancing the exceptionally challenging personal and work demands of this unprecedented time.

F5.1-2 Recognition Approaches

Description	Method	Audience		
Approaches	**Frequency**	**ETM**	**PTM**	**VTM**
Nursing excellence awards	A	✓		
Facility town halls	Q	✓	✓	✓
DAISY Award	C	✓		
Rose Award	C	✓		
Department huddles	C	✓	✓	✓
TM appreciation celebration	A	✓	✓	✓
Winners of Wellstar (WOW)	A	✓	✓	
Service awards banquet	A	✓	✓	
Hospital/Healthcare week celebration	A	✓	✓	✓
Doctor's day	A		✓	
Physician of the year	A		✓	
Safety huddle	C	✓	✓	✓
Safety stars	C	✓	✓	
Volunteer luncheon	Q			✓
Shining Star	A	✓	✓	
Rounding	M	✓	✓	✓
Thank you cards	C	✓	✓	✓
CAP excellence awards	A	✓		
Good catch	C	✓	✓	✓
Volunteer of the Year	A			✓

Key: A - Annual, Q - Quarterly, M - Monthly, C - Continuously

5.1a(3) WPH's approach for managing and preparing our TMs for changing capability and capacity needs is inherent within our SPP **(F2.1-1)**. As described, the SPP is informed by key inputs that project the capability and capacity needs for WPH **[2.1a(4)]** which are then deployed through our LMS, PDSA, or SPD. As the ELT, LT, and other appropriate BT TMs proactively develop tactics to address changes to our TMs' capability or capacity, we naturally balance the needs of the WF and organization to ensure continuity of operations, prevent WF reductions, prepare for and manage WF growth and changes in organizational structure or work systems (when appropriate).

Due to proactive planning, WHS and WPH have not executed on a reduction in our WF; in fact the total number of ETMs has grown by nearly 30% over the last 3 years. However, if a reduction in WF was necessary for organizational success, WPH would leverage the benefit of being part of a large sys-

tem and use WHS's "Employee Mandatory Transfer Policy and Displacement Procedure" (AOS). In support of our values, this policy and procedure outlines that any ETM that has been displaced from a BU or whose job category has been eliminated has the opportunity for a mandatory transfer to the same or alternative position at another BU within the system– in which they are given preference over other internal TMs who have not been displaced or external candidates.

As mentioned, to prepare and manage all TMs for periods of WF growth, the ELT and LT's transparent communication and WPH's role model LMS, PDSA, and SPD are used as appropriate to ensure we have the capability and capacity needed to enhance the lives of our neighbors. For example, during the summer of 2019, WPH's IP and ES census did not decline as was typical for this season YOY, and instead trended higher than anticipated. Through daily conversations in SH, the ELT identified a pressing need as concerns around having the appropriate nurse staffing to safely care for our patients was brought up more frequently. To determine the root causes within each unit and implement solutions, an A3 Lite was used, resulting in the deployment of a daily bed huddle scheduled directly after SH. Bed huddle is a dedicated, collaborative venue in which real time staffing gaps are determined and TMs engage in problem solving to best utilize resources available and safely take care of our patients (CC1). The daily bed huddle further encourages transparent communication, the need to remain agile, continuous learning, and IR taking.

5.1a(4) WPH's approach to accomplishing the critical work of enhancing the health and well-being of every person we serve at top decile levels is designed and managed to be accomplished through our role model leadership, integrated through 8, overarching and extensively interconnected key leadership processes and themes depicted in our LS **(F1.1-1)**: **1)** Mission, **2)** Vision, **3)** Values, **4)** NCN, **5)** CC1 and CC2, **6)** SPP inclusive of leveraging our SAs and addressing SCs, **7)** transparency, and, **8)** SEE **(F5.1-1)**. While WPH is organized along traditional IP, OP, and ES service offerings, it is our systematic and fully deployed approach in which our LS is woven into everything we do that differentiates us in terms of how we accomplish our work, leverage our CCs, and achieve and exceed customer and business expectations as achieved and sought after top decile levels.

All TMs are organized within a department/unit led by a member of the LT using our LS **(F1.1-1)**. In alignment with each department/unit's goals, all ETMs have individualized "MTW" and "I Will" statements that are integrated with and cascaded from WHS STs and WPH SOs. After the WPH SP is finalized and communicated to key stakeholders, "MTW" goals are established in May of each FY by each LT member in collaboration with their TMs, creating a "golden thread" of integration that connects the individual TM to WPH and WHS. After "MTW" goals are developed, each ETM creates an individualized "I Will" statement in June that expresses how that individual TM will contribute to the "MTW", aligning with the overall goals and strategic direction of the organization and allowing WPH to exceed performance. This integrated goal setting process aligns the work TMs perform every day to accomplish WPH's work, capitalizes on our CCs, reinforces a patient and other customer business focus, and enables our team to exceed performance expectations.

In addition, all TMs are empowered to accomplish their work effectively through utilization of SW based on best practices and problem solving through tools within our LMS, including VMLs and huddle engagement, which is reinforced through recognition **(F5.1-2)**. Recognizing exceptional TM performance is essential to capitalize on our CCs and encourage all TMs to continuously strive for and exceed performance expectations. For example, a key work process used to organize and manage the WF is our PTM led Interdisciplinary Rounds (IDRs), which occur daily throughout a patients' stay to enhance care coordination, communication across multiple disciplines, and provide our patients with the opportunity to be active participants in their care. By implementing and learning from our PTM led IDRs, WPH has further reinforced our CCs and our patient focus by engaging patients in their care daily. Proper organization and management of the WF is verified through tools such as NRC, employee evaluations, clinical outcome metrics, efficiency, and productivity metrics.

5.1b Workforce Climate

5.1b(1) WPH ensures workplace health, security, and accessibility for our TMs by utilizing SW to improve and maintain a strong workplace environment including:

- **Employee Health:** Each TM is required to have an annual employee health screening.
- **Emergency Preparedness Drills (planned and unannounced):** To ensure all TMs are prepared to respond to a variety of emergencies, our safety coordinator holds drills annually **(F7.1-41)** to test the system and the WF's knowledge of how and when to respond.
- **Annual Training:** To ensure all TMs have the knowledge they need to perform their job, WPH conducts ongoing education through GAMES and processes in **5.2c2**, **(F7.3-28)**.
- **Security Rounds and Incident tracking:** WPH's security team conducts security rounds, tracks incidents and security related metrics such as patient restraint usage (ASA) **(F7.1-41, F7.3-11)**.
- **Matrix Access Control System**: Badge access is used in all areas of the building.
- **Daily SH**: To create a transparent environment to discuss safety concerns from the last 24 hours, safety concerns for the next 24 hours, good catches, key quality metrics, and any necessary follow up.
- **EOC Committee rounding:** To ensure compliance with TJC requirements concerning safety and security and conduct hazard vulnerability assessments.
- **Ergonomic evaluations**: Any TM can receive an ergonomic evaluation of their work area to identify potential risks such as repetitive tasks and create solutions to mitigate those risks.
- **Reasonable accommodations:** If a TM is unable to perform their typical job duties due to an injury or other need, the ELT and LT make light duty accommodations Performance measures regarding workplace health, security, and accessibility are tracked and trended over time to improve and maintain a strong workplace environment **(F5.1-3)**.

Through a cycle of learning in 2019, WPH's Security Team and key members of our LT created a "Threat Assessment" (TA) that includes guidelines and procedures for all TMs to proactively and systematically assess potentially violent patient concerns that have the potential to impact workplace health and security.

F5.1-3 Sample Workplace Health/Safety and Security				
TM Environment	Methods	Performance Measures	Goal	Results
Health/Safety	Mandatory Vaccines	% Compliance	100%	AOS
	OSHA Recordable	Number of Events	0	F7.4-7
	Mandatory Safety Training	% Compliance	100%	F7.3-28
	Environment of Care Committee	Number of initiatives implemented	100%	AOS
	PPE Training	% Compliance	100%	AOS
Security	Security Rounds	Rounding Reports	-	-
	Emergency Preparedness Drills	% Compliance	100%	F7.1-41
	Camera Auditing	Audit Reports	-	AOS
	Weather Alert Drill	% Compliance	100%	F7.1-41
	Hazmat Drill	% Compliance	100%	F7.1-41
	Incident Reports	# of Reports	-	F7.1-41
	Security Service Calls	Number of Calls	-	AOS

5.1b(2) WHS and WPH support our TMs through multiple services, benefits, and policies through our role model Wellbeing 365 program designed to offer choice and to promote healthy living, financial security, and shared responsibility—all while delivering high-quality benefits that protect our TMs' well-being. To ensure that our benefits are competitive, WHS conducts a regular market survey that analyzes other similar organizations' compensation packages in order to promote a cycle of learning and continued improvement.

In support of, and reinforcing CC2, Wellbeing 365 consists of four distinct components: Health, Finances, Career, and Work-Life. Each component contains tailored and individualized offerings to meet the unique needs of all TM segments **(F5.1-4)**. For example, unique benefits that WHS and WPH provide to all TM segments include concierge services through our partner, Best Upon Request (BUR), and WHS provided back-up care. BUR provides a variety of services to our TMs to further encourage work-life balance by running errands such as dry cleaning, grocery shopping, oil changes, and even planning events such as birthday parties. BUR data has shown that each service requested saves TMs an average of two hours of their day to further provide a work-life balance, and in 2019, concierge services collectively saved WPH TMs a total of 2,054 hours with 1,821 services performed **(F7.3-16)**. All TMs receive this benefit at no charge to them, reducing stress by helping ETMs, PTMs, and VTMs balance the demands of work and their personal lives. Additionally, back-up care **(F7.3-15)** is a very unique role model benefit provided by WHS in which TMs can get up to 80 hours a year of back-up care for their children or adult parents, only paying $2-$4 an hour per care. This special benefit further enables our TMs, provides security, and is a strong reinforcement of our commitment to our CC2.

5.2 Workforce Engagement

5.2a Assessment of Workforce Engagement

5.2a(1) To determine key drivers, WHS and WPH administer a TM engagement survey annually through GPTW, which is built upon a "For All" Methodology described in **5.2a(2)**. Within this "For All" methodology, key drivers – which we refer to as dimensions – for each of our TM segments are shown in **(FP.1-4)**. Our formal method using the annual GPTW survey offers key insights into our performance in TM engagement and allows us to prioritize OFIs in alignment with our "Caregivers and Workforce" ST. In addition to our formal method, as part of our Leader SW, every member of the LT and ELT rounds on their TMs on a daily basis to ask a standard set of questions based on WPH's SOs and WHS's STs to engage our TMs and drive integrated performance across the organization. Through a cycle of learning, WPH is expanding our Nobl patient rounding tool to round on our TMs, as it provides us with the technology needed to track and trend data. The tool also identifies TMs that require follow-up, enabling our team to remain agile and monitor levels of engagement daily.

After results are received, each WPH leader uses a data analytics tool that provides them with the ability to look at engagement differences by shift, status, and between TM segments **(FP.1-3)**. Through a cycle of improvement in 2019, the ELT and Manager of Volunteer services realized there was a gap in formally determining VTM drivers of engagement. In response,

F5.1-4 TM Wellbeing 365: Benefits and Services					
Categories	Description	Type	ETM	PTM	VTM
Health	BeWell: health fair, screening, flu shots, TB, fit testing, safety fairs & on-site fitness centers	B	✓	✓	✓
	EatWell: Healthy meal discount	B	✓	✓	✓
	Medical, Dental, Vision Plans, Flex Spending	B	✓	✓	
Finance	Critical illness coverage	B	✓	✓	
	Free meals in WPH café	B	✓	✓	✓
	Displacement policy	B	✓		
	Pension plans	B	✓	✓	
	Yearly bonuses for meeting performance targets	B	✓	✓	
	Retirement benefit, short-term & long-term disability benefits, Basic & Supplemental Life	B	✓	✓	
Career	Leadership development	S	✓	✓	
	Career development programs	S	✓		
	Education & training	S	✓	✓	✓
Work-Life	Adoption Assistance	S	✓	✓	
	Back-up Care	S	✓	✓	
	Concierge service	S	✓	✓	✓
	Employee Assistance Program	S	✓	✓	
	Extended family medical leave	B	✓	✓	
	Flexible scheduling	B	✓	✓	✓
	Maternity and Paternity benefits	B	✓	✓	
	Perks at Work	B	✓	✓	
	Time off programs (PTO/Leaves)	B	✓	✓	
	Tuition reimbursement programs	B	✓	✓	
Key: S - Service, B - Benefit					

members of our LT collaborated with HR, our Volunteer Services manager, and Volunteer Board members to create and deploy WPH's first formal VTM engagement survey based upon the GPTW "For All" methodology. The results of the survey have informed us of what drives our VTMs, as well as areas we can improve in, such as opportunities for recognition, thus allowing us to celebrate successes and enact meaningful change based on survey feedback.

5.2a(2) Our formal approach to assess TM engagement for ETMs and PTMs is through the GPTW survey, in which WPH has chosen to assess TM engagement at a level higher than top decile performance. The ELT and LT strive to be a within the Top 100 GPTW across all industries and the country – meaning WPH has set a performance goal to be within the top 8%, exceeding top decile across all industries for TM engagement - to further validate our role model behavior. For our VTMs, as described in **5.2a(1)**, key leaders at WPH created a VTM engagement survey based on the GPTW "For All" Methodology. The GPTW assessment is focused on measuring the behaviors that lead to a trusting workplace environment through their "For All" methodology that consists of five dimensions:

1. Trust – TMs' perceptions that their leaders are credible, show respect, and are fair, as well as drive experiences of pride and camaraderie.

2. Maximizing Human Potential – It's a great workplace for everyone, regardless of who you are or what you do in your company.

3. Leadership Effectiveness – An effective LT has an emotional connection with their company's culture and its people, and an ability to create a coherent and effective strategy at every level of the business.

4. Innovation By All –Taps into the intelligence, skills, and passion of everyone in the organization

5. Values – Not what's written on the walls or website, but what TMs experience in their day-to-day, particularly in how they see their leaders.

Within each dimension there are 10 to 15 individual questions to measure and determine level of TM engagement and trust (**F7.3-18** through **F7.3-22**). The higher the score for each dimension (key driver), the higher the overall GPTW score as determined by the questions: "Taking Everything into Account, I would Say This is a Great Place to Work" **(F7.3-17)**. All of the GPTW survey results are segmented to identify opportunities and root causes: by department, shift, leader, age, gender, and employment status (AOS) allowing the entire LT to strengthen our CC2.

Informal methods used to assess TM engagement include leader rounding, TM participation during VMB and VML reviews, participation in huddles, ideas submitted through the PICK charts, use and development of SW, and surveys distributed throughout the year such as the Culture of Safety survey. Other indicators such as WF turnover, vacancy rate, and education and orientation spend are reviewed monthly during at the ELT huddle to ensure performance continues to be hardwired.

5.2b Organizational Culture

WPH ELT and LT foster an organizational culture characterized by open communication, high performance, patient safety (CC1), and engaged TMs (CC2) through our key processes and role model leadership as demonstrated in our LS **(F1.1-1)**, centered around our MVV, CCs, LMS and NCN culture. For all of our TMs, this process begins as we recruit and hire individuals to join our team through our Hire for Fit process **[5.1a(2)]** that ensures the TMs who join our team are truly aligned with our role model NCN culture, our MVV, and will join us in strengthening our CCs.

After a TM joins our team, during the **Employ** stage of our SEE **(F5.1-1)**, **[5.1a(2)]**, the TM is formally reintroduced to our NCN culture by transparently communicating the core of WPH's efforts and setting the stage for our values and mission-driven TM expectations. These expectations are reinforced daily through intentional integration through our SPP, LMS, transparent discussions **(F1.1-3)** and "MTW"/"I Wills" that are used during evaluations **[5.1a(3)]**. For example, through our integrated LMS, an opportunity was identified based on the WHS and WPH SA3s to reduce CMI adjusted LOS. To fully deploy and integrate our efforts, a top contributor identified was the extended amount of time it was taking for a patient's insurance company to approve a patient's referral for post-acute services needed. To combat this, the case management team created a "MTW" focused on reducing the time it takes to receive approval. To date, this team has decreased Referral to Accept time by over 60%

Our LMS enables WPH to further foster our NCN culture and ensures our culture supports our vision and values, and also benefits from the diverse ideas, cultures, and thinking of our WF while empowering our TMs. For example, during our daily SH led by WPH's President, all TMs are encouraged and asked to share their diverse ideas and opinions by sharing NCN stories, "good catches," lessons learned, safety concerns over the past 24 hours, and upcoming safety issues.

5.2c Performance Management and Development

5.2c(1) To support high performance, TMs are formally evaluated bi-annually based on a weighted average of three areas:

1) Values in Action: WPH and WHS evaluate performance based on our Mission through our values and behaviors that exemplify our values in action, along with overall behavior. For example, "We Serve With Compassion" is one of our values. Each TM is evaluated based on all three of our Values in Action (AOS) with a performance rating weight that ranges from 40% to 33% of a TM's overall performance score.

2) Role Specific Competencies: Each TM is also evaluated based on competencies and skills specific to their role, which aligns to the trait assessment performed before a TM officially joins our team **[5.1a(2)]**. This component of WPH's performance rating weight ranges between 40% to 33% of a TM's overall performance score.

3) Performance Goals: The last section in each TM's evaluation is related to the performance goals specific to each department/unit. Performance goals are developed through our role model goal setting process of "MTW" and "I Will" statements **[5.1a(4)]**. This is a very important step in WPH's evaluation process, as it enhances performance and reinforces integration with the SP, IR taking, a patient and customer focus, a business focus, and achievement of our tactics and associated APs. This component's performance rating weight ranges between 40% to 33% of a TM's overall performance score.

To determine compensation and other financial incentives, weighted averages are applied as described above based on a 0 (Does Not Meet) to 5 (Exceeds) rating scale with each rating

range having an associated merit increase and performance bonuses (if applicable). Financial incentives via PPPs and awards such as Safety Stars reciprocate our TM's devotion to WPH and reward them on their exemplification of cultural values and our NCN spirit.

Informally, all TMs receive frequent performance feedback and coaching on an ongoing basis, as the goal of our LMS is to create problem solvers at the frontline. To further our use and integration of SW, WPH is deploying the Nobl rounding tool, used only for patient rounding at this time, to TM rounding in June 2020. The Nobl rounding app will provide the IT structure needed to capture our TMs' responses and sentiment around a standard set of questions (AOS) that align with our SOs and areas of opportunity in order to strengthen our CC2 as well as provide additional opportunities for recognition through celebrating "wins" and "good catches."

5.2c(2) WHS and WPH are committed to providing learning and career growth opportunities for all our TMs. As described throughout multiple sections of the application, developing and creating problem solvers at the frontline is at the center of our LMS **(P.2c)** which is deployed, aligned, and integrated through an intentional set of actions and behaviors such as deployment of VMB and PICK charts that support the daily personal development of our TMs **(F5.2-1)**. In addition, WPH focuses on developing the skills and competencies of our TMs though experience, exposure, and education, which may include instructor led-courses, job shadowing and one-on-one coaching- which can all be accomplished through on-the-job training at WPH or at the WHS Development Center dedicated to education and training efforts that support our TMs and enhance organizational performance, IR taking, and supports ethical healthcare and business practices **(F5.2-1)**.

During onboarding, Educators assess the TM's capabilities and create individualized education, training and development plans based on the TM's specific needs (AOS). Following WHS onboarding and NEO, each TM who joins the WPH team attends a local orientation to focus on specific developments, skill sets, and education needs for their particular department or unit. This protected time to set expectations provides the new TM with the basic information and tools needed to set them up for success within WPH and enable them to support our organizational performance, IR taking, and established ethical practices.

Annually, all TMs must demonstrate ongoing competencies based on their specific role and the associated knowledge needed to safely provide care or support the care that all TMs provide to our patients and families. This is accomplished through ongoing competency assessments, quality reviews, skills checkoffs, real-time coaching, and other job-specific competency programs such as Goal for Achieving Mandatory Education and Safety (GAMES). GAMES is an annual CBL required by WHS that provides a refresher on key organizational information, knowledge verification to ensure compliance, and also communicates regulatory updates and changes from agencies such as TJC or CMS. GAMES is organized to address key concepts relevant for each of the WHS STs such as: ethical guidelines, compliance updates, "red rules," proper donning and doffing of PPE to keep TMs and patients safe, and patient privacy **(F7.3-28)**.

Our competency assessments, performance evaluations, and real-time coaching opportunities provide the structure used by the ELT and LT to identify and recognize personal development opportunities for our TMs. Such efforts are documented in the TM's development plan that is reviewed during the bi-annual evaluation process. TMs are also kept informed of educational offerings and resources available through transparent communication **(F1.1-3)** and the On-Course Catalog (AOS).

5.2c(3) To evaluate learning and development effectiveness, the ELT and LT evaluate our TMs' progression on personalized development goals, **[5.2c(2)]** competencies, and positive movement in annual performance evaluation ratings as demonstrated in **F7.3-7**. These results are then correlated with key organizational goals identified during the SPP that align with our SOs **(F2.1-3)** to ensure the tactics and APs deployed are effective and efficient to enhance our learning and development system and reinforce our NCN culture. The evaluation of the learning and development system is an informal everyday process for all of our TMs, as exemplified through real-time and supportive coaching, and is also inherent in our LMS and use of SW. For example, part of the ELT and LT's SW is to directly observe the performance of our TMs and evaluate performance based on SW. In addition, the WHS Learning and Development Center considers inputs from all TMs by encouraging participants to offer ideas on new learning opportunities that could develop their career and further support WHS and WPH's organizational goals and MVV.

