

System Work *is* Culture Work

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Prisma Health

Comprehensive health company that exists to improve the state of health in South Carolina

6 Specialty hospitals

12 Acute hospitals

\$6B Total revenue

29.7K Team members

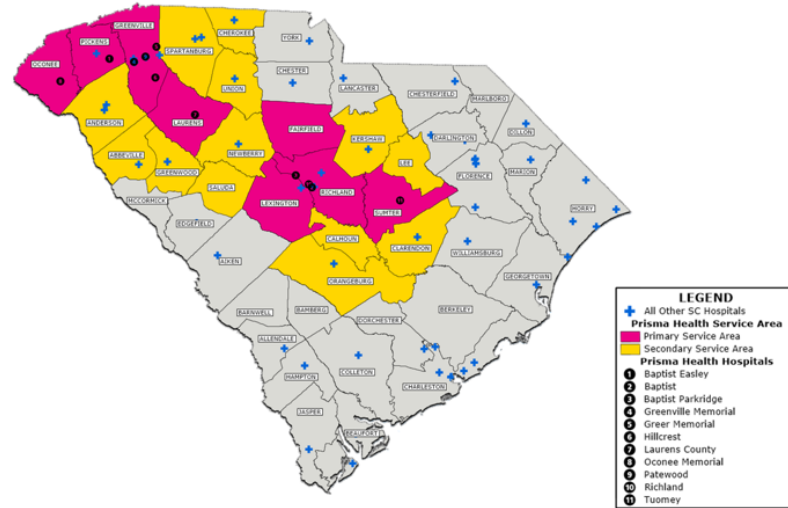
3.4K Employed providers

5.3K Providers in our CINs

116K Inpatient discharges

8.7M Outpatient and practice visits

391K Covered lives in value-based contracts



2,827 licensed beds

208 NICU bassinets

2 Level 1 Trauma Centers

2 Comprehensive Stroke Centers

2 affiliated medical schools

2 affiliated nursing schools

60+ residency & fellowship programs

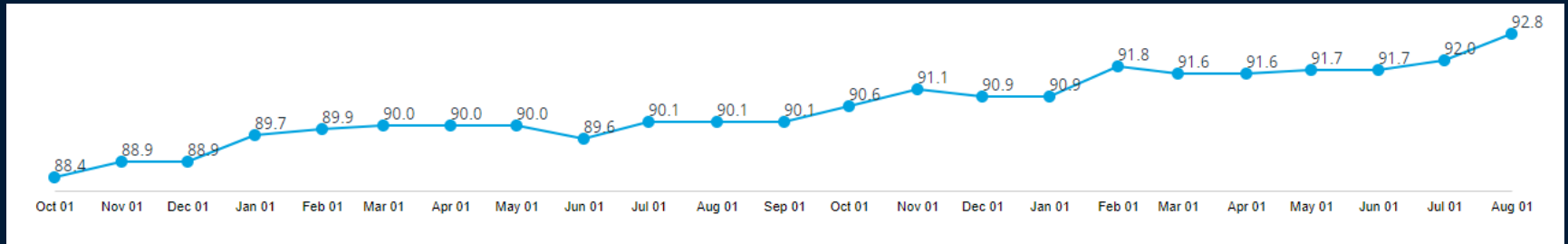
680 residents/fellows

1,175+ clinical research studies

550 clinical trials

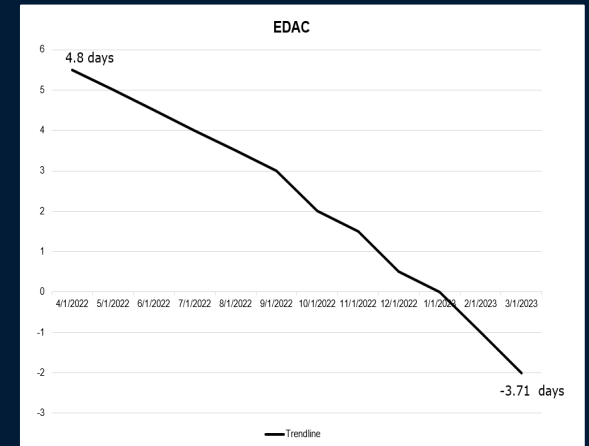
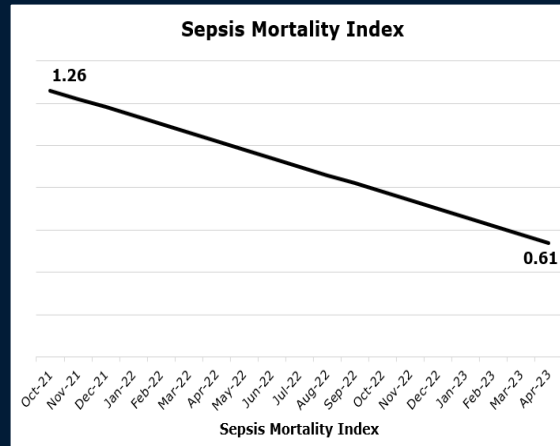
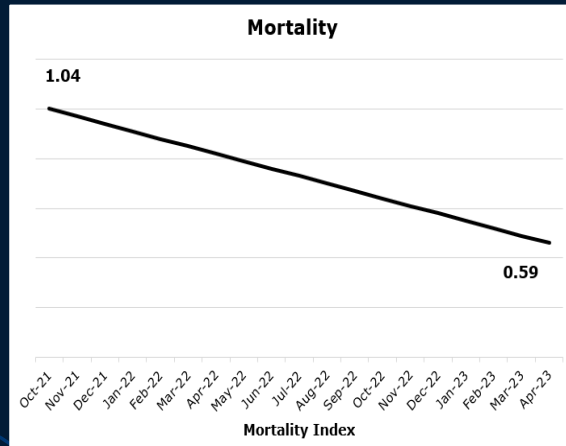
We significantly improved all domains of clinical outcomes, efficiency, and team engagement during the most difficult operating environment in healthcare's recent history and shouldn't have...

Building trust with the communities we serve...



