



2011
**TOP LEADERSHIP TEAMS
IN HEALTHCARE
ANNUAL AWARDS**
PRESENTED BY HEALTHLEADERS MEDIA

Resolute Decisions

Committing to a bold goal and following through with determination are essential to success. **BY MARIANNE AIELLO**

For a healthcare organization to maintain success in uncertain times, its leadership teams must make resolute decisions, even while not knowing what may lie in the road ahead. Each of the honorees in this year's Top Leadership Teams in Healthcare Annual Awards program has accomplished bold goals by taking decisive action.

Banner Health laid the groundwork for its current success several years ago when it created a lofty five-step plan for industry leadership.

"It so happens where healthcare is going today, that many of the leaps of faith we made as many as eight years ago ... have proven now to be a smart move," says Banner president and CEO Peter Fine.

Kadlec Regional Medical Center's future seemed uncertain until Rand Wortman took the wheel as CEO in 2000 and adjusted the organization's ambitions from merely trying to scrape by to striving to become a world-class medical center.

Johnson County Community Hospital's leadership made a bold move when it decided to focus on satisfaction scores and change the way it cared for patients in a community that is resistant to and distrustful of change.

And ENT and Allergy Associates took a risk when its leadership decided to take on the laborious and resource-heavy task of trying to reduce patient no-shows.

Each winning organization proved that the old axiom "the greater the risk, the greater the reward" holds true.

Banner Health

Large Hospitals and Health Systems

Chasing industry leadership

Banner Health's leadership team members pride themselves on their accountability, focus on clinical outcomes, and ability to clearly define objectives and then accomplish those goals. These traits—along with an innovative spirit—have propelled Banner to become an industry leader in the past few years, says Peter Fine, president and CEO.

"If you don't modify your behavior and change in accordance with environment and external stimulus, then you have little chance of positioning yourself for a new world," he says.

Nine years ago Banner implemented a five-step industry leadership plan: turnaround, performance, growth, innovation, and leadership. In 2011 the Phoenix-based system entered the innovation phase and already finds itself well-

positioned in that arena thanks to the foresight of its leaders.

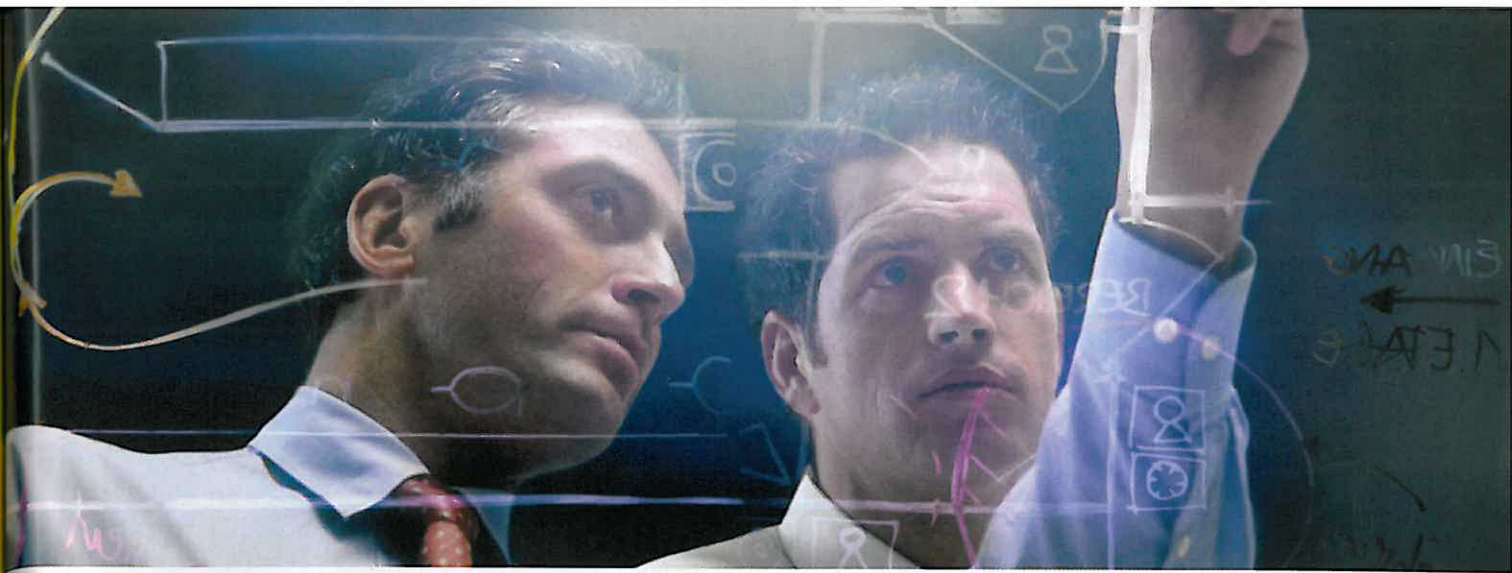
"We believed that the world of healthcare several years ago was not sustainable and that a massive investment into the electronic environment and using it to help us improve clinical outcomes would position us well for an undefined future," Fine says.