F5.2-1 Sample Learning and Development Tools

Focus Area	Approaches	Freq.	Audience		
			ETM	PTM	VTM
Patient and Other Customer	Community outreach	C	✓	✓	✓
	NRC	C	✓	✓	
	PFAC	M	✓		✓
	Classes	C	✓	✓	✓
	Patient care orientation	BW	✓	✓	
Performance Improvement and Innovation	EOC rounding	C	✓	✓	✓
	Mock drills	C	✓	✓	✓
	Shared governance	M	✓		
	Safety huddle	C	✓	✓	✓
	VMB & VML	D			
Ethical Health and Business Practices	Compliance hot-line	C	✓	✓	✓
	Peer review	C	✓	✓	
	Grievance committee	C	✓	✓	
	GAMES	A	✓	✓	
Leadership Development	On-boarding process	A	✓	✓	✓
	Team building retreats	A	✓	✓	
	CME/CEU	M	✓	✓	
	Tuition reimbursement	C	✓	✓	
	Course offerings	C	✓	✓	

Key: A- Annual, Q- Quarterly, M- Monthly, C- Continuously, BW- Bi-Weekly,

5.2c(4) WPH manages the career development for our ETMs, PTMs, and future leaders based on individualized need and current role within the organization:

- **ETMs:** Clinical TMs' career development is managed though a Levels program which considers: skills needed to advance,

years of experience within their current role or applicable past roles, certifications, and demonstrated PI involvement. In addition, for all TMs, WHS's Career Connections has a variety of career management services (AOS) designed to assist TMs in personalized career development. Career development discussion also occurs during the biannual performance management process.

- **PTMs, ELT, and LT:** Leaders are selected to participate in Wellstar Leadership Academy, Physician Leadership Academy, Nurse Leader Mentoring (all provided through a partnership with Kennesaw State University), along with career counseling, a one-on-one coach, and other instructor led courses.

Additionally, WHS offers tuition reimbursement for FT and PT TMs who wish to further their education and meet their career goals. Succession planning of our LT and other key positions is accomplished though the processes described in **1.2a(2)**.

Category 6: Operations

6.1 Work Processes

6.1a Service and Process Design

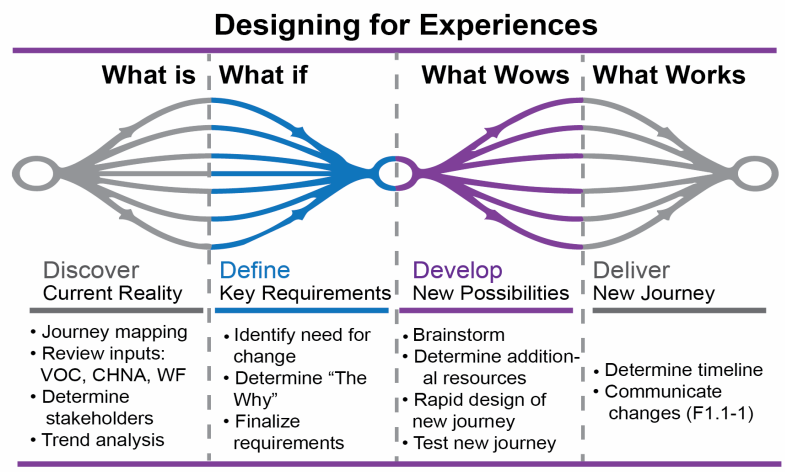
6.1a(1) To determine service and process requirements, WPH starts by understanding and determining the key health care services our neighbors need during the Scan phase of the SPP (F2.1-1). After the ELT and LT define the key healthcare service needs, expectations, and requirements of our neighbors (FP.1-7), we design key work process requirements to meet those of our neighbors through SPD, which is centered around designing an experience for our customers (F6.1-1). The first phase of the "tight-loose-tight" SPD is **Discover**, where we define our current reality by mapping a customer's journey, reviewing inputs, determining who our stakeholders are, and reviewing data trends that include deployed changes and the impact those changes have had on our outcomes. Next, we further **Define** key requirements specific to the service we are designing for, identify the need and "The Why" for the change, and finalize requirements by gaining insights from outliers and focusing on wins we have with our customers. After understanding our current baseline and defining opportunities, we **Develop** what will "wow" our customers by brainstorming new possibilities, designing a new customer journey, and observing customers who are experiencing our services as we test the new journey and exceed their expectations. After testing our new journey and modifying it as necessary, we **Deliver** to our customers and execute the new experience we created for them by establishing timelines and deploying changes to all TMs (F1.1-1), thus ensuring we meet and deliver upon the key requirements of our neighbors: every person, every time. For example, as the need for cardiac nuclear medicine (NM) services consistently grew YOY, so did the amount of time our neighbors waited to receive services, leading to dissatisfied customers as their LOS was unnecessarily extended and other OP studies were canceled to accommodate the IP cardiac need. WPH's imaging team employed our SPD to: **1)** review inputs from the VOC, **2)** review pertinent data defining each customer segment's key requirements, and **3)** reach out to learn from our engaged patients whose expectations we had exceeded. After all key information was analyzed, a new simplified customer journey was designed to add NM OP capacity to early morning hours on Saturday – allowing OPs to be seen in a timely fashion, avoid cancellations, and most importantly, meet an OP key requirement to be seen early in the morning, as an NPO (no food or drink by mouth) status is required for NM procedures. This small and thoughtful change in the way we delivered care to our OPs is enabling the imaging team to exceed their patient's expectations every time.

6.1a(2) WPH's key work processes, requirements and associated deployment methods are provided in (F6.1-2).

6.1a(3) We design our health care services and work processes to meet customer requirements via our PDSA **(P.2c)** or SPD **[6.1a(1)]** depending on the identified requirements. If, for example, a requirement from the customer is centered around workplace waste or a specific OFI, we use PDSA, a key tool in our fully deployed, rapid cycle, role model LMS. If the requirement is focused on our patients' and customers' overall experience with us and not a specific OFI, we would use our SPD to design an experience to meet the desired requirements. Annually as part of our SPP, each BT, evaluates which new or existing health care service offerings to provide and what changes or new work processes will be needed to deliver on our customers' requirements through our SPP, which considers multiple sources of inputs **[2.1a(3)]**, including the VOC **[3.1a(1)]**, **[3.1a(2)]**. Given the structure within our SPP, PDSA, and SPD processes, BTs inherently review opportunities for new technologies, past organizational knowledge using SW documents as a baseline, evidence-based medicine, service excellence pursuant to top decile targets, patient and customer value, and risk considerations before changing or implementing a new or existing process or service. On a daily basis, our entire WF uses key work processes and LMS tools to monitor if changes to our current services and processes are needed, allowing us to remain agile.

For example, for the past few years, WPH has not made significant improvements in our IP experience scores, thus prompting our President to identify an opportunity in creating a culture around patient experience and engagement. The ELT and LT had been successful in creating a patient safety culture (CC1) through constant daily discussions across the entire facility as supported through our SW and huddles. These same processes were not occurring for patient experience and engagement. Through this identified OFI, the ELT and LT enhanced our key work processes and implemented a daily VOC huddle **[3.1a(1)]** to ensure that patient engagement and service recovery

F6.1-1 Service and Process Design



F6.1-2 Work Processes, Requirements, and Key Measures

Key Work Process	Key Requirements	Deployment	Sample Key Measures	Results
Provide Inpatient Care	• Safe and effective • Coordinated • Had enough input/say in care • Ease discomfort • Confidence and trust in nurses	• Huddles: SH, Staffing, VOC, LOS • IDR • Goal Setting • VM • PICK chart • Training and education	• CAUTI • CLABSI • LOS • Input into care	• F7.1-4 • F7.1-5 • F7.1-22 • F7.2-6
Provide Outpatient Care	• Safe and effective • Timely • Trust staff with care • Staff listened carefully	• Huddles: SH, Staffing • Goal Setting • VM • PICK chart • Training and education	• Mortality Index • Trust staff w/ care • Nurse listened carefully	• F7.1-2 • F7.2-8 • F7.2-8
Provide Emergency Services	• Safe and effective • Timely • Confidence and trust in providers • Care providers listen • Ease discomfort	• Huddles: SH, Staffing, VOC • Goal Setting • VM • PICK chart • Training and education	• STEMI to EKG • Arrival to Provider • Staff eased discomfort	• F7.1-27 • F7.1-24 • F7.2-9

opportunities are discussed daily. Additionally, to integrate efforts and drive performance within our "Provide IP Care" key work process, all IP department/units adopted a patient experience goal aligned to the associated WPH SO and WHS ST to move our patients along the CCE to become Advocates. Upon execution of related tactics, APs, "MTW"s and "I Wills" by each department/unit, our IP engagement scores increased by 8.9%, thus promoting and supporting our commitment to our patients' experiences and engagement throughout their journey with us **(F3.1-2)**.

6.1b Process Management and Improvement

6.1b(1) To ensure that the day-to-day operation of work processes meets key service process requirements and targets, we first define our customer key requirements for each of our key health care service offerings during our SPP **(F2.1-1).** Once we better understand our customer demand, we use our LMS to align our daily work processes and ensure we are meeting the key work process requirements that support the delivery of world-class care to our neighbors through each of our key work systems: IP, OP and ES. For example, as the ELT and LT continue to gather NRC real time data to use in our SPP, this past year the BT identified a new IP requirement through NRC's correlation data analytics tool, enabling our team to identify what our patients value most during their stay based upon the correlation score received. Through this process, it was identified that our patients highly value input into their stay/care. As such, the team on the 6th floor piloted a related initiative, removing all prepopulated information on a patient's communication board and focusing on intentional discussion with the patient upon admission to determine what having input into their stay/care meant to them. This thoughtful, individualized discussion then translated to the information put on the patient's communication board. As described in **6.1a(2)**, we have SW for each of our key work processes and management tools **(F6.1-2)** to control or improve our work processes. If we are not meeting desired performance expectations, we use our PDSA **(FP.2-2)**, SPD **(F6.1-1)**, or other LMS tools to improve performance. Numerous SW examples will be AOS.

To deliver and execute on our CC1, we review quality outcomes and performance measures that impact the care we deliver to our patients daily. For example, during SH we review the number of days that have passed since our last HAI; a metric we use to assess how well our "Treatment" key work process is performing- as well as the number of HAIs we have had for the FY. As this is reviewed daily, it enables us to be agile and change work processes as needed to respond to changes in requirements or other internal or external factors. In addition, given the imperative of patient safety, outcome performance measures are repeatedly assessed at monthly Process Improvement Committee (PIC meetings), LT meetings, departmental meetings, during VM huddle, EOC rounding, and medical staff meetings to ensure that everyone knows what they need to and to facilitate continuous learning and improvement. External data from Truven Analytics, LG, and HC reports are used during our review processes **(F4.1-2)** to communicate benchmarks and WPH performance expectations. By continuously measuring our key work process performance, we create a culture of pursuing excellence for and by every person, every time.

6.1b(2) To deliver on our goal to treat every patient who uses our services as if they were our neighbor, we individually consider and explain each patients' expectations and preferences in specific ways before, during, and after their care **(F6.1-3)** to set realistic expectations given individual need. Many of these engagement methods also serve as learning opportunities for our TMs and as VOC inputs integrated into our SPP and PI approach to inform new opportunities. For example, every day with all admitted patients, Interdisciplinary Rounds (IDRs) are held to consider and explain each patients' specific expectations

F6.1-3 Key Methods for Considering Patient Expectations along Care Continuum (All Segments)

Continuum	Expectation	Method
Before	Information is easily accessible	Website, MyChart
	Price transparency	Care Pricer Estimate
	Care instructions	Pre-procedure evaluation & instructions; verbal & electronic, Admit folder
	Timely care	Same day appointments, walk-ins, easy access
	Coordinated care	Care Transition Center, MyChart & EPIC integration
During	Communication between care providers	LT Rounding, IDR, Safety huddle, Unit huddles
	Trust	LT Rounding, Communication boards, IDR, VOC review
	Be comfortable	Clean environment Pillows, blankets
	Consistent information	Communication board Admit/procedure folder
	Individual care plan	Treatment plan specific to diagnosis, MyChart
	Coordinated care	Follow up care needs are clear, easy to access, MyChart
After	Follow up	Timely results, Same day appointments, MyChart
	Communication	Post-Care Callback

and preferences. This process consists of a multidisciplinary team, each with their own specific areas of expertise, that round together and visit each patient's room to coordinate care, determine care priorities, develop daily goals, and plan for the patients care transition – all through daily collaboration, direct discussions with the patient and inclusion on the patient's communication board in their room.

6.1b(3) Our key support processes are crucial as they allow us to effectively conduct our key work processes. To determine our key support processes **(F6.1-4)**, we used the same approach outlined in **6.1b(1)** and consider our foundational key work processes **(F6.1-2)**. After determining our key work processes, the ELT, LT, and appropriate TMs use LMS, PDSA, and SPD tools to identify the support processes needed to meet the expectations of our WF that relies on them, customers, and our key organizational requirements. Additionally, we determine how we will deliver and measure performance of our support processes, with metrics outlined in **(F6.1-4)** that are also reviewed daily using LMS tools as described in **4.1b**.

6.1b(4) To improve our work and support processes, health care services and performance, enhance our CCs, and reduce variability, all TMs use tools within our LMS, such as A3s, VM, and SW through PDSA **(P.2c)** to reduce variability in our processes and through SPD **[6.1a(1)]** when the improvement initiative focuses on improving an experience for our customers. As discussed, tactics and associated APs created formally during our SPP **[2.1a(1)]** and informally throughout the year are depicted in PICK charts **[2.1a(2)]** for integration into daily work. SOs and tactic APs created through our SPP are aligned and integrated with our PI and service improvement efforts though our LMS, including SA3s and our performance review process described in **4.1b**. As a result, our efforts to problem solve and improve work and support processes to improve health care services and performance, enhance our CC1 **(F7.1-1)** and CC2 **(F7.3-17)** and reduce variability have become inherent- i.e., this is the way work is done at and by WPH. For example, in May 2018, the 4th floor team noticed LOS was increasing for patients diagnosed with heart failure. To determine the root cause of this issue, the certified nurse leader of that unit used an A3 Lite and determined that the method and type of communication the cardiologists received from nurse to nurse was variable. In an effort to reduce variability, the team developed a progress note in Epic that clearly communicated patient readiness for discharge based on four key measures. Since this note was implemented, heart failure patients on the 4th floor have seen a LOS reduction by over 32%.

6.1c Supply-Network Management WHS manages the supply-network process for all BUs through a centralized distribution model, where all shipments from suppliers and other vendors are delivered to a central location and distributed to each BU Just-in-Time (JIT). To do this, WHS has adopted a diverse contracting strategy with over 19,000 vendors based upon best-in-class pricing availability by product segment through collaboration with Vizient **(FP.1-8)**. This diverse contracting strategy in tandem with system-wide standardization of supplies and equipment through our supply-network enables WPH to enhance our performance, support our SOs, and meet key customer requirements while we continue to strive for top decile performance across all STs. To effectively manage the supply-network at a local level, key members from our LT and WF provide support and actively collaborate in the following three ways:

Selection of Suppliers: Suppliers are selected and vetted through our WHS Value Analysis Council (VAC), whereby cost, quality, ease of use, and outcomes are all considered to compare supplier options. Depending on scope and cost, an RFP is sent to potential suppliers to gather information necessary that the VAC uses to determine a supplier in alignment with our MVV. There are representatives from each BU on the VAC to ensure system-wide input and reduce variability in supplies used across the system. In addition to cost, quality, ease of use and outcomes reviewed for all suppliers, additional consideration is given for direct patient care supplies whereby external clinical study services, internal product trials, national benchmarking through Vizient, and TM input from product submission requests are reviewed to allow for the optimal selection of suppliers, pharmaceuticals, equipment, and purchased services from qualified vendors that are positioned to meet WHS's clinical and operational needs. Vetting vendors through this selection process enables a team of multidisciplinary individuals to discuss how a product will create value for our patients, enhance performance, and support our SOs.

Alignment and Agility: The VAC, SaFER reporting, performance reviews, and product trials/pilots ensure supply-network agility in responding to changes in patient, other customer, market, and organizational requirements. The VAC is a WHS centralized and funneled process to manage new product requests and changes that enables WPH and other BUs to collaborate internally and externally within our supply-network to ensure we are selecting vendors that are aligned, agile, and enhance our CCs. Feedback provided to the Council through committee members and our SaFER system provide opportunities

F6.1-4 WPH Support Processes, Requirements, and Key Measures

Key Support Process	Key Requirements	Support Departments	Sample Key Measures	Results
Manage People	TM planning including: • Recruitment, Retention • Performance Management • Career Training • Development	• Human Resources • Education and Development	• GPTW Overall Trust Score • ETM Turnover • ETM Vacancy • Education & Orientation Spend	• F7.3-17 • F7.3-1 • F7.3-5 • F7.3-27
Manage Environment	• Facility is clean • Facility is secure • Facility is safe to deliver care to our patients • Healthy nutritious food options are provided	• Environmental Services • Engineering • Security • Facilities • Food and Nutrition Services	• High Touch Cleaning Compliance • Work Order Completion • GPTW Safe Place to Work • Public Health Score	• F7.1-16 • F7.1-40 • F7.3-9 • AOS
Manage Operations	• Patient throughput • Productive staffing • Operating margin	• Environmental Services • Administration • Finance	• ED Arrival to Depart • Room Turnaround • Operating Margin	• F7.1-25 • F7.1-23 • F7.5-1
Manage Supplies, Equipment, and IT	• Access and value • Technology and software availability	• Materials Management/ Supply Chain • Information Technology • Biomed	• Supply & Equipment Cost Savings • Reopened IT Incidents	• F7.1-42 • F7.1-36

for learning and are escalated as appropriate to respond to supply concerns promptly. For example, last FY, an ETM submitted a SaFER concerning a brand of IV needles that did not retract properly, thus creating an increased risk for needle stick injury. After a swift and thorough analysis of the report, the IV needles were promptly switched as a FIT to eliminate potential safety risks for our TMs.

Performance: Performance expectations are integrated into contracts or agreements as well as communicated up-front if an RFP is required. Chosen suppliers are kept accountable through two-way communication at scheduled meetings as mutually agreed upon during the contracting period. Supplier performance is measured and evaluated at least annually and is aligned with each of our STs based on key measurements such as on-time delivery, cost savings **(F7.1-42)**, customer service, and total spend (AOS). This approach to measuring, evaluating, and providing feedback to suppliers establishes a transparent relationship to improve and innovate in collaboration with our suppliers to meet the needs of our customers. Suppliers that are not meeting requirements based on gaps in established expectations and TM input are subject to WHS supply-chain intervention to develop a corrective AP rooted in best practices to improve supplier performance. Those failing to do so are terminated.

6.1d Innovation Management As described in **2.1a(2)**, our approach for identifying strategic opportunities for innovation is driven by our SPP **(F2.1-1)** ,IIRM **(F2.1-2)**, and PM, plus everyday generation of ideas through PICK charts. We pursue strategic opportunities identified as IRs using PDSA **(FP.2-2)** and SPD **(F6.1-1)**. After performance metrics are determined through our PDSA or SPD process, progress on IRs are integrated into daily operations through our LMS which may include a FIT, A3 Lite, PSA3, or VML.

The ELT and LT plan for implementation by making the necessary resources available to pursue the innovation as described in **2.2a(3)** and **2.2a(4)**. Learning occurs through monitoring changes via VMBs, at daily huddles (SH, unit, and VOC) and during performance review meetings. If an innovation is not closing the identified gap based on the metrics established during planning and implementation, our TMs discontinue pursuit of the opportunity. Since all TMs review performance and track performance relative to countermeasures daily, all TMs are able to quickly identify when an innovation is not improving performance as intended or expected to do. For example, TMs on the 5th floor dedicated a VML to improving patient experience through an electronic communication process regarding discharge information. One of the innovative opportunities tracked on their VML countermeasure tool was utilizing MyChart (a patient's EMR they can access online) to better communicate with patients and families on what to expect upon discharge. This process would allow TMs to show patients and families the information available in their portal that could be used as a reference once they were home. This also gave TMs the opportunity to walk through the information in person with the patient and family before discharge. This countermeasure was trialled for two weeks and as the team tracked this opportunity's progress through the pilot, it was discovered that the patient experience lagging metric was declining, indicating that the innovative opportunity was unfortunately ineffective. As learning and trialling is integrated into our LMS **(F7.1-38)**, the team was able to quickly identify through their dedicated VML that the positive impact they had hoped to achieve through their countermeasure, based on facts, was not effective, informing the team in their decision to stop pursuing that opportunity and move on to a new one.

6.2 Operational Effectiveness

6.2a Process Efficiency and Effectiveness Managing the cost, efficiency and effectiveness of our operations begins with our SPP as the ELT and LT evaluate past, projected, and desired performance to determine what tactics and associated APs will be the focus in the short and long term **[2.1a(1)]**. To execute on our tactics and APs, the ELT, LT, and TMs utilize our PDSA **(FP.2-2)**, **(P.2c)** and tools within our LMS to reduce re-work and variability which increases productivity, efficiency, effectiveness, and reduces cost as it provides a standardized approach to problem solving. The performance management method described in **4.1a(1)** and **4.1b** are used to integrate how the ELT and LT monitor costs, efficiency, and effectiveness of our operations. For example, during the monthly ELT meeting, multiple watch metrics are reviewed including total expense per adjusted patient day **(F7.5-8)** and operating margin **(F7.5-1)** to ensure we are effectively managing the cost and efficiency of our operations. Creating SW **(FP.2-2)** is also important to prevent re-work as it acts as the "wedge" in our improvement process and prevents our TMs from reverting back to old practices that were not effective. The ELT, LT, and WF incorporate cycle time, efficiency, and effectiveness into each of our key work processes **(F6.1-2)** and through utilization of our SW to drive improvement or maintain our performance. For example, the daily use of our VMBs during team huddles creates a reporting standard that is tailored to each unit or department's areas of opportunity. As exemplified in practice, our EVS team has a VML dedicated to room turnover (cycle time) as this affects overall hospital throughput and, at times, patient experience **(F7.1-23)**. During huddle, the VML's True North, lagging, leading, target condition, and missed opportunities (communicated through a standard pareto chart AOS) are discussed, and countermeasures are developed to focus on a crucial efficiency factor as we strive to provide world-class care to every person, every time. To further prevent re-work and errors – including medical errors, WPH and WHS utilizes integrated information and technology systems such as Epic **(FP.1-8)** to assist decision making and provide guidance for diagnoses.