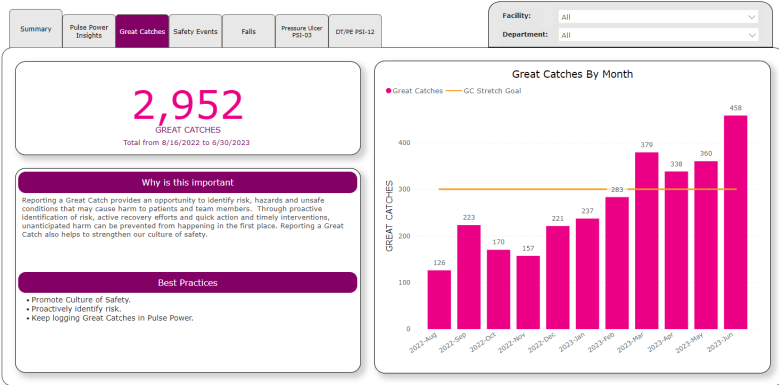
305-Practice Medical Group improved
'Likelihood to Recommend' from the
50th PR to the 77th PR in 18 months

Saving lives and improving clinical outcomes...



Becoming a learning organization...

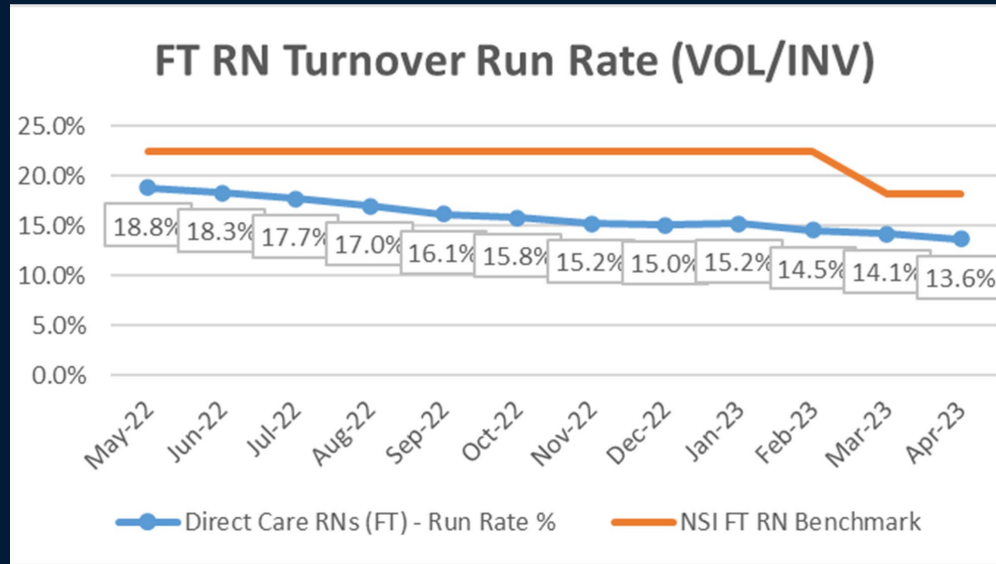
Safety



Monthly Percentage of Patient Event Records Reported Anonymously



And becoming a better place to work



How did we do this?

Historical view of improvement...



People

Tools



Culture

People

Tools

Systems



Operating Systems

Systems

Tools

People



Proliferation of Technology

Committee Plan



Systematic Reviews [sing.org](http://www.sing.org)

Nonantimuscarinic treatment for overactive bladder: a systematic review

Cadkin E, Chivers, MD, MD, Kate Mendenhall, MD, Sherif El Hawke, MD, PhD, Cara E. Colman, MD, Chik-Chang Ching Chen, MD, Francesco Ortolano, MD, Yasuhiko Amano, MD, Ivo Cikovic, MD, Shanduo Kim Fian, MD, Thomas Wheeler, MD, MPP, Brauk McFarlane, MD, Eileen M. Bell, MD, MPP, Miller Shugart, MD, MPP, Systematic Review Group for the Society of Gynecological Surgeons

The purpose of the study was to determine the efficacy and safety of nonantimuscarinic treatments for overactive bladder. Medline, Cochrane, and other databases (through to April 2, 2014) were used. We included any double-blind or which have been 7 arms and an n > 100. At least 1 of the arms was a nonantimuscarinic therapy or any combination that, regardless of number. At least 7 arms were nonantimuscarinic therapies for overactive bladder. Cross-referencing studies assessed eligibility and extracted eligible studies for study population, intervention, outcome, effects or outcome categories, and quality. The body of evidence for categories of interventions were summarized and reviewed for strength. Results were summarized in the form of a narrative synthesis, and meta-analysis of effects in separate arms.

Abstract

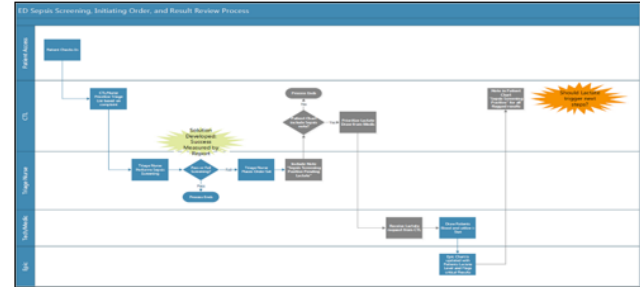
Background: The purpose of this study was to determine the efficacy and safety of nonantimuscarinic treatments for overactive bladder. Medline, Cochrane, and other databases (through to April 2, 2014) were used. We included any double-blind or which have been 7 arms and an n > 100. At least 1 of the arms was a nonantimuscarinic therapy or any combination that, regardless of number. At least 7 arms were nonantimuscarinic therapies for overactive bladder. Cross-referencing studies assessed eligibility and extracted eligible studies for study population, intervention, outcome, effects or outcome categories, and quality. The body of evidence for categories of interventions were summarized and reviewed for strength. Results were summarized in the form of a narrative synthesis, and meta-analysis of effects in separate arms.

Methods: Medline, Cochrane, and other databases (through to April 2, 2014) were used. We included any double-blind or which have been 7 arms and an n > 100. At least 1 of the arms was a nonantimuscarinic therapy or any combination that, regardless of number. At least 7 arms were nonantimuscarinic therapies for overactive bladder. Cross-referencing studies assessed eligibility and extracted eligible studies for study population, intervention, outcome, effects or outcome categories, and quality. The body of evidence for categories of interventions were summarized and reviewed for strength. Results were summarized in the form of a narrative synthesis, and meta-analysis of effects in separate arms.