A sizeable part of this investment—\$190 million—was used to create Care Transformation, Banner's electronic medical record system, which is integrated into each of its 23 hospitals. Due to the EMR and other electronic initiatives, the health system's productivity improved by nearly 4.5% between 2008 and 2009.

The Care Transformation EMR also resulted in an unintended innovation—a breakthrough in the treatment



Peter Fine
President and CEO
Banner Health



of sepsis. By using the EMR to track sepsis cases, alert clinicians, and suggest clinical actions, Banner's mortality rate for sepsis has dropped to 8% for all sepsis patients.

While it has made tremendous strides over the past nine years, Banner isn't resting. Fine and his leadership team are looking forward to the industry leadership phase of the plan, which begins in 2020.

"Over the last 10 years we defined for ourselves and laid out a 20-year plan to take us from a company that was in difficult straits to an industry leader," he says. "We planned milestones and goals and objectives to cause that to happen and we've been knocking those off over the last decade. Where it takes us into the future is that it has provided us the skills and the tools to be a change agent organization."

Kadlec Regional Medical Center

Community and Midsize Hospitals

Coming back from the brink

Kadlec Regional Medical Center has been through many ups and downs since it was built as part of the Manhattan Project in 1944. Over time, the Richland, WA, medical center grew to operate 240 staffed beds and serve 400,000 people who live in south-central Washington state and northeastern Oregon. But in the 1990s, the organization floundered.

Due to the organization's economic challenge to reduce expenses rather than growing the business, Kadlec, then licensed for 153 beds, was only able to staff about 100. As a desperate move, the medical center agreed to merge with the public district hospital in an adjoining city, but the measure failed in 1998 and Kadlec's strategic plan sank along with it.

Things finally began to turn around for the medical center and its leadership team when they brought on Rand Wortman as president and CEO in late 2000. As he began to understand Kadlec's history and culture, Wortman quickly noticed the strategy of reducing expenses to match revenues was not working.



Rand Wortman

President and CEO
Kadlec Regional
Medical Center

"The new vision was to grow the hospital into a regional medical center," he says. "Instead of cutting expenses, we would grow into the expenses. As a result of the new culture, within months we had to recruit more staff, make facility modifications, and begin planning for future expansions."

In Wortman's 10 years there, Kadlec has accomplished a number of achievements its leadership team would never have believed possible a decade ago. The medical center built the region's largest imaging center and broke ground on a new patient care tower in 2006. It significantly expanded several major service lines, such as open-heart surgery, and expanded pediatrics, neurosciences, and the ED.

Kadlec was also recently awarded 55 more beds, and leaders project it will need twice as many more to keep up with demand over the next seven years. Today, Kadlec is busier than any other time in its 67-year history.

"For the last 10 years we have focused on service growth, facilities growth, and improving quality and access to care," Wortman says. "The future is about quality and efficiency. Without those two characteristics it will be impossible to meet the needs of our community."