Along with our LMS, other strategies in place designed to minimize the cost of inspections, tests, and process or performance audits involve the implementation of technology to either eliminate the need for human monitoring or to aid our TMs in performing the right task at the right time to create value for our customers. For example, an opportunity placed on a PICK chart from a TM provided feedback concerning tedious and manual temperature monitoring of our medication refrigerators, blanket warmers, and operating rooms. Previously, our TMs had to manually check the temperature of multiple areas twice a day and document their findings and follow up actions. After hearing feedback via PICK chart, our ELT and LT conducted an analysis on the value of switching from staff monitoring to an automated temperature monitoring and determined that a temperature monitoring system called Arrow Scout was an IR to take. Arrow Scout records the temperature of refrigerators, blanket warmers, and operating rooms and notifies our WF

when the temperature is out of range, thus helping us to deliver on our CC1 and CC2 as well as allow our TMs to be more productive by spending their time providing direct patient care.

As our CC1 and NCN culture indicate, and as described in **1.1c(1)** and throughout this application, the safety of our patients is in every aspect of our work. WPH balances the need for cost control with the needs of our customers through prioritizing patient safety and utilizing our LMS, PDSA, or SPD as needed depending on the opportunity. These integrated tools quickly and regularly identify areas that could be costly to WPH and enable TMs to engage appropriate stakeholders to problem solve and resolve any opportunity before it becomes costly. For example, from FY17 to FY18, the use of contract labor increased by 26.7% which cost WPH on average 2x more than hiring a full time TM. To reduce the use of contract labor, a PSA3 was created and a VML was reviewed weekly at the ELT huddle to monitor progress made and identify barriers to hiring our own TMs. Through this process, the use of contract labor was reduced by 100% (F7.5-9).

F6.2-2 WHS InfoSec: Security and Cybersecurity Approach

Tier	Focus	Actions	WHS Deployment
Senior Executive	Organizational Risk	Express priorities Direct risk decisions	Cybersecurity Council Incident response plan Disaster recovery drills
Business/ Process	Critical Infrastructure Risk Management	Develop profiles Allocate budgets	Next-generation firewalls Vulnerability tools for prioritization SIEM technology to detect events
Implementation/ Operations	Securing Critical Infrastructure	Implement profile	Standard role-based profile for appropriate access for: TMs, contractors, SPC Compliance & education courses Data encryption (internal & external) Auto sign-off Password resets Anti-Phishing campaigns Network firewall security

6.2b Security and Cybersecurity WHS has created an InfoSec program built on the National Institute of Standards and Technology (NIST) three tier cybersecurity framework to ensure the confidentiality and security of sensitive or privileged data and information. This framework guides key decisions concerning risk management throughout all levels of WPH and WHS to ensure all data (physical and electronic) and operational systems are confidential and only accessed by those who truly need the information, as summarized in F6.2-1, F6.2-2.

F6.2-1 Managing Hardware and Software Properties

	Hardware	Software
C	• ServiceNow laptop locating database • Computer location asset tags	• Password protection • Encryption • Identity theft protection • Network firewalls • Log-on by position/password
I	• Updated every 6-7 years • Redundant servers for backup	• Routine auto-updates • Scheduled downtime
A	• Multiple access wireless devices • HP secure printing	• Single sign-on • Support Center help desk (24/7/365 availability)

Key: C- Confidentiality, I- Integrity, A- Availability

To further ensure the security and cybersecurity of sensitive or privileged data, information and key assets we:

- **Maintain awareness:** The WHS IT team subscribes to threat intelligence services, such as NIST, that provide information concerning emerging security and cybersecurity threats.
- **TMs, other customers, partners & suppliers role and responsibilities:** In addition to the methods in **F4.2.1**, all individuals who have access to WHS's or WPH's systems have a mandatory password change every 60 to 90 days (depending on the technology accessed), complete required compliance courses as part of GAMES, participate in phishing campaigns and cyber security drills (F7.1-37), and have a responsibility to log off a work station when not in use to prohibit inappropriate access. In addition, for vendors and partners, requirements for securing protected information are outlined in their contractual agreements as described in **6.1c**.
- **Identify and prioritize key IT systems:** Within the 2nd tier of the WHS InfoSec program, after the Cybersecurity Council expresses priorities, the WHS IT and Security team conduct vulnerability assessments to determine which IT systems are most critical based on: type of data and information available, susceptibility to a breach, the impact of a breach and methods to recover. Systems deemed critical are prioritized higher, meaning they are secured first and tested more often.
- **Protect, detect and response to cybersecurity incidents**: To proactively protect our network, next generation firewalls are used, and vulnerability assessments are performed to identify potential weaknesses within our network. To detect cybersecurity events, Security Information and Event Management (SIEM) technology monitors cybersecurity events 24 hours per day, 7 days per week through a built logic system that alerts the WHS IT and Security team to take action if a cybersecurity event warrants further investigation. To further respond to incidents, WHS's response plan is revised and tested annually to ensure the cybersecurity recovery plan in place protects our confidential data and information. In FY19 through a cycle of improvement to enhance the security of offsite access, an additional authentication process was added: Symantec Two-Factor which requires the TM to log into their technology system offsite and confirm their log-on using their cell phone (methods and deployment mechanisms available AOS).

6.2c Safety and Emergency Preparedness

6.2c(1) WPH's CC1 of patient safety is ubiquitous across all aspects of our operating environment. Our transparent NCN culture encourages all TMs to speak up for the safety of our patients, themselves, and that of fellow TMs and advocate for continuous improvement. We ensure that our patients and TMs are operating in a safe environment (F7.3-9) through our NCN culture via our LMS and key work and support processes that enable our TMs, LT, and ELT to facilitate proactive approaches to addressing safety concerns every day, including:

- **Daily SH:** facilitates transparent, interdisciplinary discussion of local and system opportunities that can affect daily operations. Opportunities discussed include safety concerns that occurred within the last 24 hours, anticipated safety concerns in the next 24 hours, "good catches," census, and NCN stories.
- **SaFER Reporting:** All TMs can self-report any safety concerns and "good catches" through our SaFER self-

reporting system. Following a submission, the content is relayed to the appropriate manager for reconciliation and used as learning opportunities or best practices.

- **Ongoing Training:** All new TMs receive system training at Day 1 of NEO and local facility training on Day 2. This is followed up with department/unit-based orientation for all TMs. Annually, all TMs are expected to complete their assigned CBLs such as High Reliability Organization SW, GAMES, and use of personal protective equipment.
- **EOC Rounding:** EOC rounding occurs every week as a part of LT and safety coach SW to ensure areas in which we provide direct patient care and areas that support patient care are reviewed for safety at least five times annually. Any findings from rounding are sent to the appropriate leader for follow up. In addition, any time alterations to our environment become necessary due to construction or other disruptions to our operations, a risk assessment is conducted prior to beginning the venture. The safety committee and infection prevention team are actively involved in these initiatives.
- **Staffing:** Within direct patient care areas (such as Respiratory, Nursing, and Physical Therapy), we follow standard protocols for caregiver-to-patient ratios based on IBM Truven productivity benchmarking to create a safe environment for our patients. To ensure we have the capability to safely take care of our patients, capacity is discussed daily during Bed Huddle.
- **Security:** Safety and security measures include cameras at strategic locations, panic buttons, and emergency phones in the parking lot. Furthermore, a security officer is stationed in the ED during peak hours, and armed security officers patrol the campus 24 hours a day, seven days a week. Our Security team conducts formal TAs, as described in **5.1b(1)**, when needed in order to keep our patients and TMs safe and report out security concerns during SH and through a dedicated Microsoft Teams channel to keep our ELT, LT, and TMs informed in real time (AOS).
- **Hazard Vulnerability Assessments:** During a hazard vulnerability assessment, potential hazards and risk that are likely to have an impact on operations are identified, tested and improved utilizing our PDSA **(P.2c)**. The goal of these drills is to "stress" the system to ensure current processes and solution in place are effective and efficient, thus preparing all TMs on how to prevent potential safety issues during emergency situations.
- **Root Cause Analysis:** Root cause analysis is used to understand any variations in performance caused by incidents or failures and prevent the same incidence from happening in the future. Results from these analyses are communicated through the appropriate venue and used to drive improvements that strengthen our CC1.

Additionally, WPH incorporated systems into the design of the building that support a safe operating environment based on the Safety 4 model described in **P.1a(4)**. For example, essential infection controls such as our Xenex Ultraviolet C (UVC) system that filters all of the air circulating throughout the facility, Purgenix energy curtain, and high efficiency particulate air filters all work to prevent the intrusion of bacteria, viruses, mold, fungus, and spores from affecting TMs or patients.

In addition to the formal methods designed to prevent, inspect, and analyze the root cause of a failure, identification of safety concerns occur via informal methods such as conversations among TMs, LT, and ELT or with our patients and other key stakeholders. Following the identification of concerns, safety-trained coaches coordinate with the ELT and LT to develop a recovery response to address the safety issue. There are safety coaches at every WHS BU who report results and feedback during monthly safety coach committee meetings to contribute lessons learned from their respective BU to other BUs in the system. Recovery depends on the need and uses our SW processes to address the operating environment; it could entail resource allocation to meet the needs of the affected stakeholders, as well as counseling to provide customers and TMs emotional support as necessary. Following recovery, a more robust approach to prevent similar future incidents are developed as necessary using our PDSA **(P.2c)**.

6.2c(2) WPH aligns with WHS's emergency management approach by utilizing the Hospital Incident Command System (HICS) standardized structure to be prepared for disasters and emergencies when they arise. The HICS system is a nationally recognized best practice to use during disasters and emergencies to enhance communication, coordinate with external organizations and provide efficiencies to manage internal and external incidents. Within the HICS structure, a 4-level disaster scale (4 being the highest level of disaster and 1 the lowest) is used to determine if there is a need for an incident command structure, in which a level 3 and 4 automatically trigger the use of Incident Command (IC). The IC structure is stood up to ensure that we have the appropriate level of facility involvement depending on the disaster scale to prepare for potential hazards and risks the situation presents. The ELT and key members of the LT make up the IC structure to ensure there is a coordinated approach for how WPH operates during the incident and recovers following it. As a primary benefit of HICS is to enhance communication in an emergency or disaster internally and externally, following the structure allows for WPH's IC to cooperate with WHS IC and external agencies, such as the county IC, as appropriate to maintain normal operations.

As part of our SW, we test our internal IC structure and its efficacy in coordinating and communicating with external organizations within our supply network, key partners, and state and regional structures. At least annually, WPH perform 6 drills that test every level of the IC structure **(F.7-41)**. After the ELT, key members of our LT, and WF perform mock disaster or emergency drills, the communication and coordination of activities that occur during the drill are evaluated by each and every individual involved to provide feedback on what worked well and to identify OFIs. In addition to an independent evaluation (AOS), a "hot wash" is conducted in real time after the drill to discuss feedback. Based on opportunities identified during the evaluation, APs are developed to prevent future safety concerns. For example, based on an evaluation from a drill conducted in early July of 2019, a Hazard Preparedness guideline was created for all TMs to use to proactively prepare for any potential hazards or risks an emergency may pose. Another major mitigation tool utilized is the 96-hour sustainability evaluation that determines how capable we are to maintain continuity of operations for 96 hours should we lose community support, have an outage, or lose the ability to get supplies. Surge drills evaluate our preparedness for community events that may cause a surge into the ED and consequently

disrupt normal operations.

To ensure our IT systems are secure and available to use to provide patient care, IT system are categorized as: **1)** Critical IT function, or **2)** Non-critical IT function. Critical and Non-critical IT systems such as Epic, have redundant hardware, network connections and are monitored 24/7 through the methods in F4.2-1. In addition, for our critical IT systems, sensitive and important patient care information is duplicated in two data centers. Downtime computers are also utilized in every area of the facility to provide documentation ability, patient information, and other resources TMs use to continue to take care of our neighbors if IT information systems are not available.

Category 7: Results

As we enhance the lives of the people we serve, WPH has an unwavering focus on relevant and actionable data that enables a thorough understanding of our organization's successes and OFIs. Benchmarks are provided as appropriate and relevant by utilizing the sliding scale approach described in **4.1a(2)**. For publicly reported data, there is anywhere from a 3 to 6-month lag in reporting. As such, WPH may not have the ability to provide FY20 performance metrics or comparisons. As WPH tracks and watches key metrics through our LMS, where FY20 data is available, it is provided based on FY or CY as appropriate. Further, as described in **P.2a(1)**, WPH does not have competitors in our PSA and only peripherally in our SSAs; as such, given our pursuit of a top decile Vision, we compare our performance to relevant best available healthcare or non-healthcare industry performance. Therefore, we do not consider it value-added to present comparative performance from distant non-key minor competitors, except for some market performance indicators.

To demonstrate our extensive ability to segment data, within each result section are samples of segmentation based on alignment with MVV and CCs, service offerings, TM segments and engagement drivers and patient, customers and stakeholder groups and key requirements. Segmentation detail based on the above is provided in the title of each result. Where available, top decile performance benchmarks are depicted by a **green** line in applicable results as top decile performance is crucial for WPH to measure success.

F7. 1-0 Results Key

ASA	Add'l segmentation available	AOS	Available on site
NCA	No comparison available	↻	LMS used for PI

NOTE: Important definitions used throughout Category 7 are included in F7.1-0.

Additionally, to make it easier to precisely evaluate our results, we include the specific numerical value such as percent or index value in white at the bottom of each graph bar. However, for several results the percent or index value actually represent a very small number of events or occurrences. These are in black at the top of each graph bar, as relevant, to reveal the very few actual events/occurrences. ***Results reported are provide based on most recently available at the time of submission****

7.1 Health Care and Process Results

7.1aHealth Care and Customer-Focused Service Results Part of WPH's NCN culture is focused on meeting or exceeding patient and family expectations by delivering top decile care to keep our neighbors safe (CC1). Through our role model LMS, SPP, key work processes, and support processes that drive how our entire WF conducts business on a daily basis, a strong culture has been built around transparency and our CC1 of patient safety, leading to being rated a Safety Grade A hospital by Leapfrog every year since 2017 (F7.1-1).

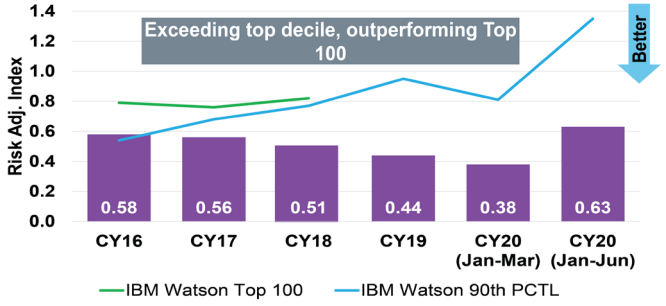
F7.1-1 LG Safety Grade

LEAPFROG HOSPITAL SAFETY GRADE

As WPH strives to become an IBM Watson Top 100 Hospital in alignment with our goals in our SP (F2.1-3), we compare performance to the IBM Watson Top 100 Hospitals and specific benchmark group. IBM compares hospital performance through publicly reported data across 5 domains and within their analysis, 2,000+ hospitals participate across the country each year for Top 100 ranking. IBM Watson Top 100 consists of 15-20 winners for each of the five comparison groups based on hospital size. WPH's specific compare group (medium community hospitals) includes 800 hospitals.

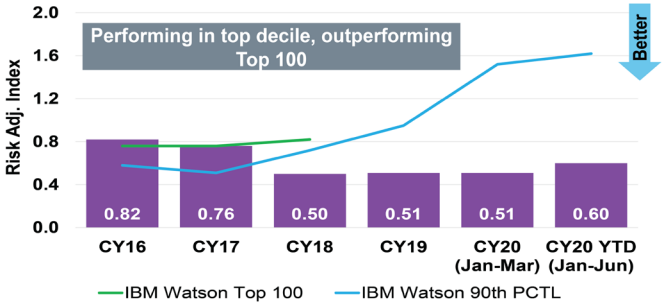
One of those metrics is Risk Adjusted Mortality, a key metric tracked to deliver on our SO of achieving IBM Watson Top 100. YOY, WPH's risk adj. mortality has improved, largely driven by a Mortality committee established in late 2017 to review all mortalities on a case-by-case basis. This committee consists of ETMs and PTMs that meet monthly to identify OFIs and execute on them (F7.1-2).

F7.1-2 Mortality Index: Clinical Outcome Domain
(IP, OP, ES: All Key Services)



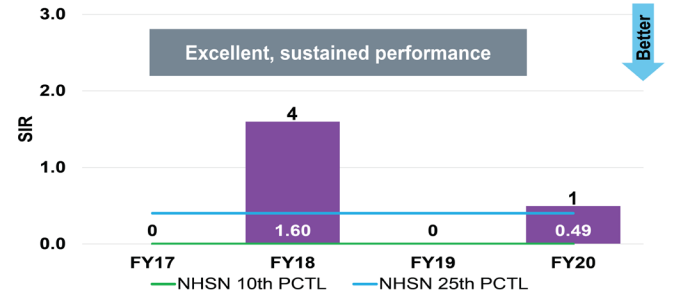
WPH's Risk Adj. Complications index has significantly improved in performance since CY16 (F7.1-3).

F7.1-3 Complications Index: Clinical Outcome Domain
(IP: All Key Services)



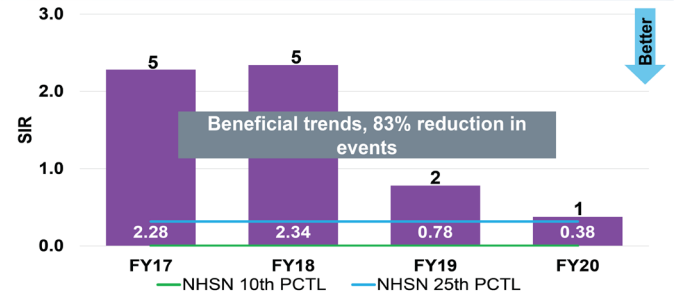
CAUTIs, one of the most common hospital acquired infections, occur due to exposure to an indwelling catheter inserted into a patient's urethra. In FY18, WPH experienced a significant increase in device utilization across several units, which lead to 4 CAUTIs in FY18. A PSA3 was initiated to improve CAUTI processes (F7.1-4).

F7.1-4 CAUTI SIR and Events (IP: Med/Surg, ICU, Tele)



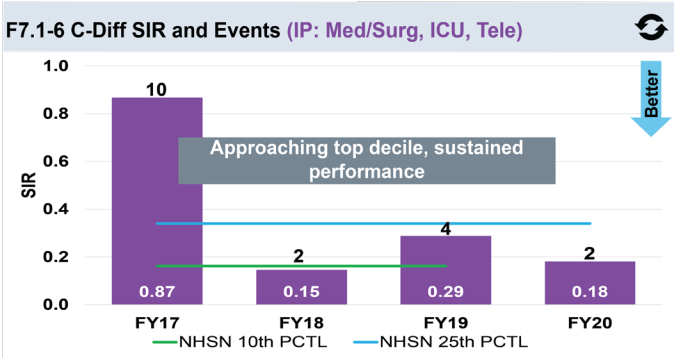
CLABSIs are a serious infection that occurs when a bacteria or virus enters the bloodstream through a central line. To redress the severity of this condition and the use of central lines, through our role model LMS, a dedicated VML was added to our IP and ES units' VMB in 2018 to drive daily performance. In addition, an electronic surveillance system integrated into our EMR contributed to improved surveillance. Both initiatives led to an 83% reduction in CLABSIs **(F7.1-5)**.

F7.1-5 CLABSI SIR and Events (IP: MedSurg, ICU, Tele)



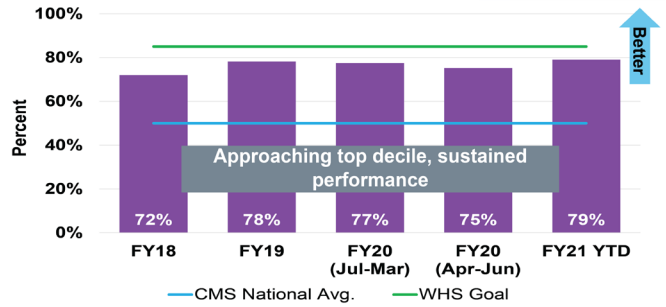
C-Diff is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. WPH has seen sustained low rates in C-Diff, attributed to the development of SW based on nurse, provider, and lab protocols for C-Diff testing as well as required morning and evening room cleaning with a sporicidal agent in rooms occupied by a patient suspected of C-Diff infection **(F7.1-6)**.

F7.1-6 C-Diff SIR and Events (IP: Med/Surg, ICU, Tele)



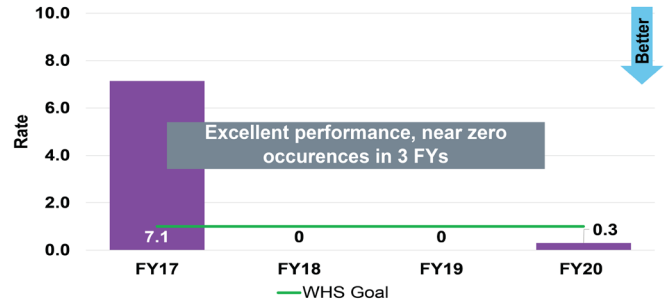
Sepsis is inflammation that occurs within the body as it attempts to fight off an infection which can be life-threatening. To reduce a patient's risk for sepsis, a 3-hour and 6-hour bundle of specific steps are used and tracked by all TMs. **(F7.1-7)**

F7.1-7 Sepsis Bundle Compliance (IP & ES: All Key Services)



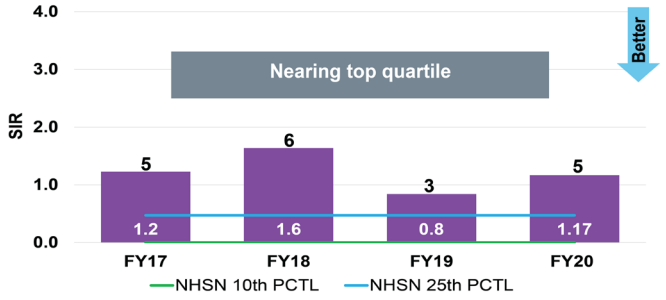
Through successful implementation of the sepsis bundle, WPH has achieved a post-operative sepsis rate of .3% or less for the past three FYs. **(F7.1-8)**.