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Conclusions: The purpose of this study was to determine the efficacy and safety of nonantimuscarinic treatments for overactive bladder. Medline, Cochrane, and other databases (through to April 2, 2014) were used. We included any double-blind or which have been 7 arms and an n > 100. At least 1 of the arms was a nonantimuscarinic therapy or any combination that, regardless of number. At least 7 arms were nonantimuscarinic therapies for overactive bladder. Cross-referencing studies assessed eligibility and extracted eligible studies for study population, intervention, outcome, effects or outcome categories, and quality. The body of evidence for categories of interventions were summarized and reviewed for strength. Results were summarized in the form of a narrative synthesis, and meta-analysis of effects in separate arms.

Improvement Methodology Plan



Culture Plan

Abstract [Go to:](#)

Developing a culture of safety is a core element of many efforts to improve patient safety and care quality. To promote safety culture or climate in J. PsychINFO, Cochrane, and EMBASE to July 2000 to October 2012. They selected settings and included data about change in patient safety culture or climate after a targeted intervention. Two raters independently screened 3679 abstracts (which yielded 33 eligible studies in 35 articles), extracted study data, and rated study quality and strength of evidence. Eight studies included executive walk rounds or interdisciplinary rounds; 8 evaluated multicomponent, unit-based interventions; and 20 included team training or communication initiatives. Twenty-nine studies reported some improvement in safety culture or patient outcomes, but measured outcomes were highly heterogeneous. Strength of evidence was low, and most studies were pre-post evaluations of low to moderate quality. Within these limits, evidence suggests that interventions can improve perceptions of safety culture and potentially reduce patient harm.

Promoting a Culture of Safety as a Patient Safety Strategy
A Systematic Review

Sallie J. Weaver, PhD, Lisa H. Lubomski, PhD, Renee F. Wilson, MS, Elizabeth R. Pibb, MPH, Kathryn A. Mariness, PhD, MPH, and Sydney M. Dy, MD, MSc

Social Systems Approach

Core Concept #1

Your people are AMAZING!

Core Concept #2

Healthcare is Sociotechnical Work



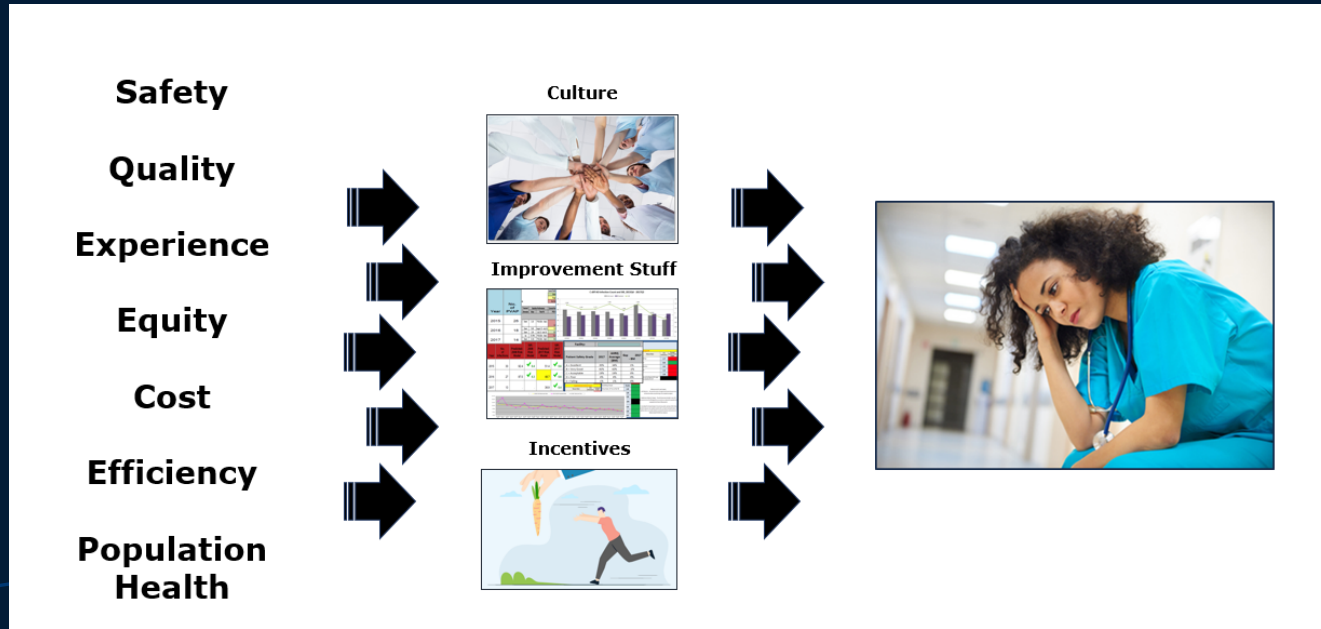
There was nothing wrong
with these pilots