Johnson County Community Hospital

Small and Rural Hospitals

Improving satisfaction while garnering trust

Johnson County Community Hospital in Mountain City, TN, does not serve a typical population. As the only critical access hospital in a secluded area of northeastern Tennessee's Appalachian region, it provides an array of needed services

to the 19,600 people who live in the county. Nearly 40% of adults never graduated high school and the average household income is less than \$30,000.

What's more, the county's geographic isolation and unstable economic conditions resulted in poor health across the community and a distrust of outsiders and authority figures.

In spite of these many challenges, the two-bed hospital's leadership took on the task of improving the organization's wavering satisfaction scores. Leaders decided to focus on improving the emergency department because they realized providing high-quality ED care was a critical step to building community trust.

Before 2008, JCCH's ED Press Ganey satisfaction scores ranked below the 50th percentile. Initial efforts raised the mean score to 84 by the end of the year, but leaders were determined to attain a higher standard of excellence by reaching a minimum score of 85.9.



Lisa Heaton

Vice President,
Administrator, and
Chief Nursing Officer
Johnson County
Community Hospital

To achieve this goal, "we went back to what is important," says Lisa Heaton, JCCH's vice president, administrator, and chief nursing officer. "Every team experiences daily distractions and perceived initiatives ... but at the end of the day, it is really about one initiative—the patient."

Heaton and her team created a task force that began increasing survey response rate, improving clinicians' focus on patients despite distractions, decreasing external noises, educating staff

about the importance of satisfaction scores, and nurturing a culture of patient-centered care.

"We created an environment where everyone is a leader," Heaton says. "We have no charge nurses, house supervisors, or leads, and we truly have a hospital without walls. We realized that patient-centered care is more than structural enhancement with bricks and mortar—it is the structural enhancement in the culture we build."

And the structural enhancement paid off when JCCH received its patient satisfaction results in 2010 with a score of 88.9 for the ED, having improved consistently from year to year since the project began in 2007. The year before the improvement project began, the hospital's ED reported 8,800 visits. By 2010, patient visits jumped to 10,367—an 18% increase in utilization.

None of this could have been accomplished without the drive of the JCCH leadership team, Heaton says.

"While the mission and vision of our organization create the overarching picture, it is the belief in our mission that has to reside inside each leader," she says.

ENT and Allergy Associates

Medical Group Practices

Reducing no-show patients

When asked to list the traits his leadership team possesses that makes it so successful, Bob Glazer names one that is often left off other CEOs' lists: curiosity.

"That we are so successful is a combination of visionary leadership at the top levels, coupled with singularly focused senior guidance, courage, curiosity, entrepreneurship, a healthy dose of pioneering," says Glazer, CEO of ENT and Allergy Associates, an otolaryngology, allergy, and audiology practice with 37 offices and 125 physicians in New York and New Jersey. "Most important, we have a team spirit imbued by the clear recognition that achievement can only result from each and every member pulling in the same direction."

ENTA's most recent direction came from a strategic planning session in 2009 when Glazer asked his leadership team to prepare three strategic goals for the upcoming year and explain how they will jointly execute them.

One idea emerged from the meeting that Glazer believed would position ENTA to maintain collections and continue to aggressively recruit physicians, despite a volatile marketplace: Reduce revenue-hurting no-shows.

"When we reviewed industry, practice, and specialty-type external benchmarking data, we realized that we were only at a slightly above average percentile," he says. "We also realized that we weren't maximizing the latest technology that included e-mail and SMS text reminders. So we knew that there was an opportunity to increase patient counts and therefore revenues by reducing no-shows."

A task force assembled and worked with IT, compliance, operations, marketing, and finance departments to draft a plan that aimed to reduce no-shows by 10%. Leaders wanted to create e-mail and text message appointment reminders, but first they had to capture that contact information from patients.

One quarter later, ENTA had achieved an 80% capture rate. At the end of 2010, one year after launching the initiative, no-show rates dropped by 13.9%, beating the 10% target.

"We are well on our way to reducing no-shows from 9% to well below 7.5%," Glazer says. "The difference will be over \$1.5 million captured of otherwise lost revenue."

A solid return on investment for a little curiosity.



Bob Glazer

CEO
ENT and Allergy
Associates

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