F7.1-8 Post-Operative Sepsis Rate (IP: All Key Services)

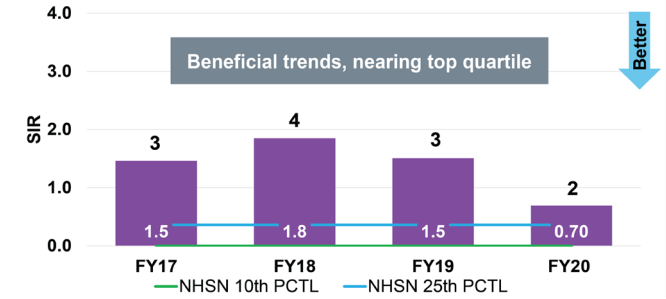


Our commitment to keep our neighbors safe necessitates a focus on reducing the number of SSIs as they account for 31% of HAIs across the country. SSI improvement **(F7.1-9)**, **(F7.1-10)** was driven by a formal review process in comparison to NHSN top decile performance by OR PIC committee of ETMs and PTMs.

F7.1-9 All SSI SIR and Events (IP,OP: Surgery)



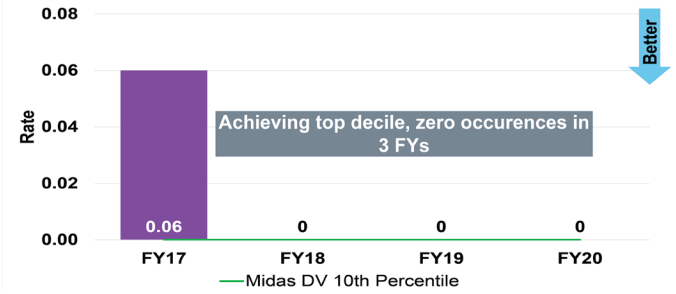
F7.1-10 Colon SSI SIR and Events (IP, OP: Surgery)



Hospital Acquired Pressure Ulcers (HAPUs) is a national area of focus due to the impact on patient morbidity and treatment. WPH has had zero pressure ulcers for three of the past four FYs. An uptick occurred in FY17 as WPH on-boarded sig-

nificantly more new graduate nurses to our WF. To combat this, WPH added pressure injury prevention to day two of orientation for new RNs and Care Partners (CPs). Additionally, WPH purchased new pressure reduction mattresses that assisted with further reducing our pressure ulcer rate **(F7.1-11)**

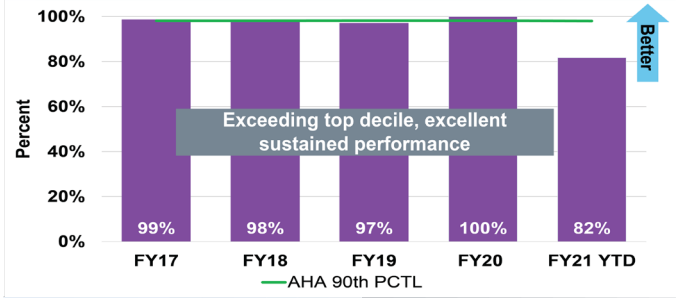
F7.1-11 Pressure Ulcer Rate (IP: Med/Surg, ICU, Tele)



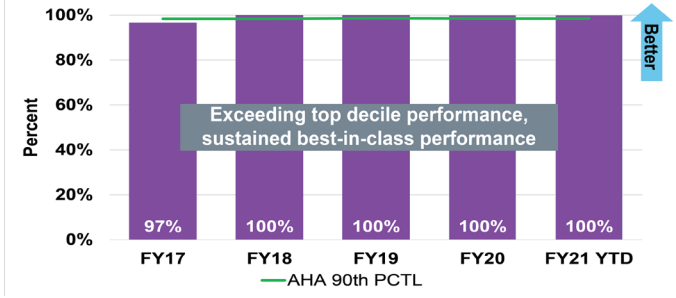
"Get With the Guidelines" (GWTG) is a stroke program established by the American Heart and Stroke Association designed to improve stroke patient outcomes based on several metrics, three of which are provided (ASA). Improvement for the provided three metrics is attributed to connecting patients to a neurologist at a faster rate. WPH deployed WHS's TeleNeurology service in October of 2017 to deliver highly specialized care to our stroke patients **(F7.1-12)** through **(F7.1-14)**.

- **F7.1-12;** Early Antithrombotics: % of patients who receive antithrombotics therapy by the end of hospital day two.
- **F7.1-13;** VTE Prophylaxis: % of patients with an ischemic stroke, hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.
- **F7.1-14;** Statin Prescribed at Discharge: % of patients who are discharged on statin medication.

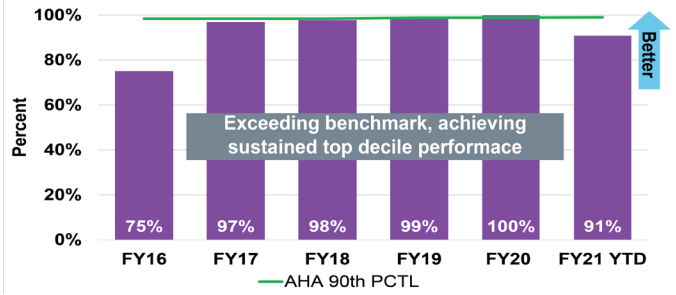
F7.1-12 Early Antithrombotics (IP: All Key Services)



F7.1-13 VTE Prophylaxis (IP: All Key Services)

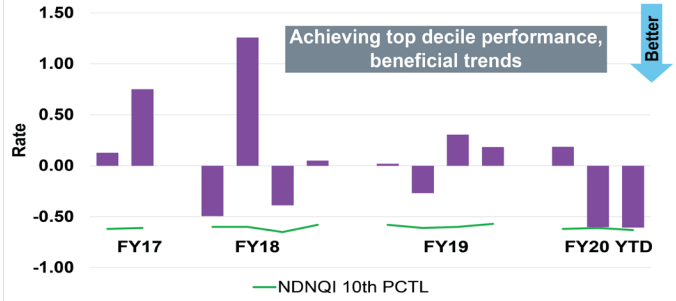


F7.1-14 Statin Prescribed at Discharge (IP: All Key Services)



Patient falls are one of the most commonly reported adverse events in a hospital, and particularly those that involve injury. WPH's quarterly number of falls with injury fell out of top decile performance in FY17 and FY18. Through our role model PSA3 process, the root cause was determined to be patients falling when going to use the restroom, leading to a new VML and countermeasures that focused on improving compliance with the "foot-in-the-door", an evidence-based practice **(4.1b)**. WPH exceeds top decile performance consistently throughout FY19 and FY20 YTD **(F7.1-15)**.

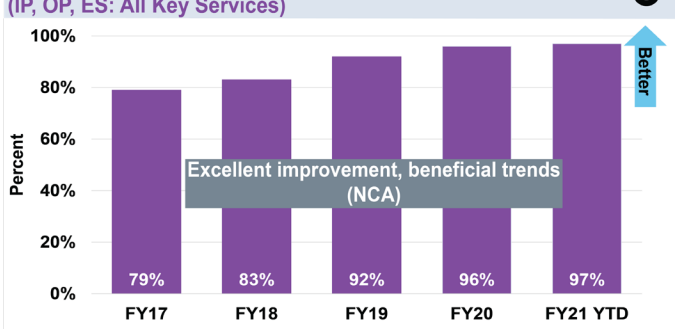
F7.1-15 Quarterly Injury Falls per 1,000 Patient Days (IP, OP, ES: All Key Services)



Note: Injury falls are risk adjusted, meaning that if the quarterly rate dips below 0, WPH achieved 0 falls with injury and exceeded this risk adj. benchmark relative to acuity and risk factors for that quarter, exemplifying our attention to at-risk patients and commitment to our CC1.

The EVS team is vitally important to ensure a safe, clean environment for our patients and TMs. "High touch" cleaning compliance measures how consistently the EVS team follows their SW to thoroughly clean frequently touched workspaces and patient care areas. Through EVS utilization of VMBs, dedicated VMLs, and daily huddles, high touch cleaning compliance has increased by nearly 23% since FY17 **(F7.1-16)**.

F7.1-16 High Touch Cleaning Compliance (IP, OP, ES: All Key Services)



Since 2016, WPH has been recognized by a multitude of organizations for our commitment to patient safety and quality that surpasses accreditation requirements **(F7.1-17)**.

F7.1-17 Sample Quality Awards/Recognitions	
Award	**Year(s)**
Washington Monthly & the Lown Institute Best Hospital in America - Top 20	2020
AHA Get with the Guidelines Silver Plus Stroke	2020
AHA Mission Lifeline Gold NSTEMI	2020
Healthgrades Patient Safety Excellence Award	2020
Georgia Oglethorpe/Florida Sterling Award for Performance Excellence	2019
JC Center for Diabetes, Total Joint, Chest Pain, Excellence Accreditation	2017-2018
Commission on Cancer Gold Rating	2017-2018
Five-Star Recipient for Treatment of Bowel Obstruction, Chronic Obstructive Pulmonary Disease, Pneumonia	2019
Five-Star Recipient for Treatment of Heart Failure for 4 Years in a Row	2017-2020
Five-Star Recipient for Treatment of Sepsis	2019-2020
Five-Star Recipient for Treatment of Pulmonary Embolism, Respiratory Failure, Total Hip Replacement	2020
Named Among the Top 10% in the Nation for Overall GI Services for 2 Years in a Row	2018-2019
Named Among the Top 10% in the Nation for Overall Pulmonary Services	2020
Named Among the Top 5% in the Nation for General Surgery	2019
Recipient of Healthgrades America's 100 Best Hospitals for General Surgery™	2019
Recipient of the Healthgrades Gastrointestinal Care Excellence Award™	2018-2019
Recipient of the Healthgrades Pulmonary Care Excellence Award™	2020
Vizient Midsouth Brilliance Award: 2nd place for Innovation for Diabetes Care	2017-2018
Vizient Midsouth Brilliance Award: 3rd place for quality for COPD	2017-2018
Vizient Brilliance Award: Improving Sepsis Outcomes in a Community Hospital Without 24-Hour Intensivist Coverage	2018
Vizient Brilliance Award: Reduce 30-day Readmissions for Congestive Heart Failure Patients	2018
ACTION Registry - GWTG Silver Achievement Award	2019
GWTG Stroke, Bronze Achievement Award	2019
National Hospital Organ Donation Campaign, Workplace Partnership for Life - Platinum Recognition	2019

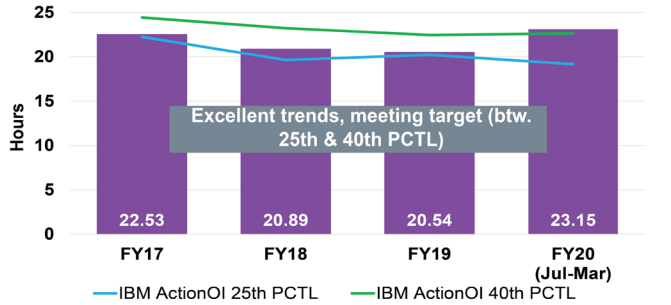
7.1b Work Process Effectiveness Results

7.1b(1) To predict and prevent potential adverse patient outcomes, WPH tracks and watches process cycle time and productivity metrics, including the key metrics described below, that enable us to deliver on our CC1 of patient safety and demonstrate WPH's commitment to our CC2 of TM engagement to strive to achieve top decile performance.

WF labor productivity metrics measure how effective and efficient WPH is in performing the services needed to care for our neighbors. WPH uses IBM ActionOI to compare productivity metrics. As we will not put patient outcomes and safety at risk to achieve higher productivity, we intentionally look to be between the 40th and 25th percentile to provide the optimal balance of productivity, financial resources, patient safety (CC1), TM engagement (CC2), and our vision to provide world-class healthcare to every person, every time. Notably, WPH is the most productive hospital in WHS (AOS).

Over three FYs, WPH's ETMs has maintained productivity within established ranges **(F7.1-18)**.

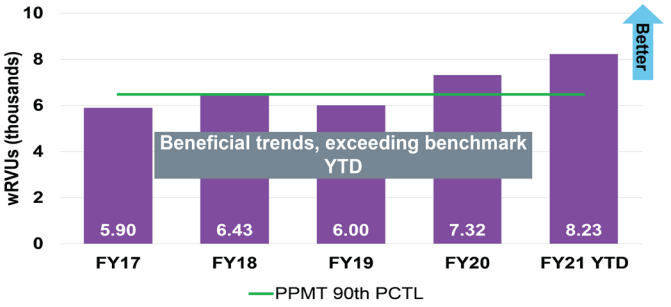
F7.1-18 ETM Total Worked Hours per Adjusted Patient Day
(IP, OP, ES: All Key Services)



Adj. Patient Day: Total patient days adjusted for OP factor

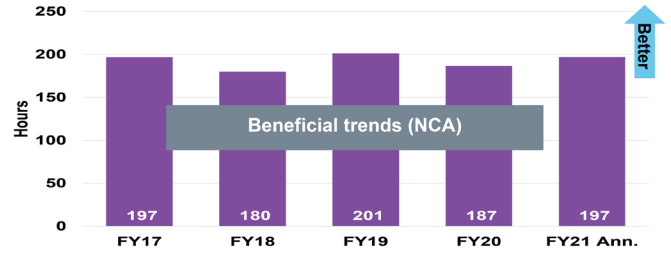
Productivity metrics for our PTMs are compared using PPMT based on wRVUs; relative value units that are determined based on the amount of time, skill, and training required to provide the service **(F7.1-19)**.

F7.1-19 PTM Productivity: wRVUs per FTE
(IP, OP: Med/Surg, ICU, Tele)



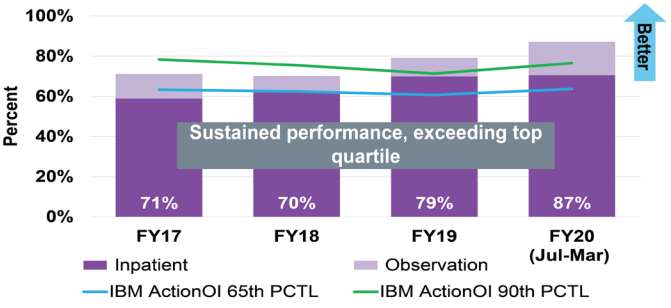
Crucial to WPH's productivity success is the number of hours our VTMs work to provide the support needed for our ETMs and PTMs to focus on providing care to our patients, which is also an indicator of engagement **(F7.1-20)**.

F7.1-20 Average Hours per VTM (VTM)



We maintain a viable occupancy rate in **7.1-21** to manage the increase in inpatient volume (as shown in **7.5-11**).

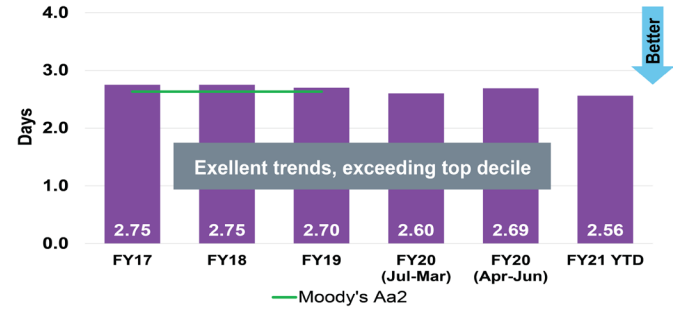
F7.1-21 Occupancy Rate(IP, OP: All Key Services)



Case Mix Index (CMI), which considers acuity and comorbidities, adjusted LOS indicates greater efficiencies and decreases the cost of care per discharge, increasing value to our patients. WPH's CMI Adjusted LOS consistently trends favorably at near

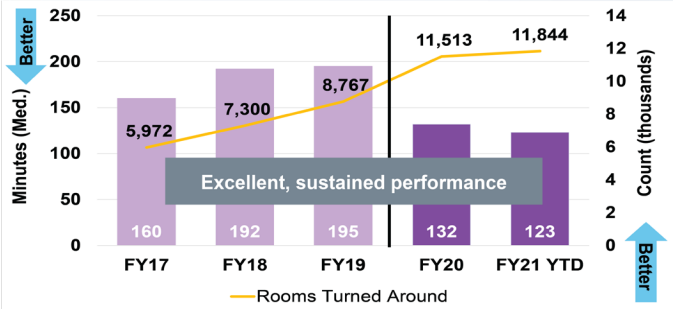
top decile performance (F7.1-22).

F7.1-22 CMI Adjusted LOS (IP: Med/Surg, ICU, Tele)



Despite steady increase in the number of rooms that need to be turned around due to our growth, we maintain timely room turn around times (F7.1-23).

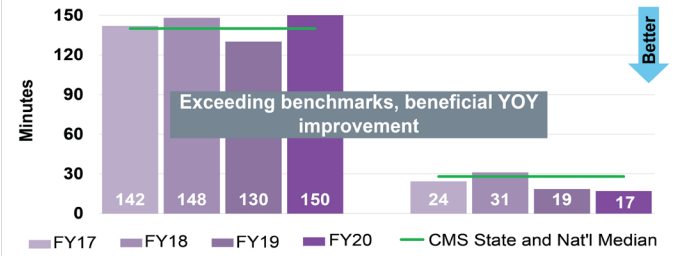
F7.1-23 Patient Room Turnaround (IP: All Key Services)



Patient Arrival to Provider measures the time it takes for a patient entering the ED to be assessed by a provider. This is a key metric for efficiency of operations supporting patient engagement, patient safety (CC1), and our key support process: Manage Operations (F6.1-4). Since FY17, WPH's ED volumes have grown by 6% - over 70,000 visits per year. Despite an increase in volumes YOY, we have decreased the amount of time it takes to see a provider by 12 minutes through changing our staffing model using our PSA3 process. Even as WPH continues to see more patients though our ES due to growth in the community (SA6) and physician shortage (SC2), the amount of time it takes from an admit decision to patient depart has outperformed CMS benchmarks for the last two FYs (F7.1-24).

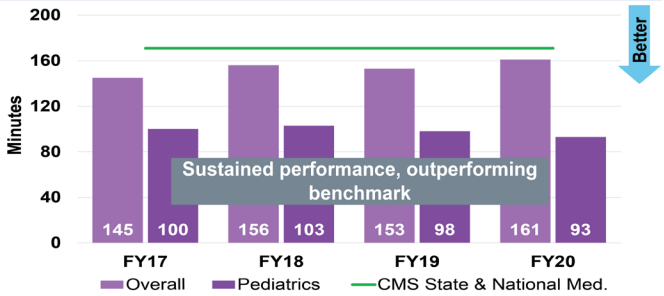
Note: CMS provides average benchmarks, rather than top decile benchmarks, for F7.1-24 - F7.1-26.

F7.1-24 ED Throughput (ES: All Key Services)



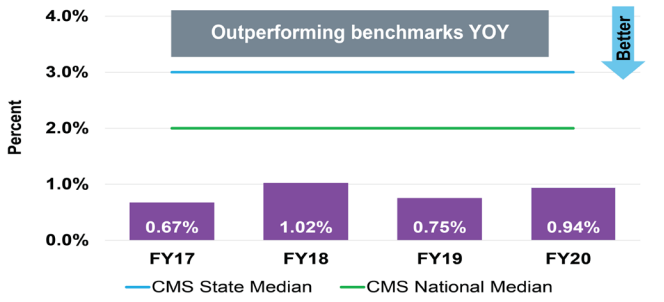
In addition, WPH has maintained a patient arrival time to ED depart to under 180 minutes. Improvements have been driven through implementing a split-flow patient throughput model that accelerates treatment and discharge of patients with lower-acuity conditions and speeds hospital admissions for patients with higher-acuity conditions (F7.1-25).

F7.1-25 Med. Patient Arrival to ED Depart (ES: All Key Services)



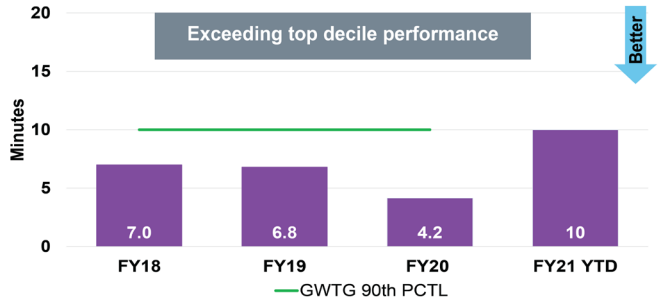
As the LWBS rate increased in FY18 (although still exceeding benchmarks) an A3 Lite was utilized. Through reducing the time it took to see a provider, as shown in (F7.1-24), the LWBS rate has reduced by 7.8% since FY18 (F7.1-26).

F7.1-26 LWBS Rate (ES: All Key Services)



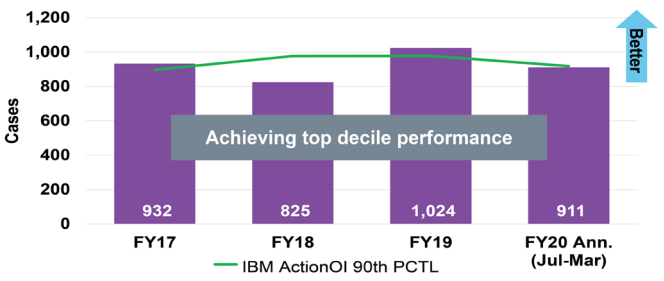
Guidelines for ST-segment elevation myocardial infarction (STEMI) recommend that patients who receive percutaneous coronary intervention should have an EKG performed to confirm STEMI diagnosis for best possible outcomes. WPH has maintained top decile performance since FY18 (F7.1-27).

F7.1-27 EKG Median Response Time: STEMI Patients (Op: Cardiac, Procedural)



Operating Room (OR) cases per total OR capacity is a metric that depicts how efficiently WPH uses its ORs. WPH achieved top decile performance in FY19 and FY20 (F7.1-28).

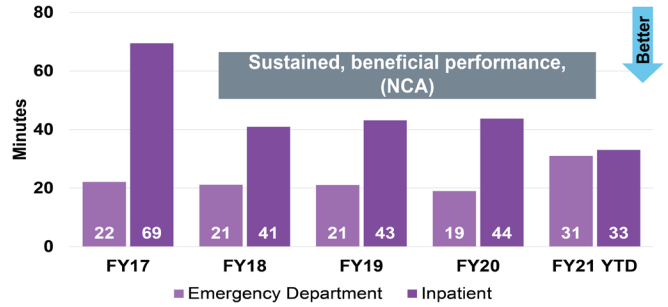
F7.1-28 OR Cases per Total OR Capacity (IP, OP: Surgery)



Radiology Turn Around Time, the time from when an image is complete to when the radiology report is available, is another

metric of efficiency that WPH tracks (F7.1-29).