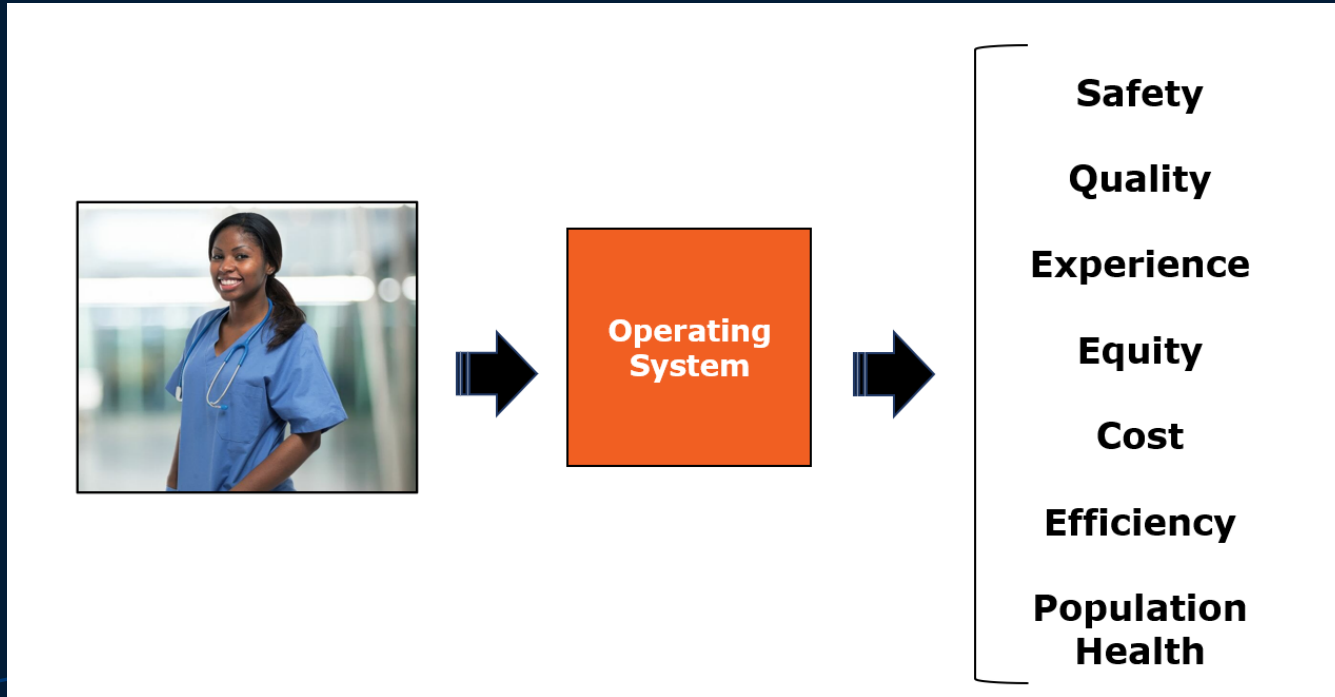
Core Concept #3

Healthcare has adopted a fragmented approach to improvement

The Current System is Costly and Broken



Build the system from Sara out!



Core Concept #4

Create an AWESOME experience
for your team!

ORIGINAL GOAL

Build a highly visible and dynamic safety, quality and experience management program that enables outstanding results and an elite culture



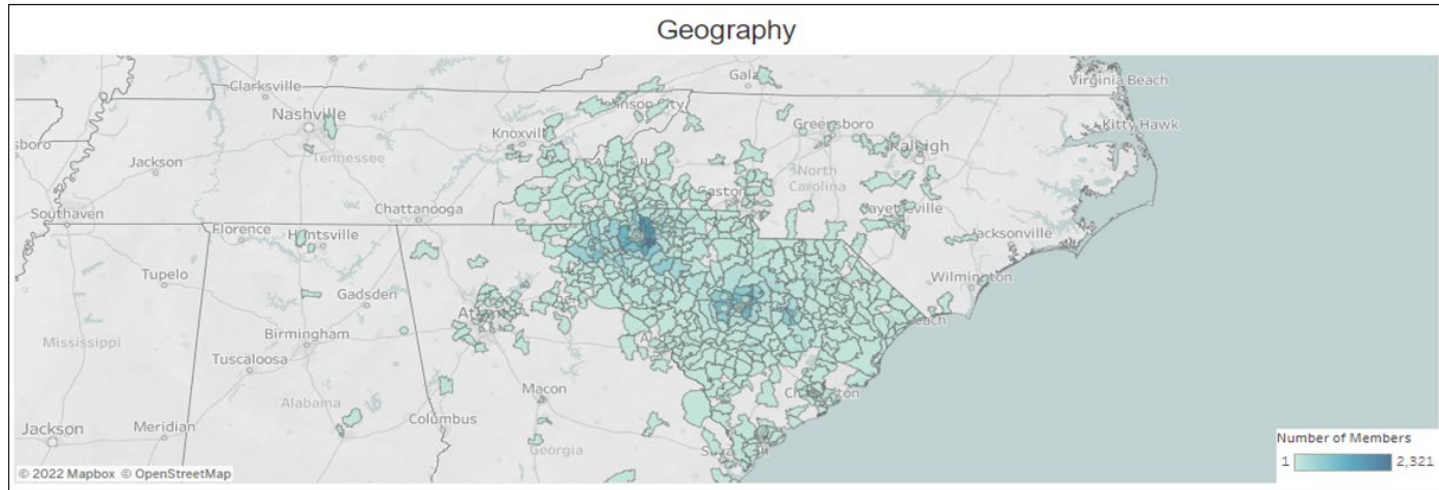
I can come to work at Prisma Health and make the organization better



Building it WITH our patients...

Online Patient Advisory Community (PAC)
Opt-in Through Survey

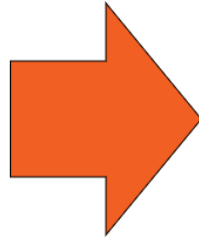
70,000+



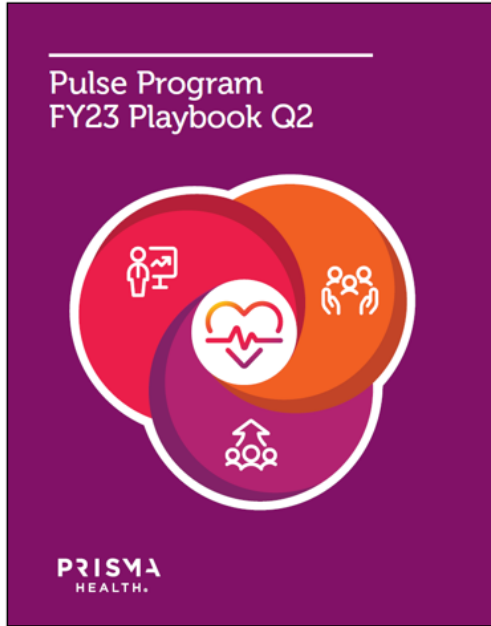
Building a System



Category	FY 2019	FY 2020	FY 2021	% Difference FY20 and FY21
CAUTI	1.01 SR	0.79 SR	0.72 SR	8.9%
CLABSI	0.83 SR	0.68 SR	0.61 SR	10.3%
C-diff	0.47 SR	0.30 SR	0.25 SR	16.7%
MRSA	0.94 SR	0.97 SR	1.18 SR	21.6%
SSI - Colon *	0.87 SR	0.72 SR	0.67 SR	6.9%
SSI - Abd Hys *	1.16 SR	0.57 SR	0.96 SR	68.4%



System + Culture = Improvement



Pulse Program

Learning and Improvement System

Safety Management System

- Escalating Tiered Huddle Program
- Pulse Power
- Just Culture & Safety Culture Algorithm
- Root Cause Analysis (RCA)
- Infection Prevention Program
- Culture of Safety Survey
- Communication & Resolution Program
- Great Catch Program

Clinical Advancement Program

- Clinical Specialty Councils
 - Safety
 - Quality
 - Experience
 - Service
 - Value
 - Population Health
 - Health Disparities



