



Piedmont Mountainside Hospital,  
a not-for-profit facility, is part of  
Piedmont Healthcare System.

# Piedmont Mountainside Hospital

Jasper, Georgia

## Connecting the Dots

With an eye on becoming a world-class health care provider, Piedmont Mountainside Hospital (PMH) began surveying its patients in 2005. The data we received back was enlightening. In some areas of the hospital, we performed very well; in others, there were opportunities, but the information was immediately put to use to improve the patient care experience as much as possible.

In 2009, Piedmont Healthcare leadership, under the direction of President and CEO Timothy R. Stack, identified a more specific goal: to be one of the top 10 health care systems in the country by the year 2020. We knew in order to achieve this goal we would need to focus on the satisfaction of our leaders, our staff and our physicians. We also knew that we didn't have enough information at that time to determine how well we worked together, and thus, the employee and physician satisfaction surveys were added that same year.

## Satisfied Caregivers = Satisfied Patients

Anecdotally, we frequently hear that the staff and physicians love working at Piedmont Mountainside Hospital. In letters to our president and CEO Mike Robertson, patients tell us that they love to come to our hospital for their care. More quantitatively, our patient satisfaction scores reflect a clear satisfaction from our patients. At the end of our most recent fiscal year, our percentile rankings in the Press Ganey databases were 97<sup>th</sup> percentile (ambulatory surgery), 84<sup>th</sup> percentile (inpatient), 76<sup>th</sup> percentile (outpatient), and 68<sup>th</sup> percentile (emergency.) Additionally, our HCAHPS results have been very positive, with top box ratings ranging in the high seventies to the low eighties in "Overall Hospital Rating" (percent responding with a 9 or 10.) Best proof of all, we have seen increases in the number of inpatient admissions, as well as in patient visits to our emergency department, our ambulatory surgery center and our

outpatient testing and treatment departments. We believe these increases can be attributed to an atmosphere of satisfaction among our caregivers: staff, leadership and physicians alike.

### Leadership

We believe that positive change starts at the top and must be consistent. President and CEO Mike Robertson and his executive team all lead by example, modeling the behaviors they want to see from leadership, staff and physicians in the organization. To reinforce these behaviors, service excellence coaches visit on a monthly basis to work directly with staff and leadership to maintain the focus on the process of hardwiring these tactics to decrease variance among leaders and to improve the patient's perception of care. Another key component of leadership involvement is accountability. Goals were set for the organization as a whole, as well as for individual service lines, and leaders are expected to meet those goals. Leaders are provided with training every 90 days, rounding is conducted at all levels and routine meetings are held to facilitate the sharing of ideas and information. Finally, the leadership team made tough decisions when it became necessary. Low-performing leaders and staff were asked to leave the organization when it became clear they were not supportive of the hospital's culture of excellence – not always an easy thing to do as a leader, but the right thing to do.

### On the Front Line

Satisfaction teams comprised of front-line staff are in place for each service area (ambulatory surgery, emergency, inpatient and outpatient.) These teams attend 90-day leadership training sessions and meet regularly on their own. The hospital has a "Bright Ideas" program that solicits employee suggestions. The program allows for direct recognition of the idea, provides opportunity for ownership and facilitates implementation of the idea. Staff members are rewarded annually for their input.

### Physician Involvement

We have a series of physician-led councils, starting with our active medical executive leaders, credentials committee, department of medicine and surgery and many others. We encourage physician involvement and participation at all levels of improvement development.

### Communication

This is crucial to the success of the organization. Leaders, staff and physicians are rounded on monthly with a standardized tool. Feedback is solicited on both what is working well and opportunities for improvement. Town Hall meetings are held every 90 days with the leadership team, and physicians meet monthly with key groups. Transparency is key – all aspects of our goals, measures and current results are shared. Physicians are kept informed of volume, quality, service and financial information on a monthly basis. Our hospitalists and emergency physicians meet every 60 days to review the Press Ganey reports and identify improvement opportunities. Our CMO, Folsom Proctor, MD, rounds weekly, rotating through our primary care physicians and soliciting input for improvement. Senior leaders are visible in weekly rounds throughout the organization.

### Using the Numbers

Every month a system-wide scorecard is distributed to all leaders in the system. The scorecard shows data for all services and departments in the organization. Data is also broken out by overall, admissions, EVS, dietary and hospitalist results.

Each leader is asked to share this scorecard with staff, both in meetings and by posting to communication boards in the department. This information is also shared at all board and physician meetings. All leaders have access to Press Ganey Online and designated front-line staff have been trained by our Press Ganey Improvement Manager. For the monthly coaching sessions, the Flash and *infoEDGE* reports are pulled so that data and comments can be reviewed for all service areas that will be coached that day. The question analysis and comment reports are pulled weekly for the entire management team to review.

### Setting Priorities

The patient satisfaction teams continuously look at the Priority Index to improve the overall patient's perception of care. We are able to evaluate when tactics we have implemented work and change the priority ranking. We will also use the Priority Index to help us develop key words to communicate with patients.

### Incentives

Piedmont Healthcare has an employee bonus program in place for the entire system called "Success Sharing." This program provides a financial reward for every employee when financial and patient satisfaction goals are met. There is a hospital-specific goal for each of the four service areas (ambulatory surgery, emergency, inpatient/HCAHPS and outpatient), and the winner is chosen based on all four combined. For executives, 20% of bonus is tied to patient satisfaction results; for directors, between 20-30%. As an organization, the financial goal must be met before payout can be made.

### ROI

In 2008, PMH's net income was suffering a \$3.2 million loss but by 2010, the facility was making a profit of over \$350,000. Patient satisfaction scores are at an all-time high, with ambulatory surgery scores in the 97<sup>th</sup> percentile; employee satisfaction in the 94<sup>th</sup> percentile; and physician satisfaction in the 99<sup>th</sup> percentile, according to the Press Ganey database. Mortality rates (HSMR) rank in the 99<sup>th</sup> percentile, placing PMH in the top 10% nationwide. The hospital's current HCAHPS scores are also well above the national average, with a score of 77% for the Top Box. The number of patients coming through PMH's door has also steadily increased with inpatient admissions experiencing a 9.6% growth from 2008-10 and outpatient visits increasing by 30.7% from 2008-10. The return on investment speaks for itself.

### Quality of Care

Simply, we made PMH a great place to work and to receive care. It is the kind of place when you walk in, people smile and say "hello." It is genuine and sincere. It is easy when you have engaged leaders and staff who want to provide very good care and are supported with the resources to make it happen. The quality of the care has improved dramatically because of the ownership. We have not had any central-line infections or ventilator-acquired pneumonias in over two years. Our risk-adjusted mortality rate is in the top decile when compared nationally. We are saving lives and making a difference in the lives of our patients each and every day. President and CEO Mike Robertson states, "Culture, ownership and accountability beat strategy every time."