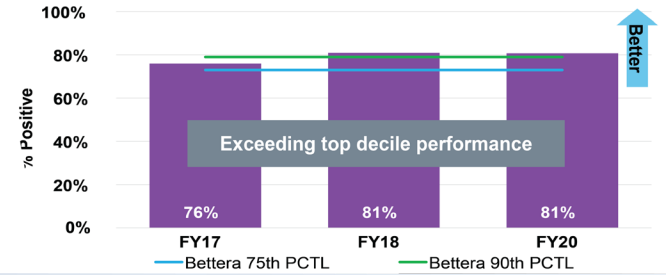
F7.1-29 Average Radiology TAT (IP, ES: All Key Services)



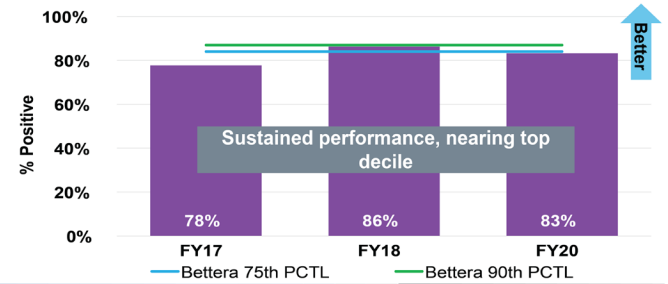
In support of WPH's MVV and CC1, WPH administers a Culture of Safety survey (CoSS) (ASA) to assess the efficiency and effectiveness of our work processes and strength of our patient safety culture with comparisons based on ETM and PTM perceptions about WPH's commitment to patient safety. The CoSS measures perceptions on a 5-point Likert scale on twelve dimensions of safety, a subset is provided in Figures (F7.1-30 to F7.1-34).

Please note: the CoSS was not administered in FY19 as WHS paused this process due to expressed survey fatigue from our TMs; the survey was redistributed in FY20 to avoid overlapping with other key surveys.

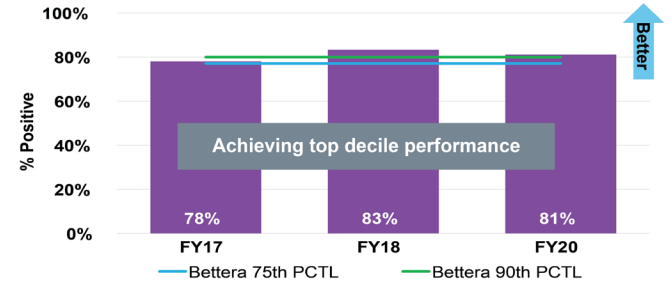
F7.1-30 Feedback & Communication About Errors (IP, OP, ES: All Key Services)



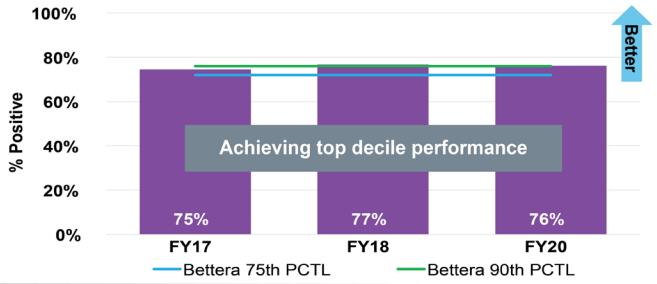
F7.1-31 Supervisor/Manager Expectations & Actions Promoting Safety (IP, OP, ES: All Key Services)



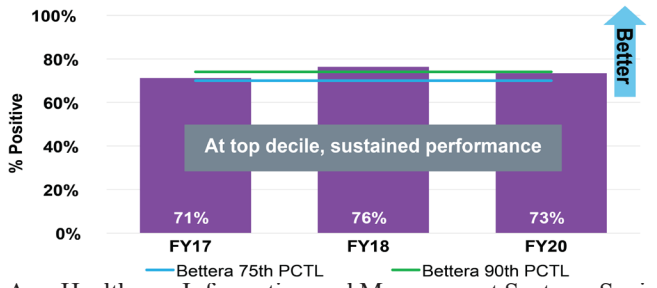
F7.1-32 Organizational Learning: Continuous Improvement (IP, OP, ES: All Key Services)



F7.1-33 Frequency of Events Reported (IP, OP, ES: All Key Services)

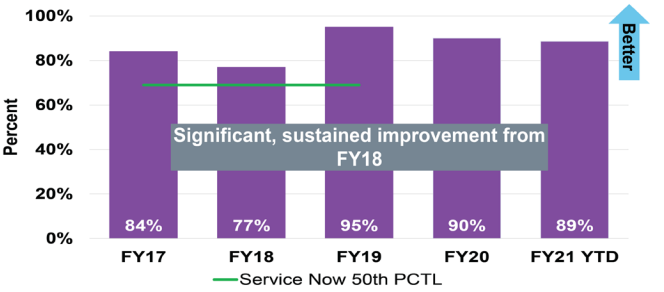


F7.1-34 Communication Openness (IP, OP, ES: All Key Groups)

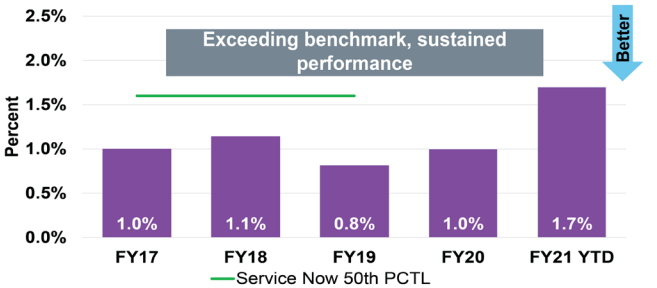


As a Healthcare Information and Management Systems Society (HIMSS) level 6 organization, resolving IT incidents in an effective and efficient manner is imperative as WHS becomes an increasingly interconnected organization that leverages IT capabilities to help drive improved clinical outcomes. WPH has exceeded the WHS benchmark for the past five FYs for resolving submitted IT incidents (F7.1-35) and (F7.1-36).

F7.1-35 IT Incidents Resolved on First Assignment (IP, OP, ES: All Key Services)

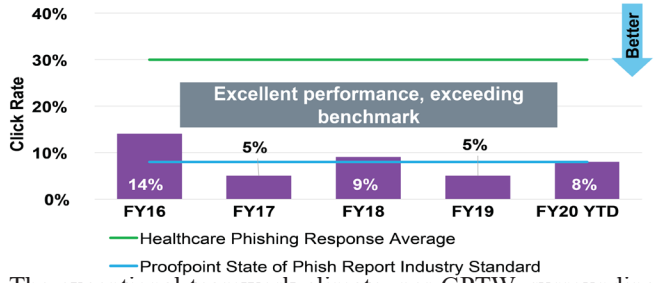


F7.1-36 Reopened IT Incidents (IP, OP, ES: All Key Services)



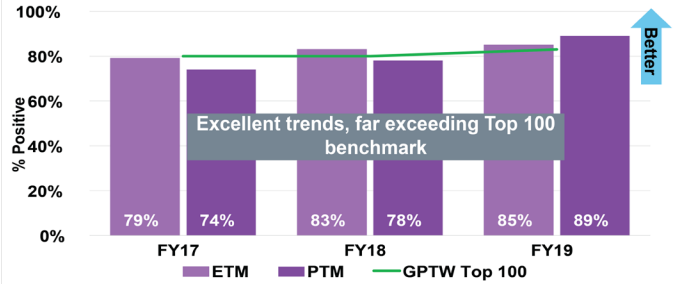
As cybersecurity and phishing attacks continue to grow a imminent threat in healthcare, the WHS IT team performs proactive phishing campaign "drills" by sending all TMs an opportunity to report suspicious behavior. WHS has increased the number and diversification of anti-phishing campaigns (AOS) and improved TM education which has resulted in a reduced "click rate" surpassing the industry standard (F7.7-37).

F7.1-37 Anti-Phishing Campaign Click Rate
(IP, OP, ES: All Key Services)



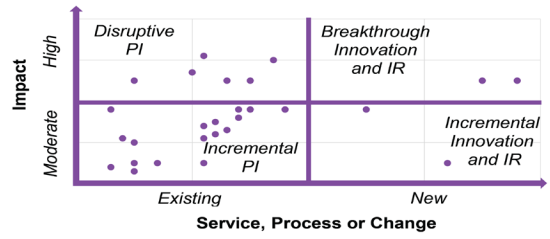
The exceptional teamwork climate, per GPTW, surrounding our formal and informal processes for stimulating innovation (LMS, A3 processes, PDSA, IIRM, PICK charts) are provided in (F7.1-38).

F7.1-38 We Celebrate People Who Try New & Better Ways of Doing Things, Regardless of Their Outcome (ETM, PTM: All Groups)



As described in **2.1a(2)**, the ELT, BT leads, and BTs plot tactics developed during WPH's SPP to determine a tactics level of innovation. All plotted points depicted in F7.1-39 are the 28 tactics directly correlated to WPH's SOs in our SP (F2.1-3). The number "8" and "13" depicted in the graphic below are shown to provide a sample of where and which tactics are placed in each quadrant; #8 is Improving VMB lead by local leaders and #13 is Creating Leader SW & measurement in all departments. As anticipated, 50% of our tactics are considered "Incremental PI", 21% "Disruptive PI", 7% "Incremental Innovation" and 7% "Breakthrough Innovation". Additional information regarding tactic placement and process AOS.

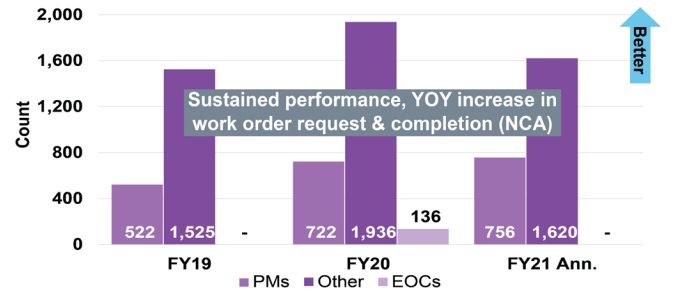
F7.1-39 IIRM: FY20-FY22 SP Tactics
(IP, OP, ES: All Key Services, NCA)



7.1b(2)

Work order completion data including preventative maintenance (PM), concerns arising from EOC rounds, and all others concerning the environment are presented in F7.1-40.

F7.1-40 Work Order Completion Count (IP, OP, ES: All Key Services)



WPH has comprehensive emergency preparedness plans **[6.2c(2)]** to ensure all TMs are prepared to respond to potential emergencies, along with EOC rounds and tracked security metrics to ensure a safe environment (F7.1-41).

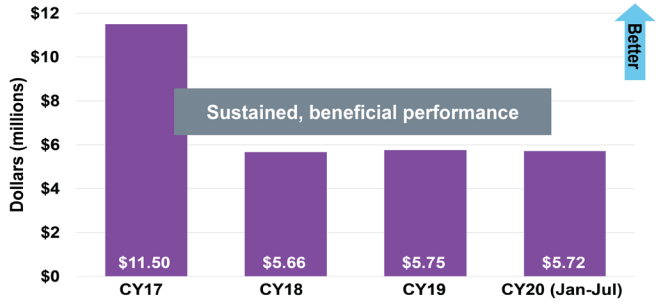
F7.1-41 WPH Drills, Events, Safety & Security (ASA)

Preparedness Drills	FY16	FY17	FY18	FY19	FY20
Disaster Drills	4	1	4	3	5
Fire Drill	30	27	24	21	20
Hazmat (Chemical Spill)	0	0	1	1	0
Infectious Disease Drill	0	0	2	1	1
Weather Alert Drill (Tornado)	1	0	1	1	1
Drills consist of functional, full-scale, and table top & determined by results from HVA, therefore not all drill types are held every year.					
Preparedness Events	FY16	FY17	FY18	FY19	FY20
Community Events	1	0	2	3	4
Plan Delta Event (Surge)	0	1	0	2	1
Plan Weather Event	2	2	40	26	3
Safety Rounds	FY16	FY17	FY18	FY19	FY20
Environment of Care Rounds	48	48	48	48	26
Security Metrics	CY16	CY17	CY18	CY19	CY20
Thefts	9	6	9	7	5
Hospital Incident Reports	241	224	197	279	234

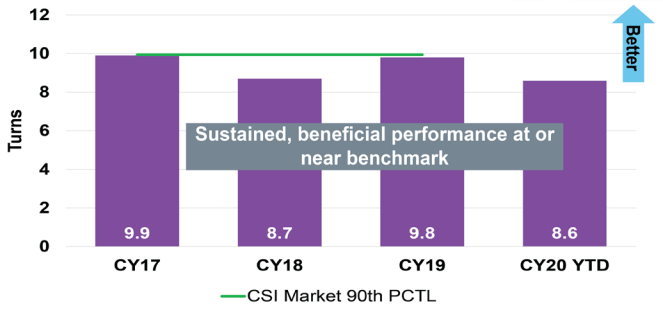
7.1c Supply Network Management Results

Working with our key suppliers indicated in (FP.1-7), WHS has secured significant savings in its supply-chain expenses despite the continuing increase in the cost of supplies and drugs. (F7.1-42). Additionally, WPH is performing favorably to inventory turns, which measures the time inventory is used in a defined period, as managed by the WHS supply chain team (F7.1-43)

F7.1-42 WHS Supply Chain Cost Savings
(IP, OP, ES: All Key Services)



F7.1-43 WPH Inventory Turns (IP, OP, ES: All Key Services)



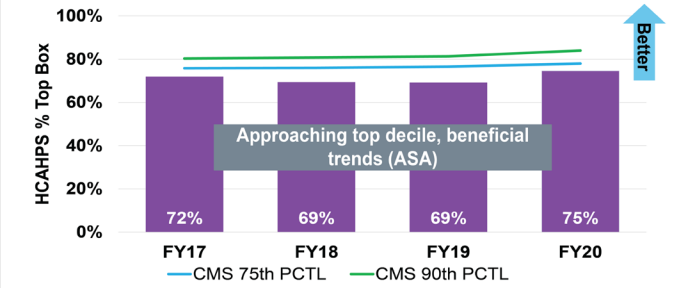
7.2 Customer-Focused Results

7.2a(1) Patient & Other Customer Satisfaction, 7.2a(2) Patient & Other Customer Engagement

As described in **3.2a(1)** and **3.2b(1)**, pursuant to CCE **(F3.1-2)** WPH measures satisfaction and engagement as an interconnected progression where engagement produces advocacy. Therefore, we are presenting **7.2a(1)** and **7.2a(2)** together, with focus on engagement to reflect WPH's processes and language. WPH considers NRC top scores of 9/10 "% Positive" as indicators for "engaged" patients. Scores of 7/8 are deemed satisfied and 6 or below as dissatisfied. NRC "% Positive" is the equivalent of CAHPS Top Box.

Since deploying our VOC huddle and Nobl rounding tool to enhance engagement with our patients and families, WPH's IP NCN engagement score (ASA) has increased by 4% **(F7.2-1)**

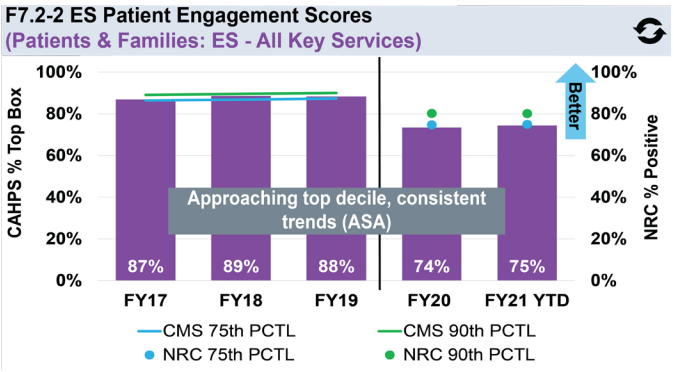
F7.2-1 Inpatient Patient Engagement Scores
(Patients & Families: IP - All Key Services)



To improve upon an identified OFI, as described in **3.1a(1)**, WPH switched from using CAHPS to measure patient and family engagement to the more rigorous NRC survey tool. For all patient engagement results segmented by service offering (except IP), historical CAHPS results are provided until WPH changed (starting in FY19 for all OP areas besides OP Surgery and in FY20 for the ES and OP surgery). For patient engagement results in **F7.2-2** through **F7.2-4**, WPH's transition from CAHPS to NRC is demarcated by a vertical black line.

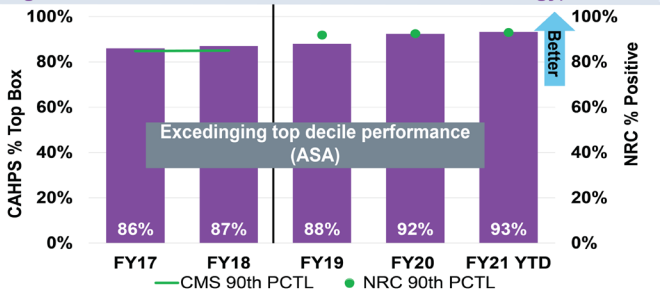
YOY, WPH continues to sustain top quartile performance within its ES key service offering and work process **(F7.2-2)**. Although, the ED Patient Engagement Score in FY20 YTD appears lower than previous FYs, performance has not changed and remains consistent. WPH is meeting the new 75th percentile benchmark for NRC, the new survey tool deployed in FY20 for ES.

F7.2-2 ES Patient Engagement Scores
(Patients & Families: ES - All Key Services)



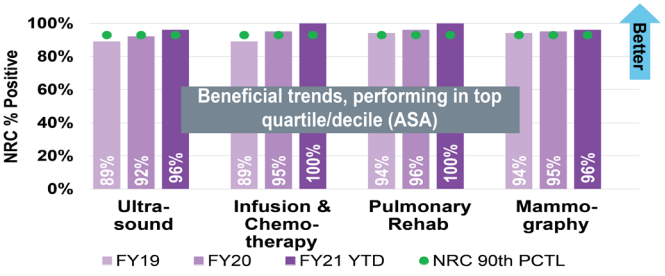
Our neighbors' engagement with our OP services have steadily improved and maintained top decile performance as a result of meeting our patient and family key requirements **(FP.1-7)**. As a result, OP engagement has increased by 6% **(F7.2-3)**.

F7.2-3 OP Patient Engagement Scores (Patients & Families: OP - Diagnostic Services & Non-Invasive & Invasive Cardiology)



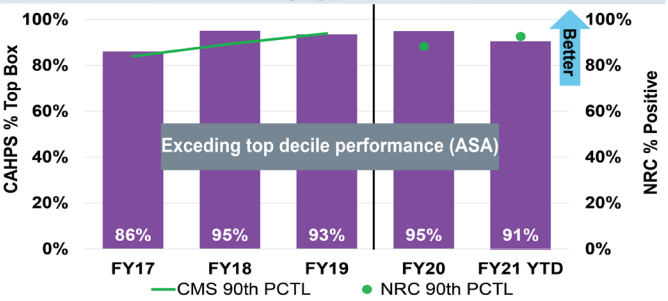
To further illustrate WPH's ability to segment, we have segmented our NRC OP scores by a sample of our OP key service offerings as outlined in FP.1-1 (ASA) **(F7.2-4)**.

F7.2-4 Segmented OP Patient Engagement Scores
(Patients & Families: OP - Diagnostic Services)



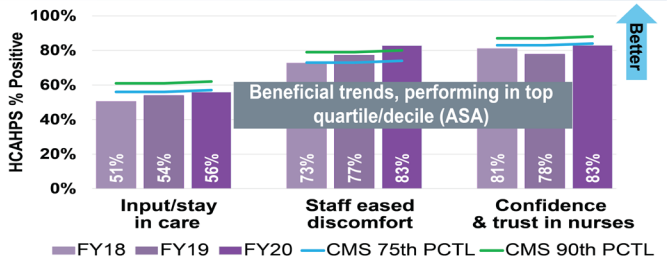
OP surgery patient engagement scores continue at sustained top decile level performance. Improvements made in FY18 were achieved by restructuring leader rounding to visit patients before and after surgery, their families during surgery, and by using patient tracking monitors, allowing family members to easily see where their loved one is within the surgery process **(F7.2-5)**.

F7.2-5 OP Surgery Patient Engagement Scores
(Patients & Families: OP - Surgery)



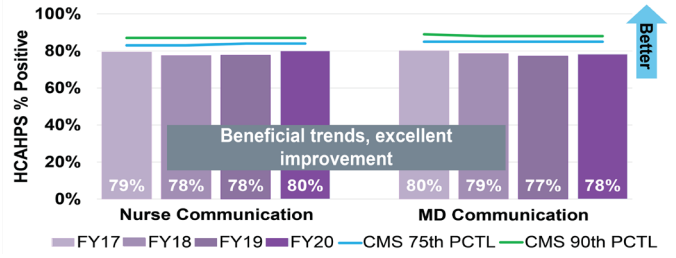
With WHS's patient engagement survey transition to NRC giving us real-time data analytics capability, WPH is able to correlate patients and family's key requirements associated with WPH's NRC survey responses and prior year results from HCAHPS and CAHPS. Trended and compared key requirements for each of WPH's patient segments within each service offering **(FP.1-7)** are shown in **(F7.2-6, F7.2-8, and F7.2-9)**.

F7.2-6 IP Patient & Families Key Requirements
(Patients & Families: IP - All Key Services)

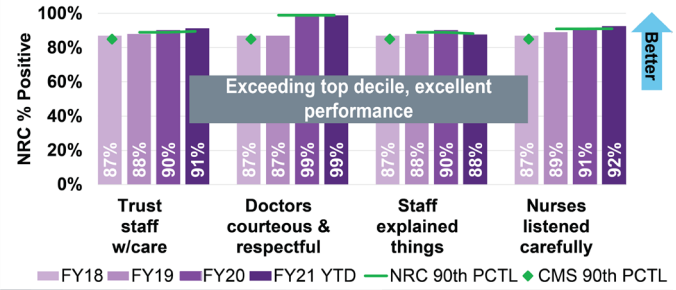


To meet WPH's IP patient and family key requirement of confidence & trust in nurses, nurse communication was improved in FY20 using our role model LMS and dedicated VMLs. Through this effort and other key process changes such as VOC huddle and use of Nobl rounding tool, WPH has improved patient engagement with nurse communication by 6%. Additionally, as the navigator of a patient's care plan, physician communication is imperative. WPH has managed an impressive increase of 6.5% in physician communication in FY20 YTD **(F7.2-7)**.