Experience Management Program

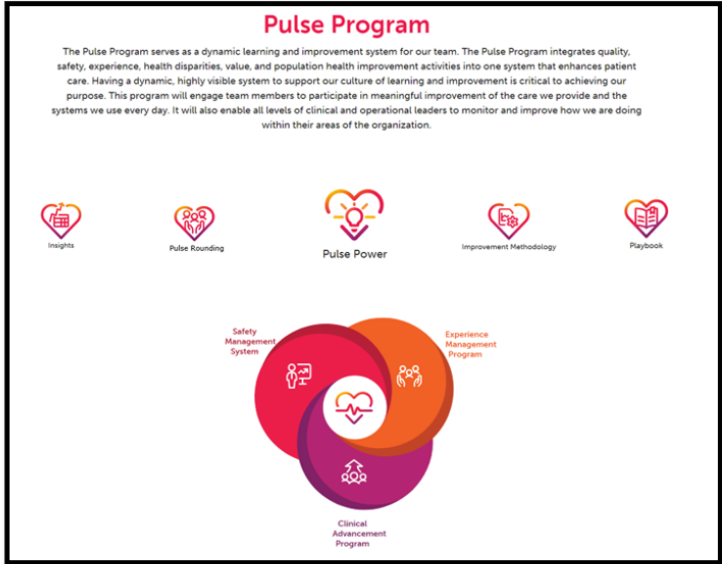
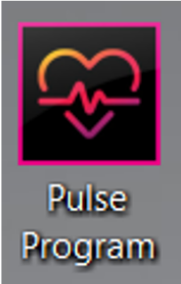
- Experience Insights
- Pulse Rounding
- Experience Coaching Program
- Experience Learning Collaboratives
- Patient Voice (PFAC/PAC)
- Patient Advocacy

Foundational Elements

- Pulse Insights
- Prisma Health Improvement Methodology (ADTP)
- Impact Boards & daily management
- Recognition Program

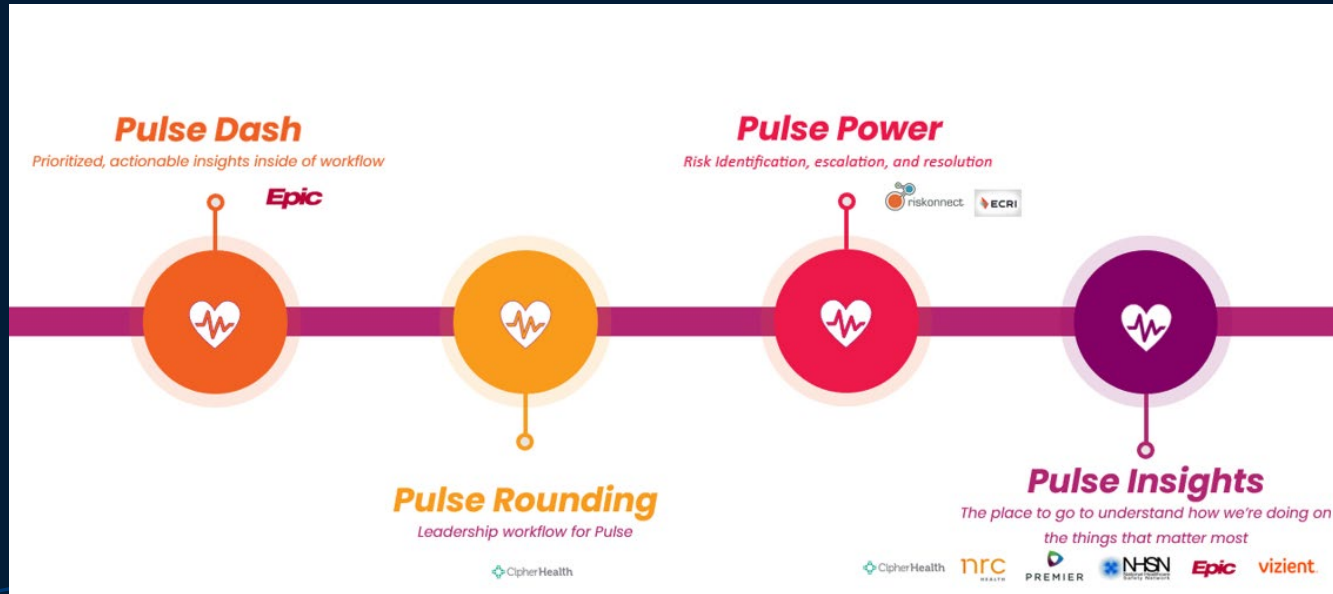
Pulse is accessible for EVERYONE!

Desktop Icon



Pulse Tech Stack

Platform Enabled



One place to go to know how we are doing on the things that matter MOST...