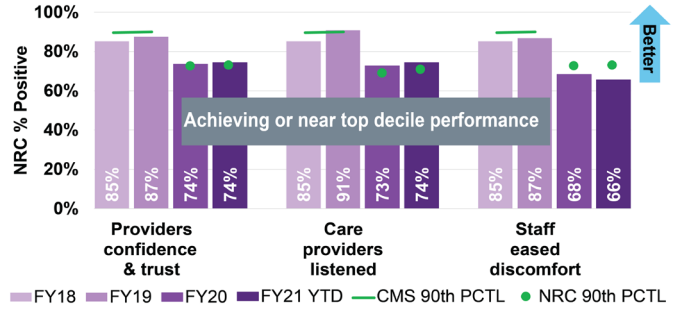
F7.2-7 Patient Engagement: Nurse & Physician Communication (Patients & Families: IP - All Key Services)



F7.2-8 OP Patient & Families: Key Requirements (Patients & Families: OP - All Key Services)

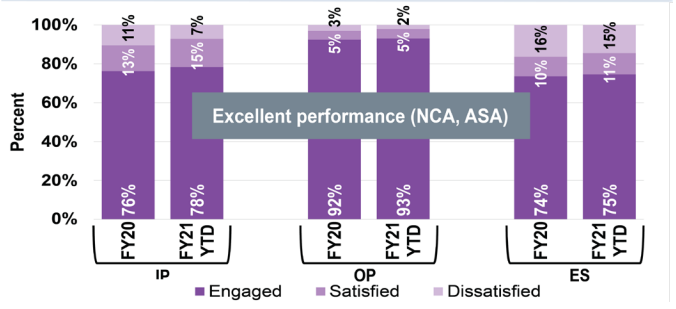


F7.2-9 ES Patient & Families: Key Requirements (Patients & Families: ES - All Key Services)



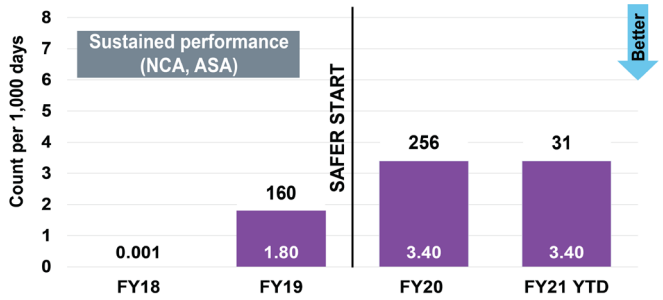
WPH takes advantage of NRC's Net Promoter capability to better understand how to move customers along our CCE **(F3.1-2)**. **F7.2-10** depicts the percentage of Engaged, Satisfied, and Dissatisfied patients WPH has had thus far in FY20.No comparisons are available for this new not yet trended metric as WPH is leading the healthcare industry to set top decile benchmarks in this area.

F7.2-10 Patient & Families Engagement - CCE Alignment (Patients & Families: All Segments & Key Services)



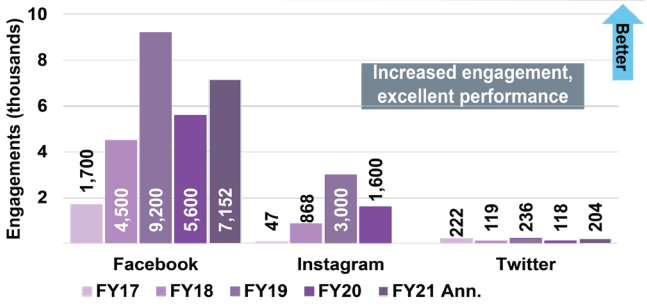
WPH classifies patient grievances as patient issues that cannot be resolved in 24 hours, and complaints as those than can be resolved quickly. **F7.2-11** depicts grievance and complaints for the last 4 FYs per 1,000 days, with our implementation of SAFER included to signify an increase in reporting.

F7.2-11 Patient Grievances & Complaints per 1,000 Patient Days & Count (IP, OP, ES: All Key Services)



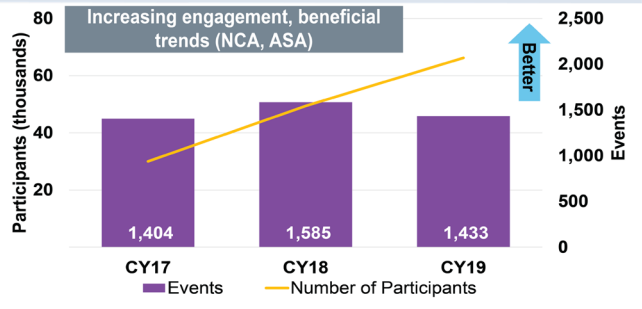
Engaging with our patients and families after they receive care from WPH is a high priority to ensure patients and families advocate for our services. WPH, in partnership with WHS, has significantly increased social media presence to provide enhanced access for patients, families, community, donors, and potential customers to engage with us. Social media engagement measures public shares, likes, and comments for WPH's social media efforts. Facebook, LinkedIn, Twitter, and Instagram are used to engage within all customer segments throughout all stages of WPH's CCE relationship with them **(F7.2-12)**.

F7.2-12 Patient & Families Social Media Engagement (Patients & Families: All Segments; Community, Donors)

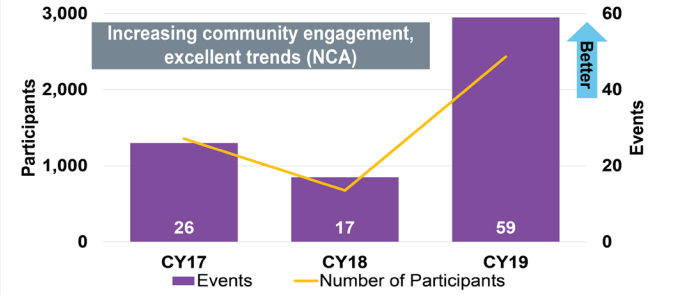


To measure community engagement, WPH leverages resources within WHS to provide community education and outreach events in WPH's PSA and SSAs. These community events allow WPH TMs to build awareness in our communities about our brand, build relationships with potential new patients towards advocacy, and continue to cultivate relationships with our neighbors. WPH's community education and outreach efforts fulfill key community requirements by hosting events that focus on prevention and promotion to ultimately enhance the health and wellbeing of every person we serve **(F7.2-13, 14)**.

F7.2-13 Customer & Stakeholder Engagement: Education & Outreach (Key Stakeholders: Community & Donors)



F7.2-14 Customer & Stakeholder Engagement: Cardiac Outreach (Key Stakeholders: Community & Donors)



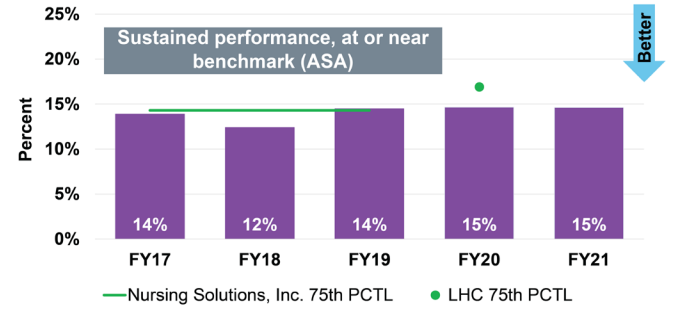
7.3 Workforce Results

In our results for Items 7.3 and 7.4 we include several results related to our PTM segment compared against the GPTW which is a multi-industry survey. Therefore, our PTMs scores are, by necessity, depicted compared to non-physicians across many industries even though it is not a comparable comparison group given the unique relationships between hospitals and physicians. Our review of recent Baldrige recipients revealed most physician related results presented as percentiles whereas we make decision based on actual raw scores.

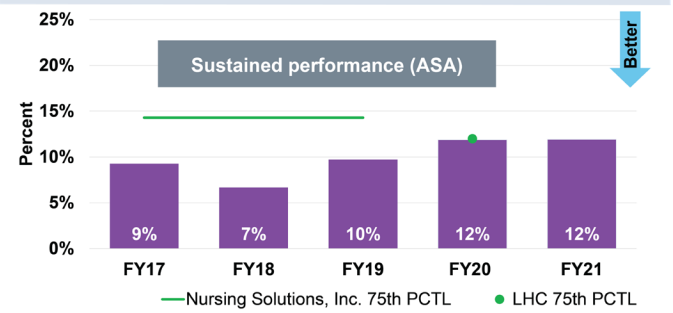
7.3a Workforce-Focused Results

7.3a(1) Amidst a competitive greater Atlanta-area job market and national WF shortages (SC2), WPH is sustaining strong levels of retention as indicated by turnover. High turnover is costly. The replacement, recruitment and onboarding cost of any TM is 1.5x times their salary. WPH's relentless, systematic, and extensively deployed TM engagement methods enable us to consistently perform at top quartile performance. Although there is an uptick in FT/PT turnover for FY20, this increase is a result of an LMS and performance evaluation management analysis that supported the decision for an entire unit turnover. Due to this turnover and the subsequent Hiring for Fit step of our SEE approach (F5.1-1), this unit is now the highest performing unit at WPH. Segmented turnover is presented in (F7.3-1 to F7.3-4).

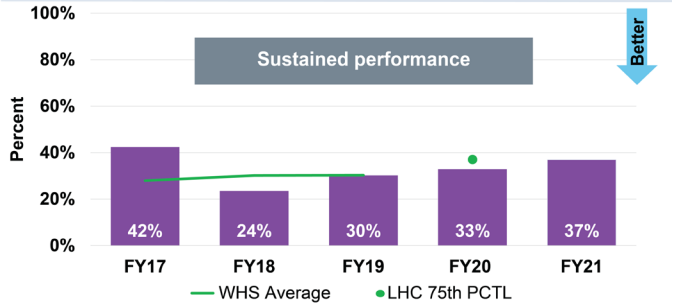
F7.3-1 FT/PT Voluntary Turnover Rate (ETM: FT, PT)



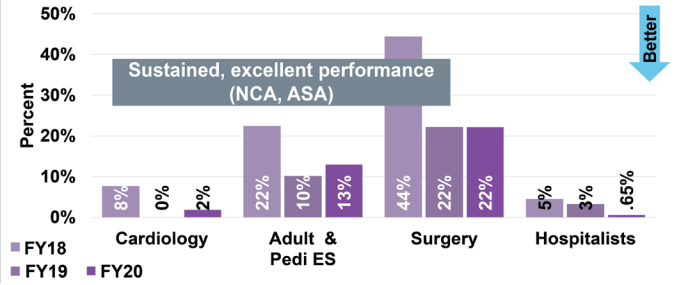
F7.3-2 Clinical FT/PT Voluntary Turnover Rate (ETM: Clinical RN)



F7.3-3 PRN Voluntary Turnover Rate (ETM: PRN)

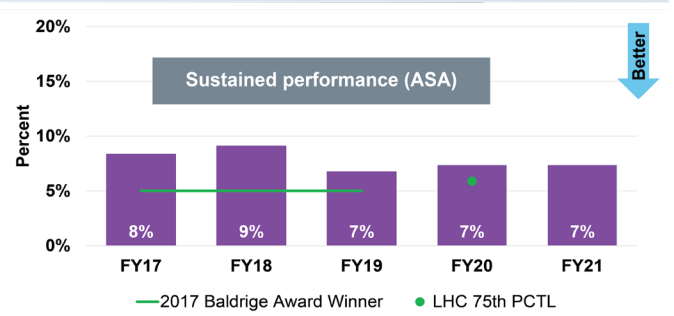


F7.3-4 PTM Voluntary Turnover Rate (PTM: Key Groups)



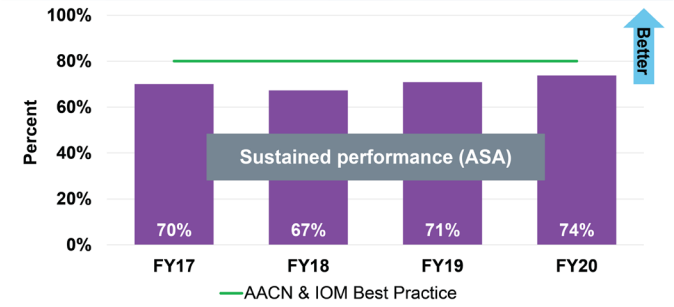
As a growing organization, ensuring WPH has a sufficient number of capable TMs to care for our neighbors is imperative. Tracking vacancy rate ensures WPH is hiring and keeping TMs that are a cultural fit and have the capabilities to perform their role **[5.1a(2)]**. Improvements in vacancy rate have been achieved since the end of FY18 when WPH aggressively increased recruitment efforts, thus positively impacting FY19 - 21 through our commitment to WF capacity and our CC2 (F7.3-5).

F7.3-5 ETM Vacancy Rate (ETM: FT, PT)



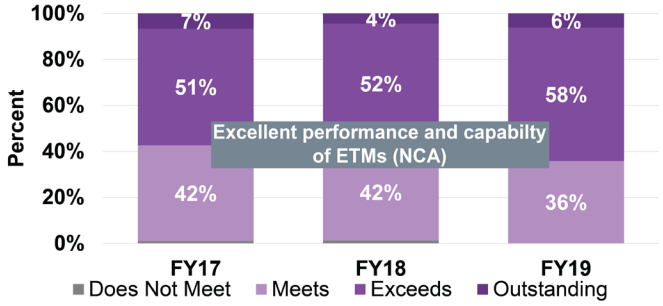
As WPH embarked on the Baldrige and Magnet journeys simultaneously, the ELT focused on recruiting and supporting existing nursing TMs to increase the number of BSN educated RNs working at WPH (F7.3-6). WPH has made progress toward 80% BSN or higher with assistance from the WHS tuition reimbursement benefit (F7.3-13).

F7.3-6 RNs with BSN or Higher (ETM: Clinical - FT, PT, PRN)



WPH performs annual performance evaluations for all ETMs and PTMs to measure capability and development **[5.2c(2)].** WPH has successfully increased the number of ETMs that are rated as "Exceeds" or "Outstanding," which indicates ETMs are excelling in their capacity to perform their role (F7.3-7).

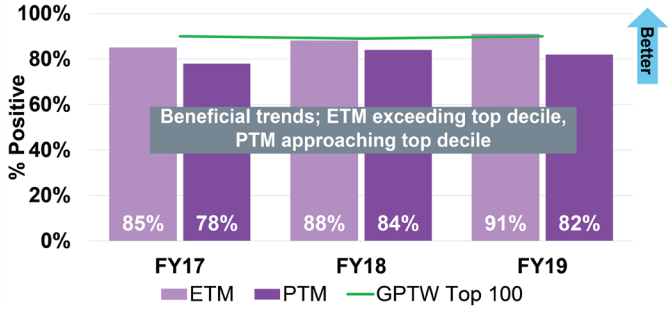
F7.3-7 Performance Evaluation Breakdown (ETM: All Groups)



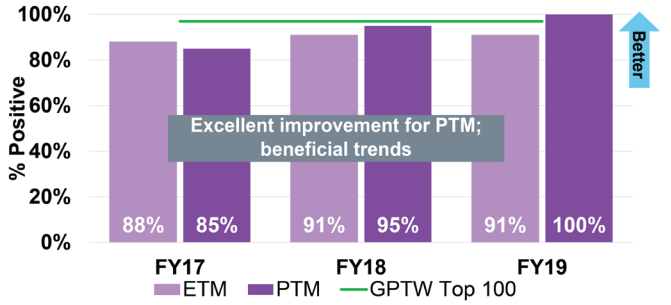
In addition, WPH measures of VTM capacity and capability include: VTM hours (7.1-20) and VTM donations (7.3-34).

7.3a(2) Providing a safe environment for all TMs to accomplish the work needed to care for WPHs neighbors is essential. The GPTW survey informs the ELT and LT on TM perception of whether our facilities contribute to a good workplace climate and workplace safety (F7.3-8, F7.3-9).

F7.3-8 Our Facilities Contribute to a Good Working Environment (ETM, PTM GPTW: All Groups)

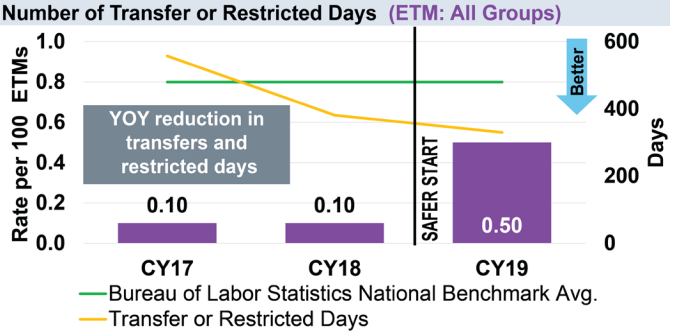


F7.3-9 This is a Physically Safe Place to Work (ETM, PTM: All Groups)



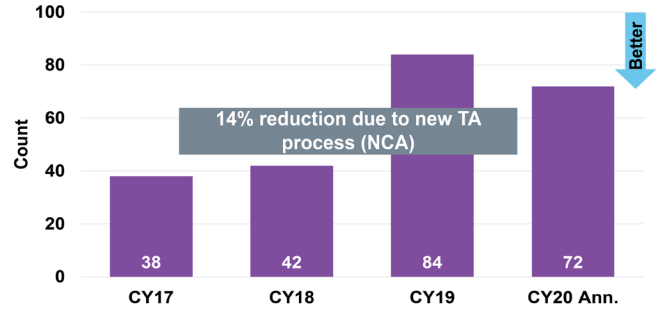
In November 2018, we implemented the SaFER program that enables TMs to more accurately report even minor TM workplace incidents. As a result we are able to take rapid remedial action to successfully reduce the number of lost work and restricted work days below the National BLS comparison. (F7.3-10).

F7.3-10 Rate of Job Transfer or Restriction per 100 ETMs & Total Number of Transfer or Restricted Days (ETM: All Groups)



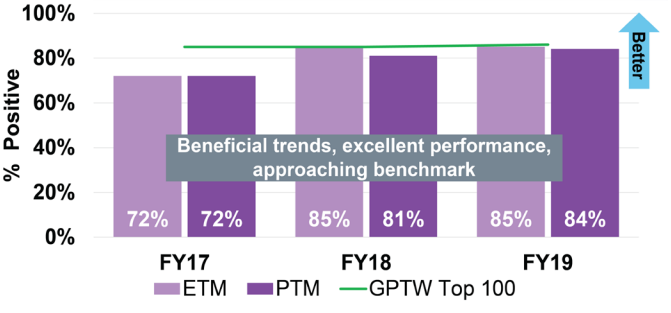
Additionally, as described in **6.2c(1)**, WPH's security TMs are essential to our key support processes (F6.1-4) as their mission is to "provide an orderly and peaceful environment for the people who work at and use WPH". One way the security team has assisted with making WPH a safe work place is through their new Threat Assessment (TA) **[5.ab(1)]**, which has assisted with reducing patient restraint usage by 14% since last CY19 (F7.3-11).

F7.3-11 Patient Restraint Usage (IP, OP, ES: All Key Services)

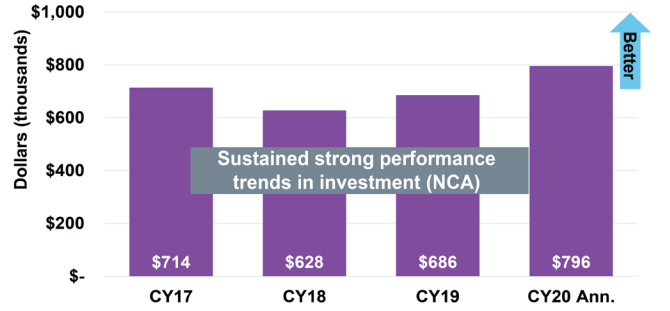


As depicted in (F5.1-4), WHS offers a wide variety of special and unique benefits, as validated by the GPTW survey responses (F7.3-12) and other key benefit results (F7.3-13 to 16).