PRISMA HEALTH. Home Feedback Dark

Pulse Insights

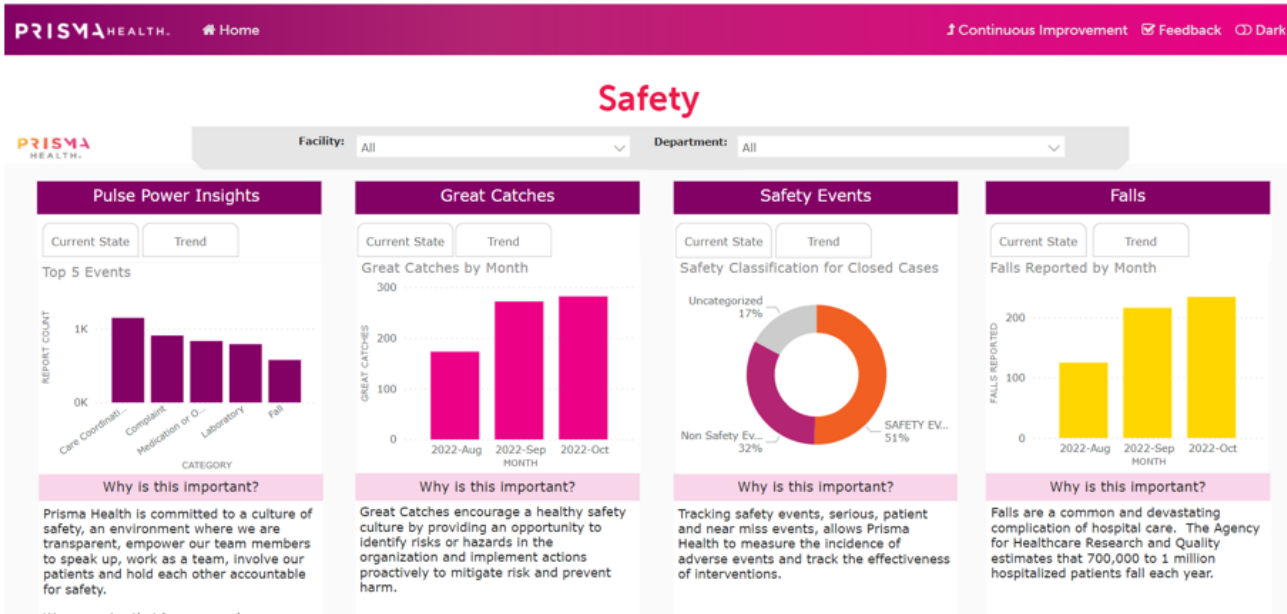
Quality, Safety & Experience

- Safety
- Experience
- Hospital Care
- Ambulatory Care
- Post-Acute Care
- Enterprise
- Nursing
- Health Equity
- Infection Prevention
- Patient Access
- Sepsis
- COVID-19 Insights
- Executive Dashboard

Clinical Councils

- Behavioral Health
- Children's
- Emergency Medicine
- Surgery
- Heart & Vascular
- Hospitalist Medicine
- Imaging
- Musculoskeletal
- Neuroscience
- Oncology
- Perioperative
- Primary Care
- Critical Care
- Women's
- Supportive Care

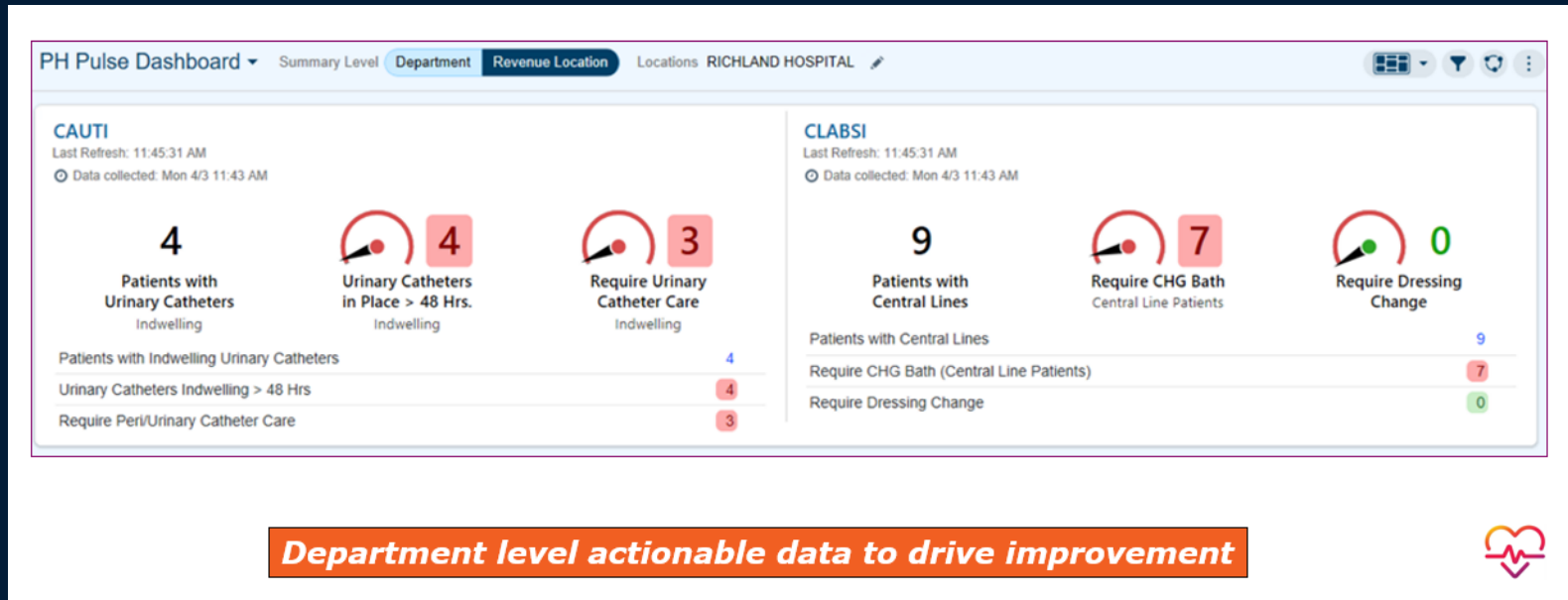
Pulse Insights



High level insights for system and facility level awareness

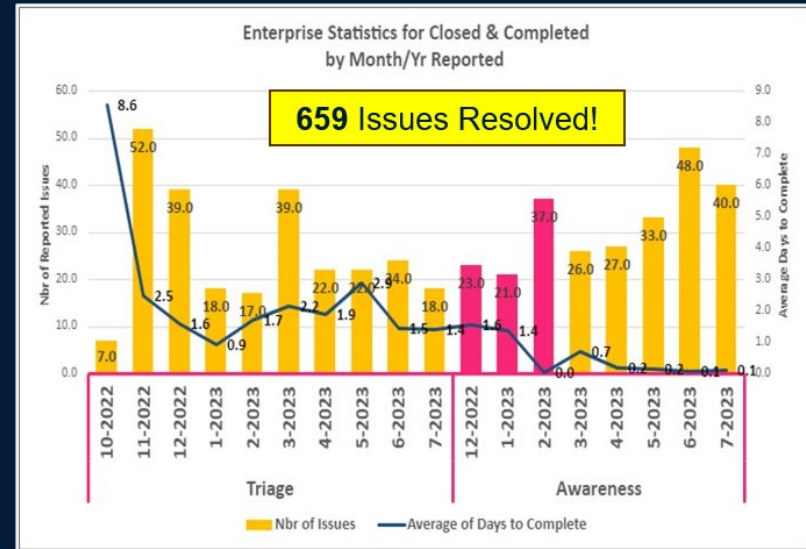
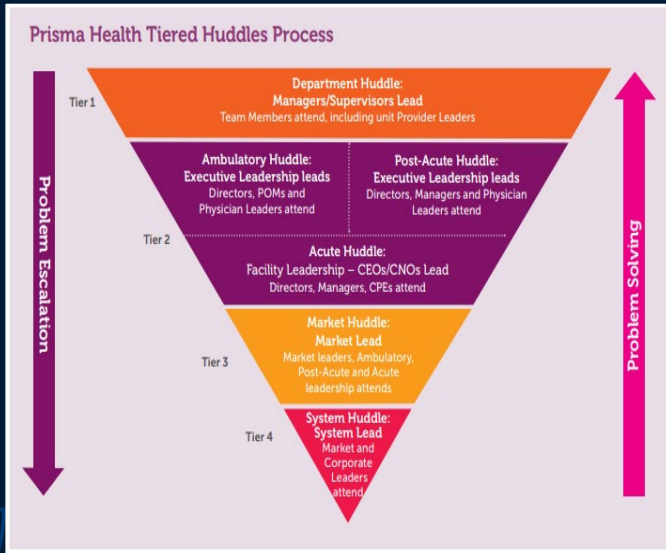
Pulse Dash