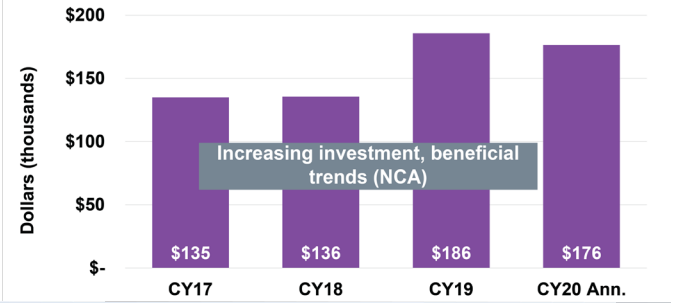
F7.3-12 We Have Special and Unique Benefits Here (ETM, PTM GPTW: All Groups)



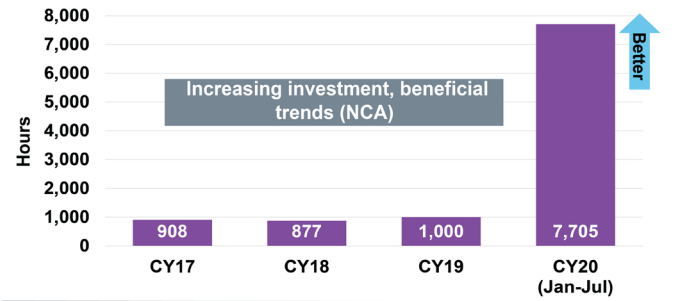
F7.3-13 403(b) Plan Match Contributions (ETM, PTM: FT, PT)



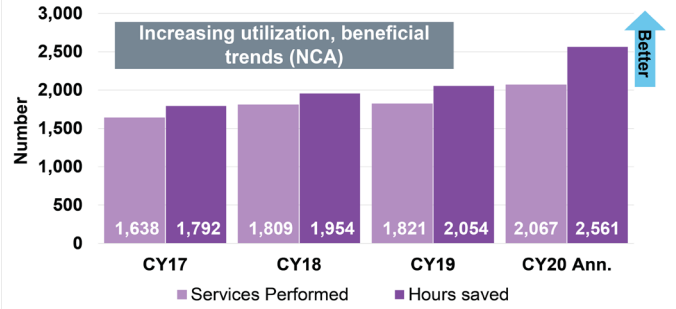
F7.3-14 Tuition Reimbursement (ETM: FT, PT)



F7.3-15 TM Back-Up Care Utilization (ETM, PTM: All Groups)



F7.3-16 Best Upon Request - Concierge Services (ETM, PTM, VTM: All Groups)

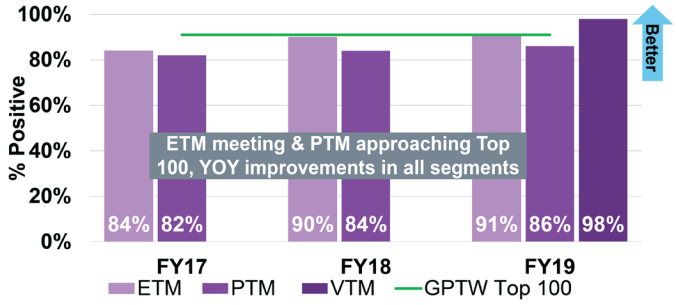


7.3a(3) The most essential measure of whether a company is a great workplace is whether employees say it is. Over 10 million employees in 50 countries annually take the Trust Index Employee Survey from GPTW. WPH utilizes this survey for all its ETMs and PTMs and applies the GPTW "For All" Methodology for the VTM survey, first administered in FY19. The survey is focused on the behaviors that lead to a trusting workplace environment, the most critical factor for creating a great workplace. The assessment asks ETMs and PTMs about behaviors that measure the way in which credibility, respect, pride, camaraderie, and fairness are expressed in the workplace, WPH's key engagement drivers **(FP.1-4)**. For TM engagement, WPH seeks to maintain higher than top decile performance (10th PCTL), and strives to maintain its GPTW Top 100 achievement, ***which equates to performing at the top 8% of all organizations- not just healthcare- across the country*** to further strength and maintain our CC2.

Of importance, PTM engagement was previously measured only at the system level. In FY19, WPH requested the ability to separate out WPH PTMs who practice primarily on WPH's campus to ensure the ELT, LT, and other appropriate TMs have the ability to understand WPH's PTM engagement. Thus throughout Category 7, PTM engagement results for FY17 & FY18 are based on WHS PTM engagement and FY19 results are specific to WPH PTMs.

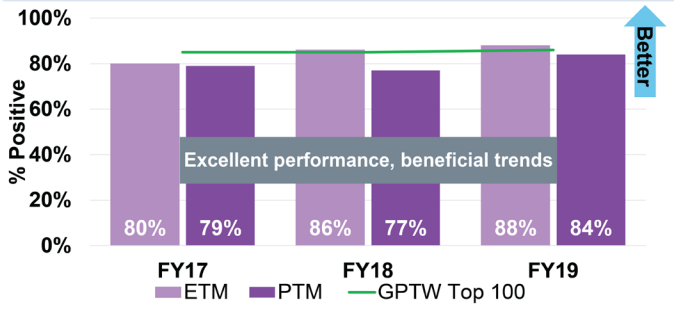
Shown in **(F7.3-17)** is WPH's overall GPTW Trust Score, which summarizes WPH's overall performance across all six dimensions that include 63 questions. WPH achieved an overall score of 91% positive in FY19, placing it in the Top 100 of 1800 organizations in all industries and validating our CC2. Additionally, through a cycle of learning, WPH recognized it was imperative to survey our VTMs as a key segment of WPH's TMs and implemented an internal VTM survey in FY19. VTM results are included in results when applicable.

F7.3-17 Taking Everything Into Account, I Would Say This is a Great Place to Work (ETM, PTM, VTM GPTW: All Groups)

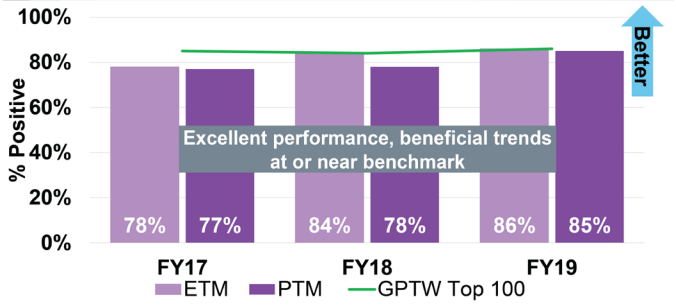


The engagement drivers, or dimensions, of the GPTW survey assess ETM and PTM perceptions of key areas of workplace culture: Credibility, Respect, Fairness, Pride, and Camaraderie **(FP.1-4)**. Each engagement driver has a Trust Score average for each dimension **(F7.3-18 to 22)**, ASA AOS. A sample of VTM engagement responses for FY19 is provided in **(F7.3-23)**.

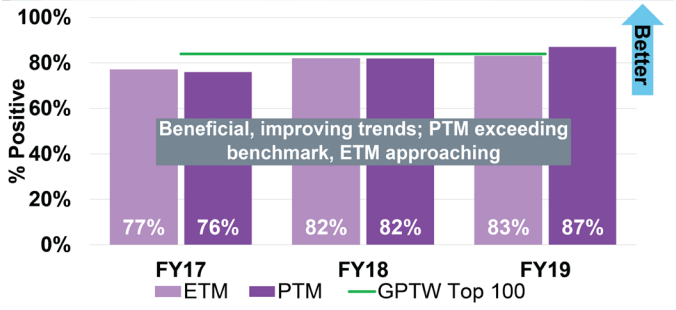
F7.3-18 Credibility Trust Score (ETM, PTM, GPTW: All Groups)



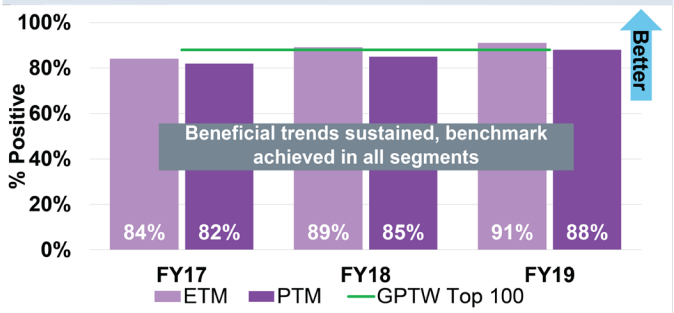
F7.3-19 Respect Trust Score (ETM, PTM, GPTW: All Groups)



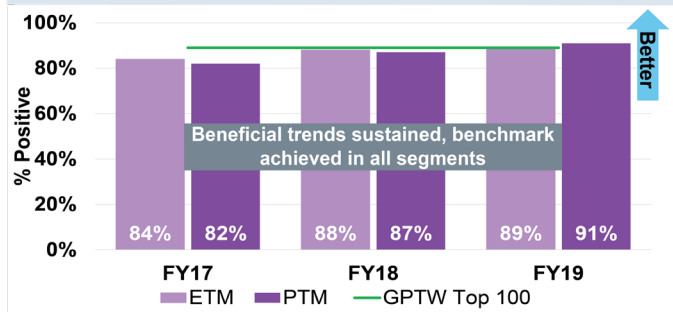
F7.3-20 Fairness Trust Score (ETM, PTM, GPTW: All Groups)



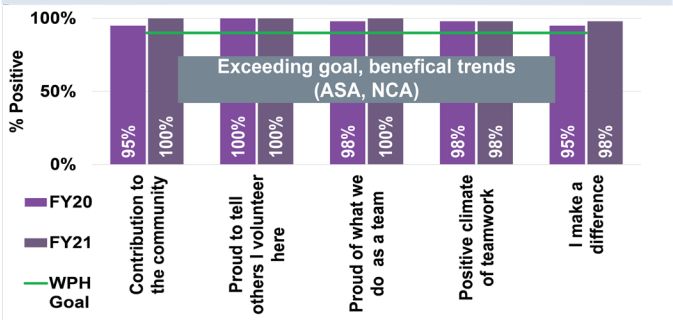
F7.3-21 Pride Trust Score (ETM, PTM, GPTW: All Groups)



F7.3-22 Camaraderie Trust Score (ETM, PTM, GPTW: All Groups)

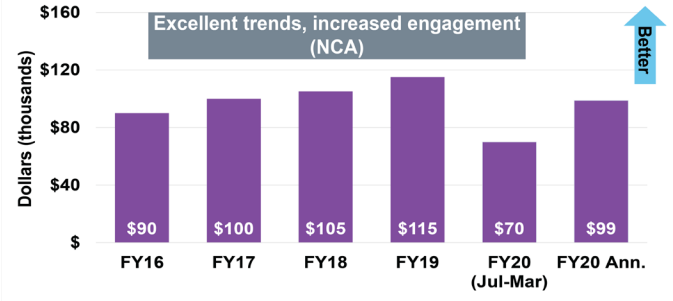


F7.3-23 VTM Engagement Survey Responses (VTM)



VTM donation indicates the amount of money WPH's VTMs donated to the WHS Foundation through local gift shop and vendor sales they manage and run. VTMs have been steadily improving their ability to generate funds, as a measure of engagement, for the WHS foundation enhancing our ability to execute on strategic tactics, reach philanthropic goals, and make a difference in our community **(FP.1-6)**, **(F7.3-24)**.

F7.3-24 VTM Donations (VTM)



WHS and WPH prides themselves on providing a great place to work for all TMs, leading to earning many awards over the past five years that demonstrate our commitment to the neighbors that care for our patients and families **(F7.3-25)**

F7.3-25 WHS Workforce Awards Since 2015

- Forbes Best Employer by State
- Fortune 100 Best Companies to Work For
- Fortune 100 Best Workplaces for Women, Diversity, & Healthcare
- Working Mother Top 100 Companies
- Companies That Care Honor Roll
- World at Work Seal of Distinction
- Flexibility Great Place to Work
- Atlanta's Best and Brightest Companies to Work For
- Best Adoption-Friendly Workplace: Dave Thomas Foundation
- Top Companies for Executive Women and Multicultural Women: National Association for Female Executives
- Diversity Best Practices Inclusion Index & MBA

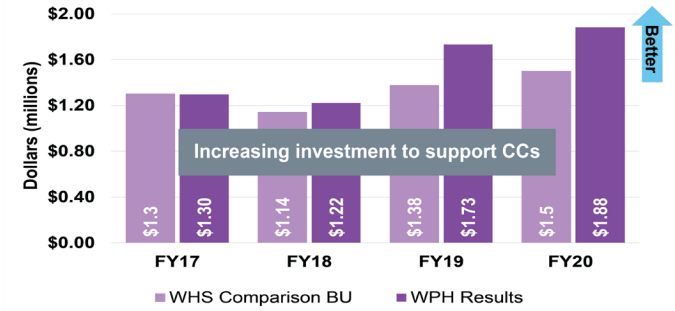
WPH recognizes TMs that demonstrate action through values. In addition to hundreds of daily casual and spontaneous recognitions throughout the year (AOS), major formal recognition results are displayed in **(F7.3-26)**.

F7.3-26 Workforce Recognition

Recognition Type	FY15	FY16	FY17	FY18	FY19	FY20
Safety Stars	24	24	36	36	36	36
Daisy Awards	4	6	4	5	5	5
Rose Awards	4	4	4	4	4	4
Physician of the Year	1	1	1	1	1	1
Volunteer of the Year	1	1	1	1	1	1

7.3a(4) As part of our SEE approach **(F5.1-1)**, ensuring WPH's TMs are properly oriented and educated is essential to provide the best care for our neighbors. YOY spending on education has increased, continuing to support WPH's CC2 **(F7.3-27)**.

F7.3-27 Education & Orientation Spend (ETM: All Groups)



To ensure our TMs receive the appropriate, required, and right amount of education, WPH has mandatory training experiences facilitated through WHS's GAMES program **(F7.3-28)**. ETM development is also measured by the performance evaluations presented in **(7.3-7)**.

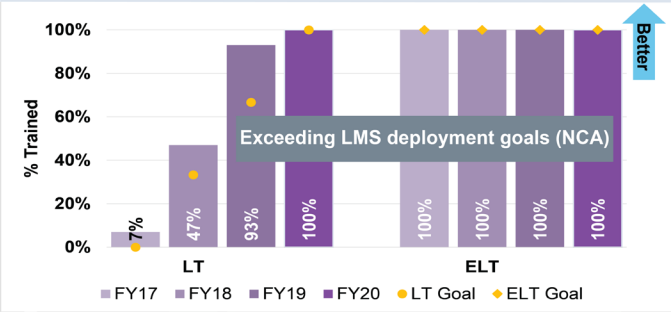
F7.3-28 GAMES Training & Development Initiatives

Training Type	Frequency	% Compliance
Coronavirus & Special Pathogen Training	Annual	100%
Personal Protective Equipment	Annual	100%
Georgia Safe Haven	Annual	100%
Age appropriate care	Annual	100%
Blood borne pathogens	Annual	100%
Corporate compliance	Annual	100%
Cultural awareness	Annual	100%
Effective communication	Annual	100%
Emergency preparedness	Annual	100%

Employee competency	Annual	100%
Ergonomics	Annual	100%
General, fire and back safety	Annual	100%
Harassment prevention	Annual	100%
Hazard communications	Annual	100%
High quality and patient safety	Annual	100%
HIPPA privacy and security	Annual	100%
Patient rights	Annual	100%
Preventing suicide	Annual	100%
Recognizing abuse and neglect	Annual	100%
Risk management	Annual	100%

Systematic deployment of our LMS is crucial for role model integration of the key leadership processes within our LS **(F1.1-1)** and the key work processes all TMs engage in daily. To promote role model expected behavior and use of the LMS, the ELT set a training goal for themselves at 100%, followed by a strategic roll out to WPH directors, managers, and assistant managers **(F7.3-29)**.

F7.3-29 LMS Deployment: Training (ETM, PTM)



7.4 Leadership and Governance Results

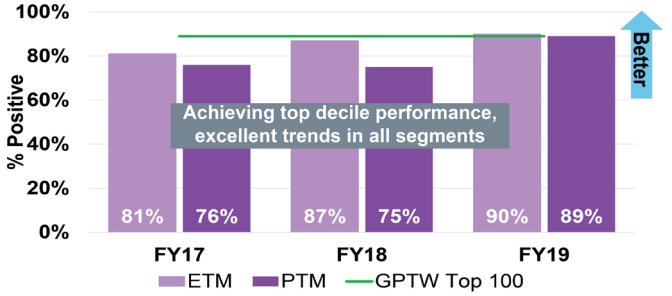
7.4a Leadership, Governance, and Societal Contribution Results

7.4a(1) The GPTW survey enables our TMs to assess the performance of the ELT and LT. WPH is approaching Top 100 performance levels across all GPTW survey questions concerning leadership with significant improvements in FY18 and FY19. Leadership themes presented in the following survey responses include communication, engagement, and deployment of MVV **(F7.4-1)** through **(F7.4-4)**.

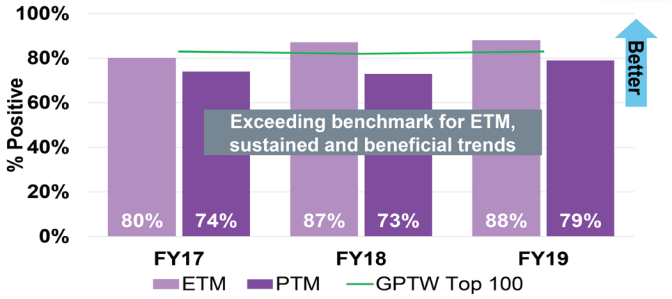
Our new VTM survey asks a key leadership question:"I feel that Administration supports and appreciates volunteers," to which our VTMs responded with a 93% positive score, exceeding WPH's internal goal of 90% positive.

In addition, see **F7.1-33** through **F7.1-42** regarding leadership communication on safety.

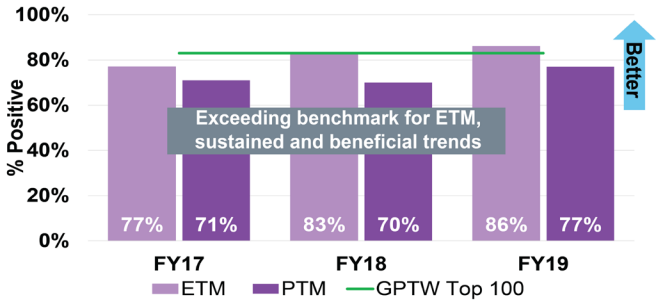
F7.4-1 Our Executives Fully Embody the Best Characteristics of Our Company (ETM, PTM GPTW: All Groups)



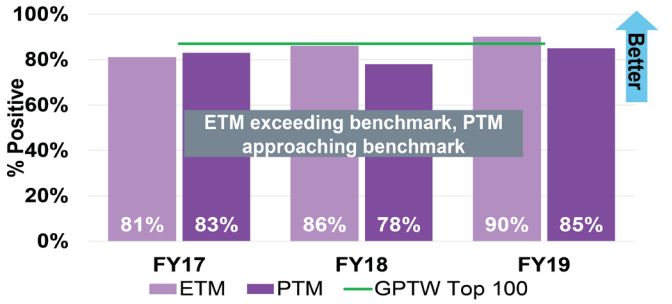
F7.4-2 Management Keeps Me Informed About Important Issues and Changes (ETM, PTM GPTW: All Groups)



F7.4-3 I Can Ask Management Any Reasonable Question and Get a Straight Answer (ETM, PTM GPTW: All Groups)

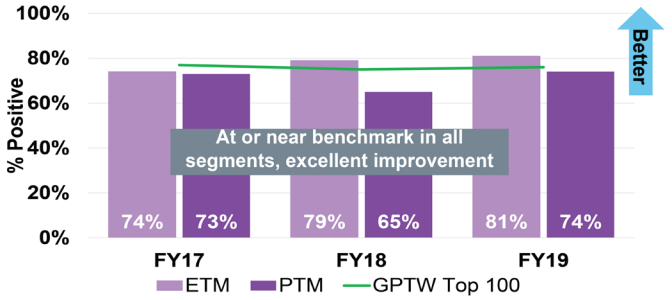


F7.4-4 Management is Approachable, Easy to Talk With (ETM, PTM GPTW: All Groups)



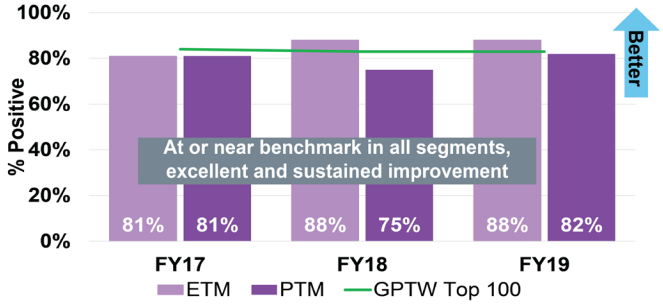
The GPTW also survey provides insight on perceptions of TM inclusivity of workplace decision-making. WPH's role model LMS and VMBs intentionally create problem-solvers at the front line and encourage TMs to take pride and ownership of the decisions their team makes for their work area, all while aligned to WPH SOs and WHS STs through our A3 key process **(F4.1-1)**. **F7.4-5** depicts the great improvement that WPH has experienced since its deployment and integration of lean principles in FY18.

F7.4-5 Management Involves People in Decisions that Affect Their Jobs or Work Environment (ETM, PTM GPTW: All Groups)



The GPTW survey question outlined in **(F7.4-6)** illustrates the perception of TM expectations as set through shared goal setting during performance evaluations, MTWs/I Wills, and cascaded A3 strategy **(F4.1-1)** in order to deliver on our MVV.

F7.4-6 Management Makes its Expectations Clear (ETM: PTM GPTW: All Groups)



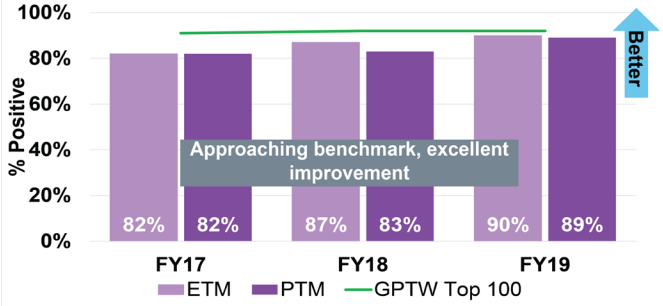
7.4a(2), 7.4a(3), and 7.4(a) Fiscal accountability audit results for WPH are in full compliance with all regulatory agencies. The WHS consolidated financial statements present fairly, in all material aspects, conformity with US GAAP. Results for other indicators of legal, regulatory and accreditation performance are shown in **(F7.4-7)**.

F7.4-7 Governance, Law & Ethics Process Results

Process	Measure	CY16	CY17	CY18	CY19
Accreditation	TJC	✓	✓	✓	✓
	CMS	✓	✓	✓	✓
Licensure	Board Certified PTM	100%	100%	100%	100%
	ETM	100%	100%	100%	100%
	Facility	100%	100%	100%	100%
Compliance	TMs trained annually	100%	100%	100%	100%
	TM compliance acknowledgments	100%	100%	100%	100%
	Annual conflict of interest statements	100%	100%	100%	100%
	FDA reporting	0	0	0	0
	OSHA findings/ survey	0	0	0	0
Ethics/Risk Management	EEOC complaints filed	0	1	0	0
	HIPPA violations	0	2	1	0

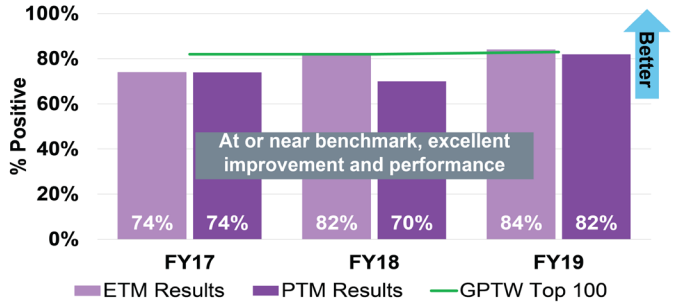
WPH is approaching top decile in TM perceptions of our leaders' ability to lead our organization in an honest and ethical manner **(F7.4-8)**.

F7.4-8 Management is Honest and Ethical in its Business Practices (ETM, PTM GPTW: All Groups)



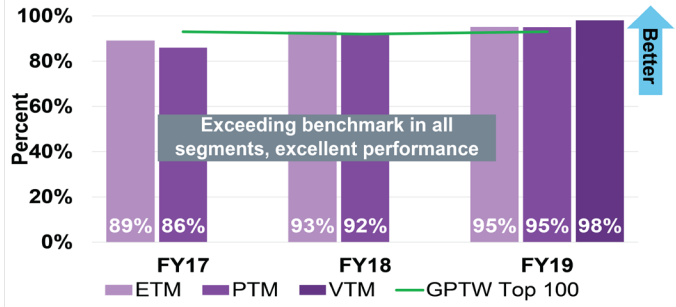
WPH also measures the level of trust that TMs have in our ELT and LT. **F7.4-9** depicts marked improvement in how TMs perceive leadership's focus on action.

F7.4-9 Management's Actions Match Their Words (ETM, PTM GPTW: All Groups)



7.4a(5) WPH also utilizes the GPTW and VTM engagement survey to assess the perceptions of societal contributions by TMs. WPH's TM perception of collective community contribution has exceeded Top 100 performance for the last two FYs **(F7.4-10)**.

F7.4-10 I Feel Good About the Ways We Contribute to the Community (ETM, PTM GPTW: All Groups)



Additional indicators of WPH and WHS societal contributions, support of key communities (PSA and SSAs), and contributions to community health are through our community education and outreach efforts depicted in **(F7.4-11)** and **(F7.4-12)**.

F7.4-11 WHS PC Community Education & Outreach

Activity	CY17	CY18	CY19
Advance Care Planning	7	9	8
Community & Corporate Events, Screenings, & Marketing Booths	-	43	44
Congregational Health Network	-	33	28
Sponsorships	-	15	24
CPR/First Aid	6	6	11
Medication Take Back	-	4	4
SAW Classes (ASA)	-	55	56
Safe Kids Cobb County	-	29	18
School Health Classes	1391	1391	1240

F7.4-12 WHS PC Cardiac Education & Outreach

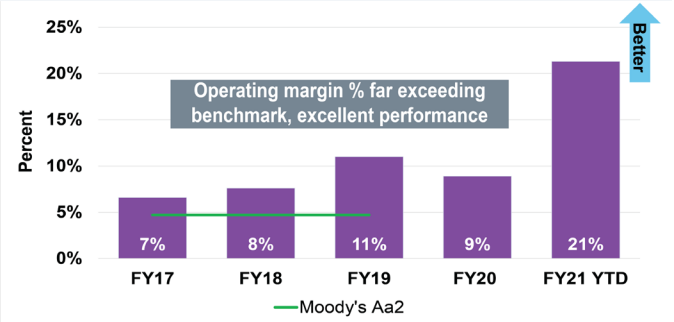
Activity	CY17	CY18	CY19
Community Events	6	7	35
CPR/First Aid	8	6	11
SAW Classes (ASA)	12	4	13

7.5 Financial, Market, and Strategy Results

7.5a(1) Since opening its new location in FY14, WPH has maintained a strong financial position (SA4) as the capabilities and capacity for services have expanded to meet the needs of our neighbors. IBM ActionOI, Watson Top 100 and Moody's serve as high-performance/top decile comparisons. With operational and financial data from more than 750 healthcare organizations, ActionOI and Watson Top 100 have the largest comparative database in the industry.

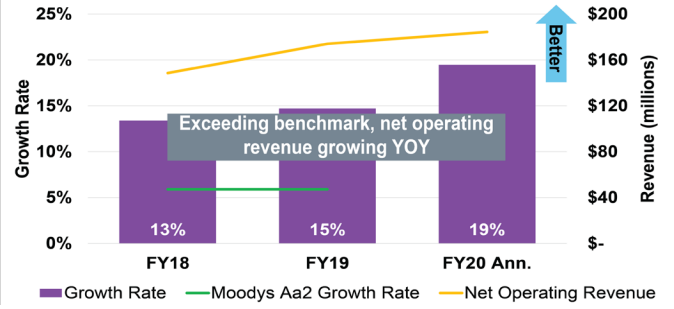
Operating Margin is a measure of operating efficiency. WPH consistently exceeds Moody's Aa2 rating benchmark **(F7.5-1)**.

F7.5-1 Operating Margin (%) & Operating Income in Millions (IP, OP, ES: All Key Services)



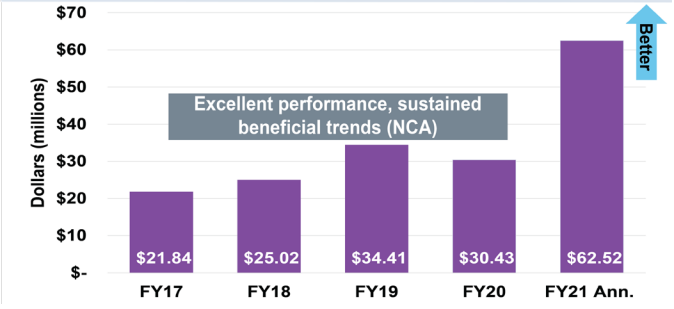
WPH continues to grow operating revenues through expansion of services within all key service offerings, leading to a growth rate in operating revenue of over 19% for the last 4 FYs. The percent growth for FY20 is smaller due to reaching capacity in all key service offerings **(F7.5-2)**.

F7.5-2 Annual Operating Revenue Growth Rate & Total Operating Revenue in Millions (IP, OP, ES: All Key Services)



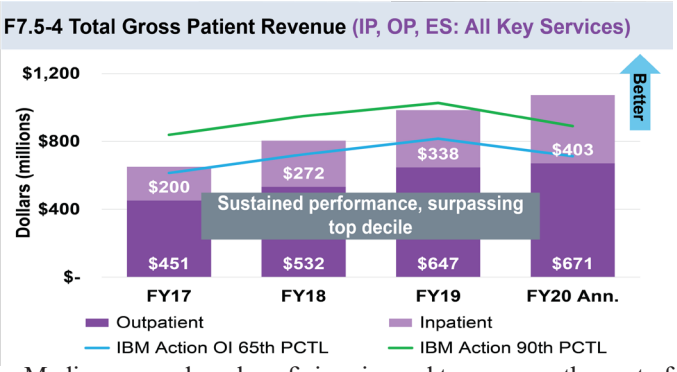
Earnings Before Interest, Depreciation, and Amortization (EBIDA) is another measure used to evaluate WPH's operating performance and potential reinvestment opportunities **(F7.5-3)**.

F7.5-3 WPH EBIDA (IP, OP, ES: All Key Services)



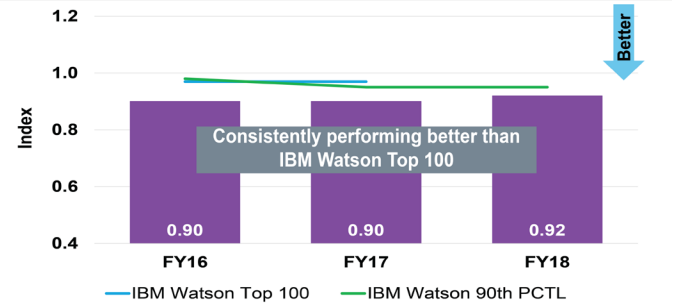
Total gross patient revenue is the sum of WPH's key service offerings (IP, OP and ES). WPH's gross patient revenue has consistently increased over 35% due to the growth in the services WPH provides to their neighbors **(F7.5-4)**.

F7.5-4 Total Gross Patient Revenue (IP, OP, ES: All Key Services)



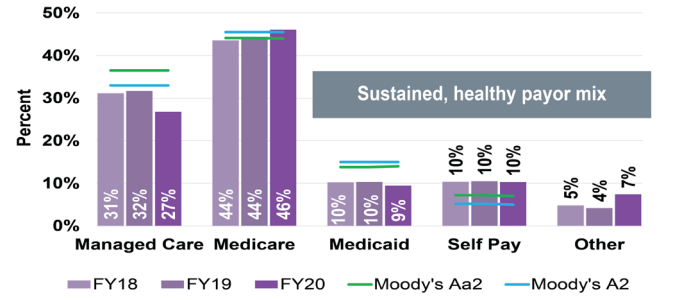
Medicare spend per beneficiary is used to compare the cost of care provided to a Medicare patient for the same episode of care across the country. WPH consistently provides care at a lower cost than IBM Watson Top 100 **(F7.5-6)**.

F7.5-6 IBM Watson Medicare Spend per Beneficiary Index (IP, OP, ES: All Key Services)



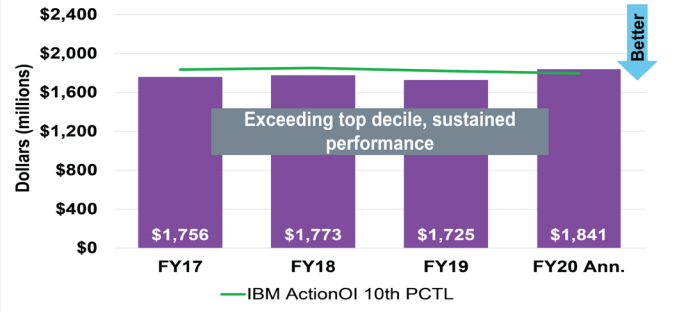
Payor mix performance is a SA4 for WPH as we maintain a mix comparable to our Moody's Aa2 and A2 peers **(F7.5-7)**

F7.5-7 Payor Mix (IP, OP, ES: All Key Services)



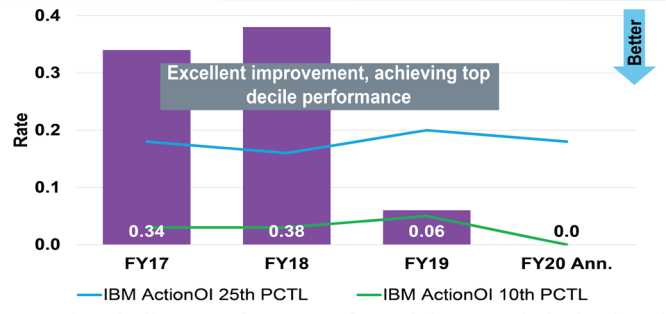
WPH works diligently using our role model LMS to manage labor and supply expenses through a MOR. WPH consistently exceeds the 10th percentile for Total Expense per Adjusted Patient Day **(F7.5-8)**. *Adj. Patient Day: Total patient days adjusted for OP factor*

F7.5-8 Total Expense per Adjusted Patient Day (IP, OP, ES - All Key Services)



As discussed in 6.2a, through the use of a PSA3, WPH has effectively reduced the amount of costly contract labor **(F7.5-9)**.

F7.5-9 Contract Worked Hours per Adjusted Patient Day (IP, OP, ES: All Key Services)



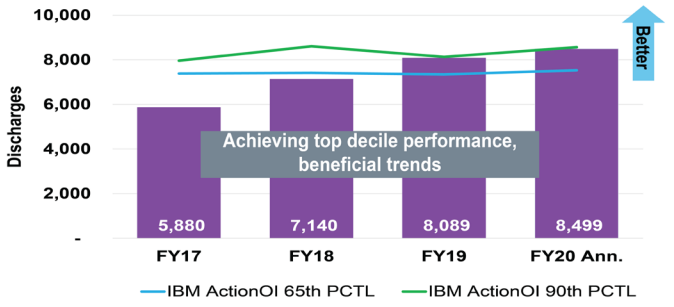
Another indicator of WHS's financial strength is its bond ratings from two agencies: Moody's and S&P **(F7.5-10)**. WHS consistently maintains a high level of performance.

F7.5-10 WHS Bond Ratings

Rating Agency	FY16	FY17	FY18	FY19	FY20
Moody's	A2	A2	A2	A2	Not avail.
S&P	A	A	A	A	A

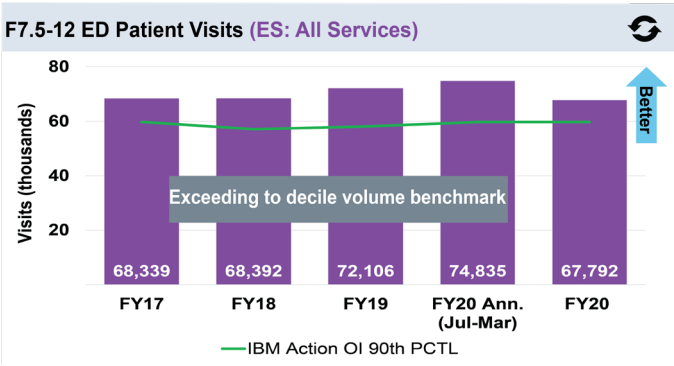
7.5a(2) To keep up with WPH's growing community (SA7), WPH continues to expand and add new services for our neighbors. WPH increased IP capacity by 56 beds in FY18, expanded cardiac services to include electrophysiology and added interventional radiology in FY19. Despite a decline in IP discharges and volumes across the nation, WPH has grown its total number of patient discharges by 44% since FY17 **(F7.5-11)**.

F7.5-11 Total Patient Discharges (IP: All Key Services)



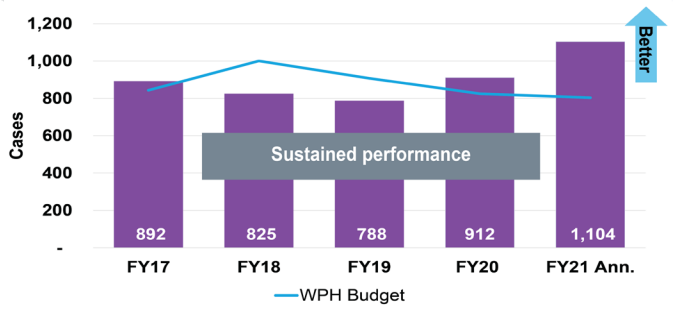
ED volume has increased 9.5%, exceeding top decile performance for other liked sized facilities **(F7.5-12)**.

F7.5-12 ED Patient Visits (ES: All Services)

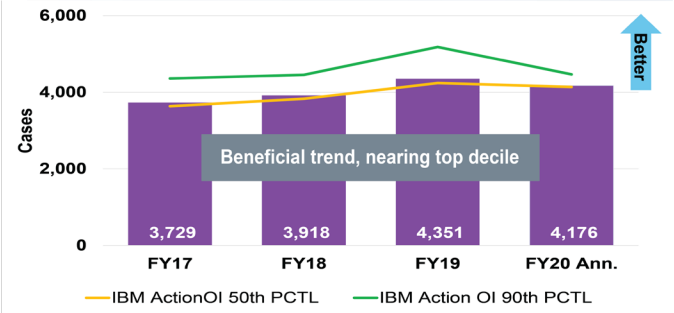


In a similar fashion to IP discharges, IP and OP surgeries performed in acute care facilities are declining across the country. Despite this decline, WPH has sustained IP and OP surgical and procedural growth **(F7.5-13, 14, 15).**

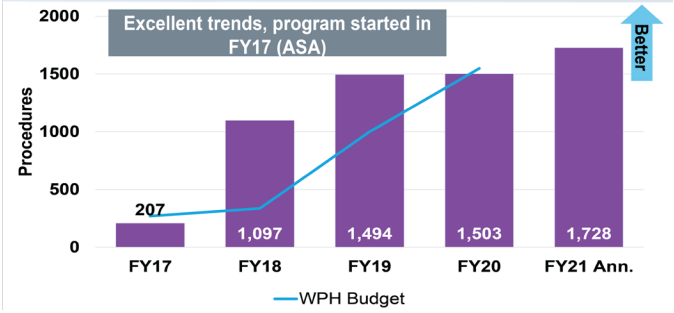
F7.5-13 Total IP Surgery Cases (IP: Surgery)



F7.5-14 Total General Surgery Cases (IP, OP: Surgery)

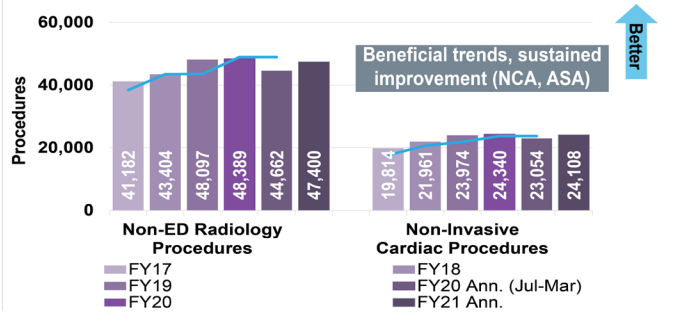


F7.5-15 Cardiac Procedures (IP, OP: Tele, Cardiac)



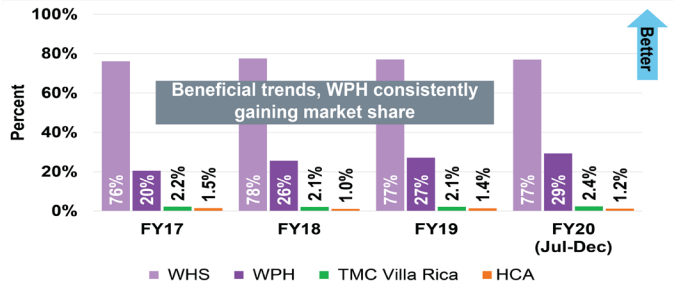
The growth of WPH OP services has consistently increased YOY and is an important aspect of WPH's business **(FP.1-1)**. WPH's Non-Invasive Cardiac Procedures have grown by 22% and Non-ED Radiology procedures by 15% **(F7.5-16).**

F7.5-16 Diagnostic Procedures (IP, OP: Diagnostics)

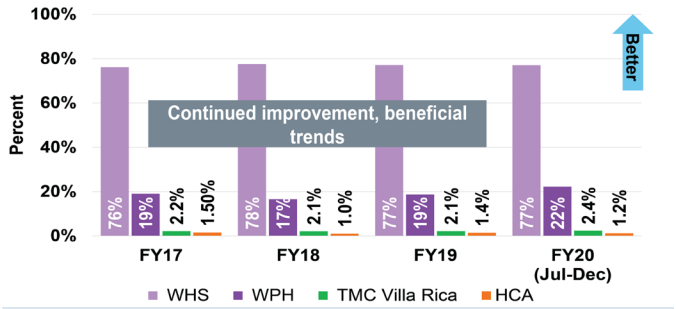


As described in **P.2a(1)**, WHS and WPH hold a strong competitive position in PC and the surrounding areas within WPH's PSA through WHS's feeder strategy approach. Although limited, other organizations including TMC and HCA (comprised of two hospitals: Redmond Regional Medical Center and Cartersville Medical Center) provide care to a limited patient population in WPH's PSA. WHS and WPH dominate the overall inpatient market, with additional segmentation provided in alignment with our key service offerings to show examples of segmentation ability **(F7.5-17)** through **(F7.5-19).**

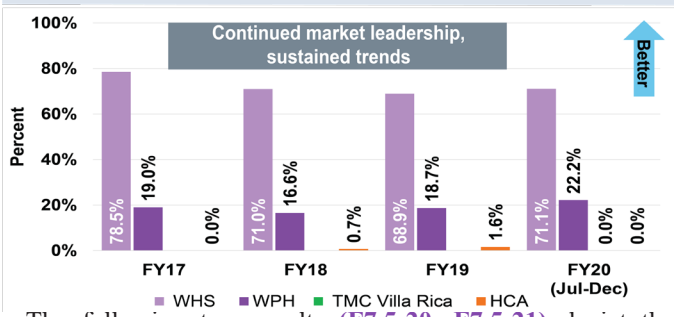
F7.5-17 Total Market Share (IP: All Key Services)



F7.5-18 Market Share (IP: General Medicine, Tele)

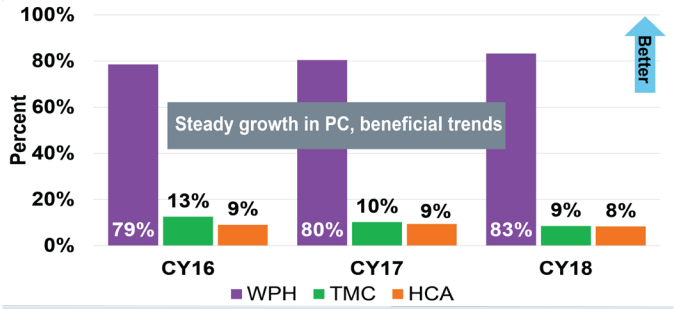


F7.5-19 Market Share (IP: Surgery)

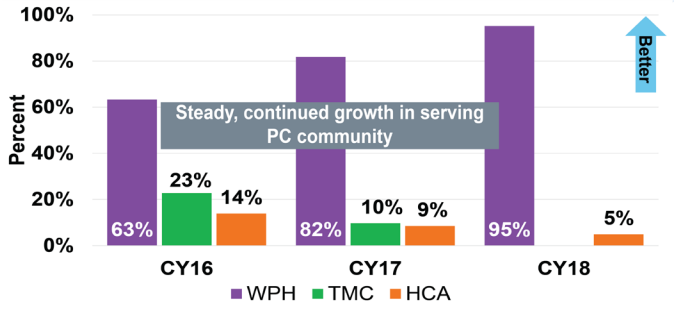


The following two results **(F7.5-20, F7.5-21)** depict the percent of patients from PC that choose WPH for OP surgical services and cardiac catheterization (ASA), further exemplifying the loyalty of our neighbors to WPH. (Note: Reporting for FY19 is not yet available).

F7.5-20 PC OP Loyalty (OP: Surgery)



F7.5-21 PC OP Loyalty (OP: Cardiac Cath)



7.5b WPH's success in implementing strategy is assessed based on key measures and targets set each year by WHS and WPH leadership as appropriate. Strategy implementation results can be found on **F2.1-3**. In alignment with WHS STs and goals, those in **purple** are the measures we achieved "Max" performance, or exceeded, in. Measures in **green** are the measures we achieved our goal performance, and those in **yellow** are those that we achieved threshold performance in.