Insights Inside of Workflow

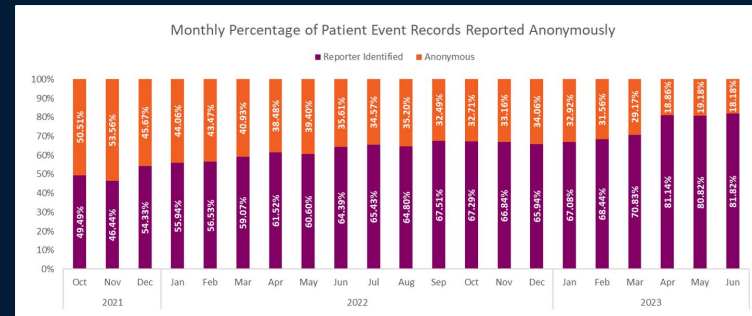
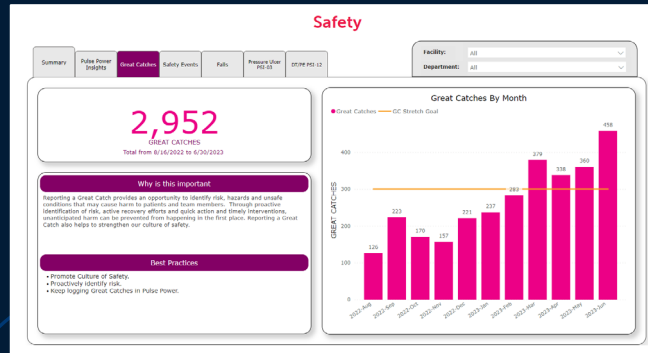


Tiered Escalation Huddles

Solving today's problems today



Great Catch and Safety Reporting Improved, Anonymous Reporting Down



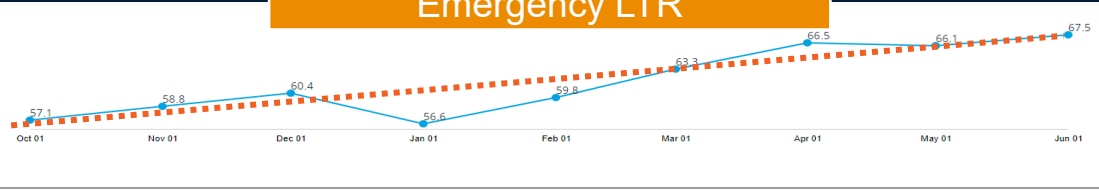
Learning Collaboratives

Structured Approach to Problem Solving

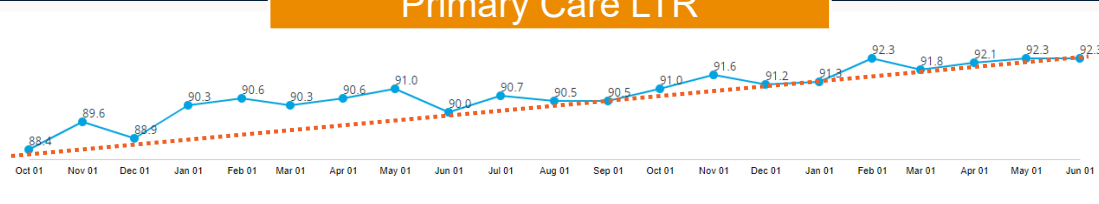


180 completed or in progress in <2 years!

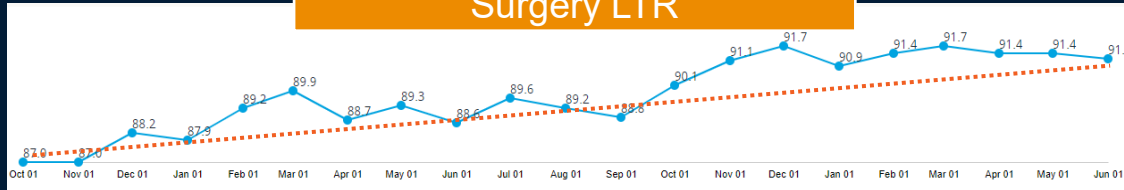
Emergency LTR



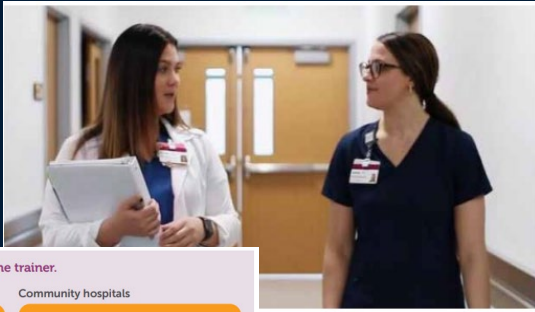
Primary Care LTR



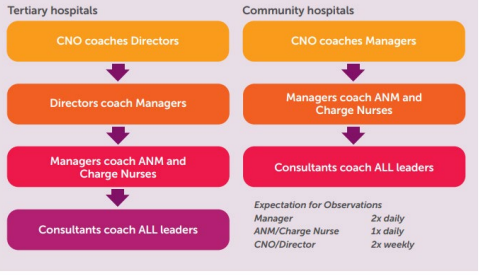
Surgery LTR



Direct Observation Coaching



How is coaching hardwired? Train the trainer.



Focused structured team member, leader, physician and APP direct observation coaching.

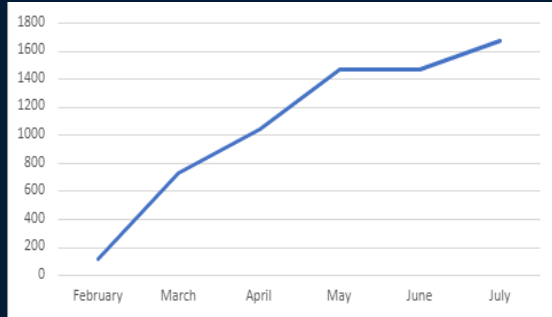
Pulse Rounding



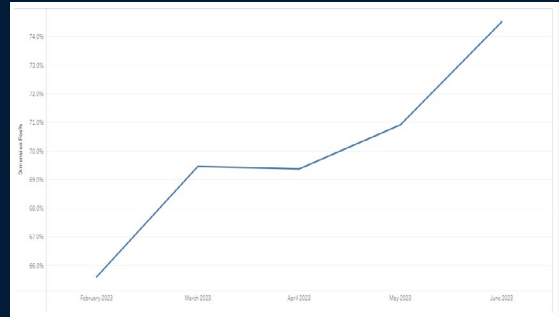
Learning system for leaders to capture real time care gaps, identify and resolve service recovery opportunities, recognize team members and improve patient and team member engagement.

Direct Observation Coaching and Pulse Rounding

Direct Observation Coaching

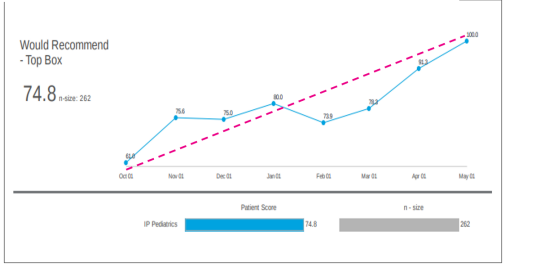


System LTR



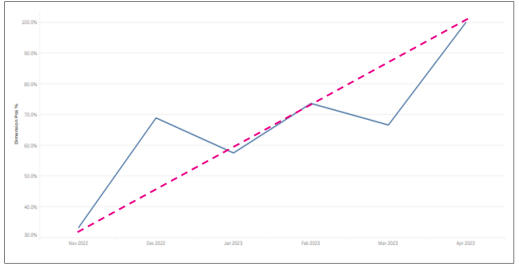
Peds Adolescent

- Highly engaged in Purposeful Rounding never cancels consultant coaching sessions
- 18 PR/DOC rounds logged in April
- Consistently completing Patient/Leader Rounding



Med Surg

- Highly engaged in Direct Observation Coaching/Purposeful Rounding
- 24 PR/DOC rounds in April
- 32 PR/DOC rounds in March
- Consistently over 80% in Patient/Leader Rounding



Programmatic Care Transformation

Clinical Advancement Program



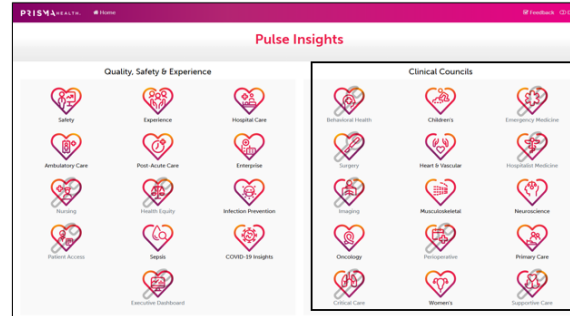
The **Clinical Advancement Program** enables clinical experts to collaborate with patients to move the needle on **quality, safety, experience, value, health disparities, and population health across our enterprise.**

Inaugural Clinical Councils

- Behavioral Health
- Oncology
- Primary Care
- Neuroscience
- Children's
- Heart and Vascular
- Women's
- Nursing
- Supportive Care



Clinical Specialty Council Membership



Formula for Rapid Transformation...

OPERATING SYSTEM + LEADERSHIP = RESULTS



TIME

CULTURE

Organizing Thoughts...

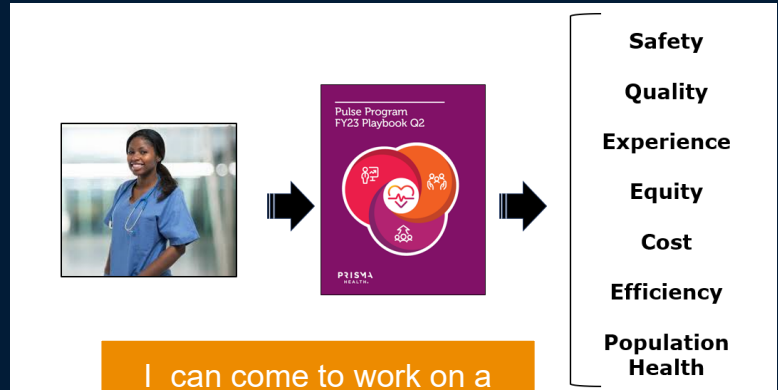
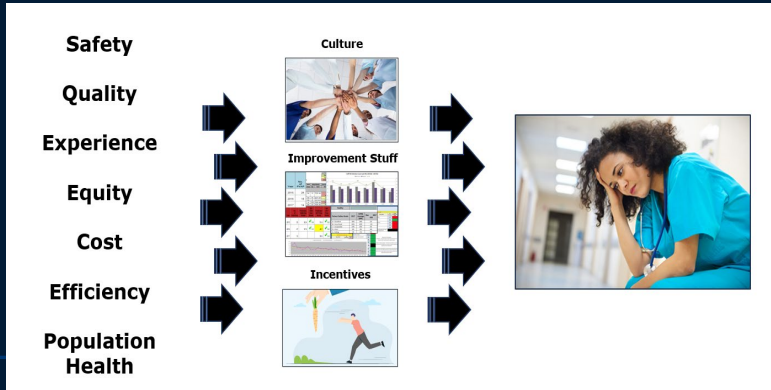
- Experience leads to **TRUST** and trust leads to better health outcomes
- Our teams are amazing – we don't need new people
- We are an OPERATING company - NOT a holding company
- Leaders model that this *IS* the work
- Leaders expect *ALL* team members to engage in the clinical operating system

How do you actually do this?

- Own your problem – it's your problem to solve as a leader
- Give them a vision for one system
- Build your system with your team - don't democratize critical design elements
- Win enough on the front end - start with your early adopters
- Celebrate winners and ignore the losers for the first several months
- Shift to accountability when people are winning
- Stay organized and disciplined
- Brand it. Defend it.

It's about Sara

The beneficiaries are our patients!



I can come to work on a Tuesday and make Prisma and Healthcare better

Thank you

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