



Memorial Hermann Healthcare System

**Cultural Transformation
from Board
to Bedside & Community**

**Dan Wolterman
President and CEO**

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The Burning Platform

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2003 President's Council *Decision Point*





2006 Leadership Meeting
*Reaching Our Summit Through
Execution Excellence*



Vision & Promise

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HERMANN



Vision

Best of the best

Brand Promise

We create the best possible
clinical outcomes with
exceptional patient care experiences

Our Culture

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HERMANN

Vision

Best of the best

Brand Promise

We create the best possible
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Culture

Operating Principles

- Patient-Centered
- Evidence-Driven
- Measurable Excellence
- Operational Discipline
- Systemness

Behaviors

- Accountable
- Competent
- Innovative
- Collaborative
- Compassionate
- Respectful

Our Strategies



Our Brand Pyramid



Transformation to a High Reliability Organization

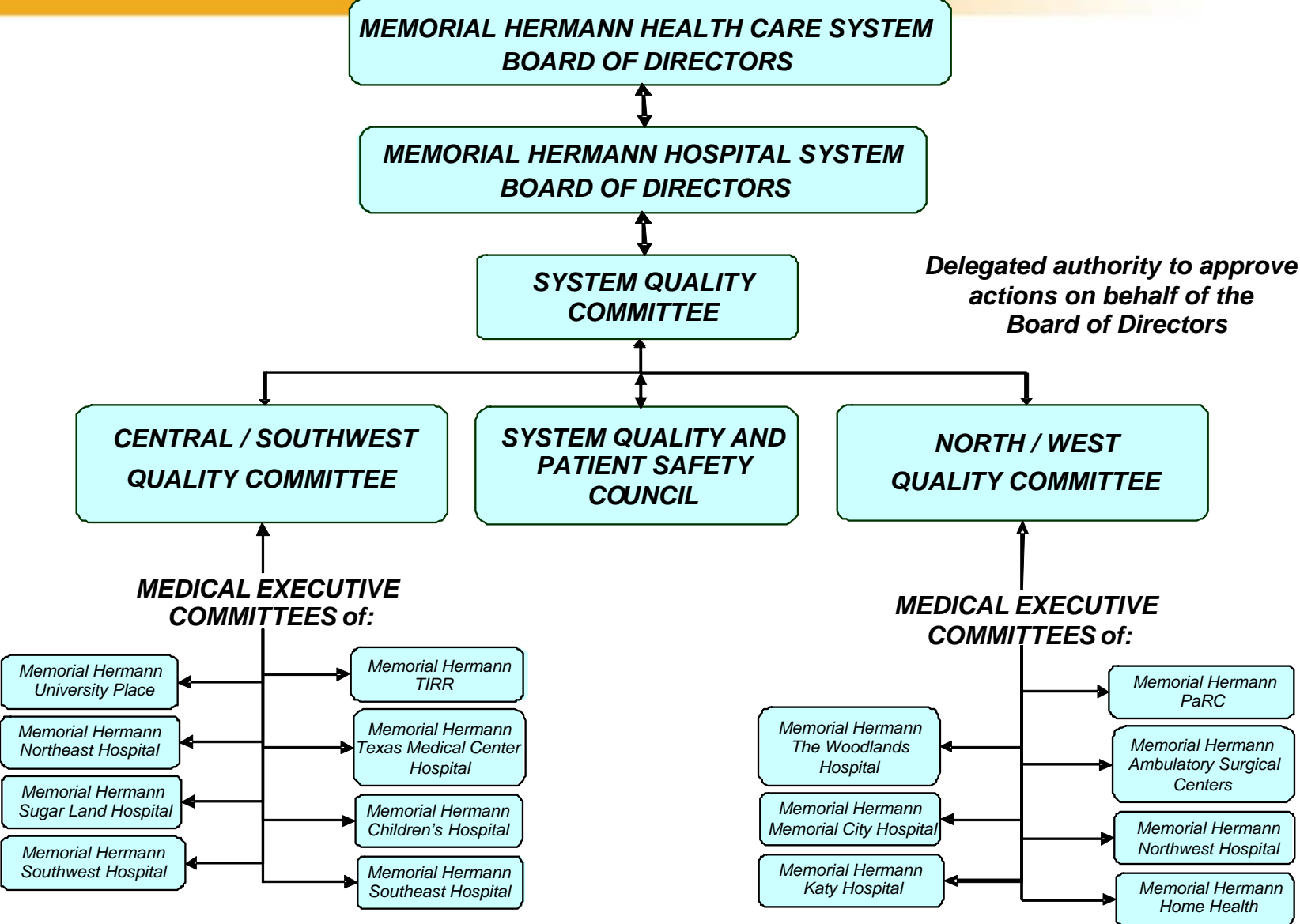


August 14, 2006

A Call to Action on Patient Safety

Transfusion Errors
Serious Safety Events

Board Quality Structure



OPERATION BREAKTHROUGH
PATIENT SAFETY
 BEST OF THE BEST

- **Step 1: Set Behavior Expectations**
 Define Safety Behaviors & Error Prevention Tools proven to help reduce human error
- **Step 2: Educate**
 Educate our staff and medical staff about the Safety Behaviors and Error Prevention Tools
- **Step 3: Reinforce & Build Accountability**
 Practice the Safety Behaviors and make them our personal work habits

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OPERATION BREAKTHROUGH
PATIENT SAFETY
 BEST OF THE BEST

Take Action.

Make Patient Safety Your Priority.

1. Attention to Detail
Self-Check with STAR
Stop Pause for one to two seconds
Think Focus on the act
Act Perform the act
Review Check for desired results

2. Communicate Clearly
Three-way Repeat Back - the "Three-peat":

- Sender initiates communication
- Receiver repeats back
- Sender acknowledges accuracy by saying, "That's correct" or "That's not correct"

Ask Questions:
 Ask one or two clarifying questions when in high-risk situations or when information is incomplete and/or ambiguous

Phonetic & Numeric Clarifications
 Say the letters and say the numbers

SBAR (Quick, To the Point)

Situation What is problem, patient, or project?
Background What is important to know?
Assessment What is your thought?
Request What action do you need?

3. Questioning Attitude
Qualify Is the source reliable?
Validate Consistent with my knowledge?
 1. What is typical or expected?
 2. What is outside of the norm?
 3. How do I know this is correct?
Verify Check with a reliable source

4. Best Practice
Intelligent Compliance
 • Know and comply with policy procedures and protocol
 • Use checklists and flow sheets

ACT/Rapid Response

5. Support Each Other
Be a Safety Partner
 • Look out for each other
 • Positively reinforce safe and productive behaviors (X5)
 • Correct unsafe behaviors in a helpful manner
Speak Up ARCC and CUSS Words
Ask a question
Request a change
Concern, state your concern using the safe word
Chain of command
CUSS words
 I am **concerned**
 I am **uncomfortable**
 This is for **safety**
Stand Up and Stand Together

OPERATION BREAKTHROUGH

PATIENT SAFETY

BEST OF THE BEST

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**OPERATION BREAKTHROUGH
PATIENT SAFETY**
BEST OF THE BEST

**Speak Up.
It is Your Job
to be Concerned.**

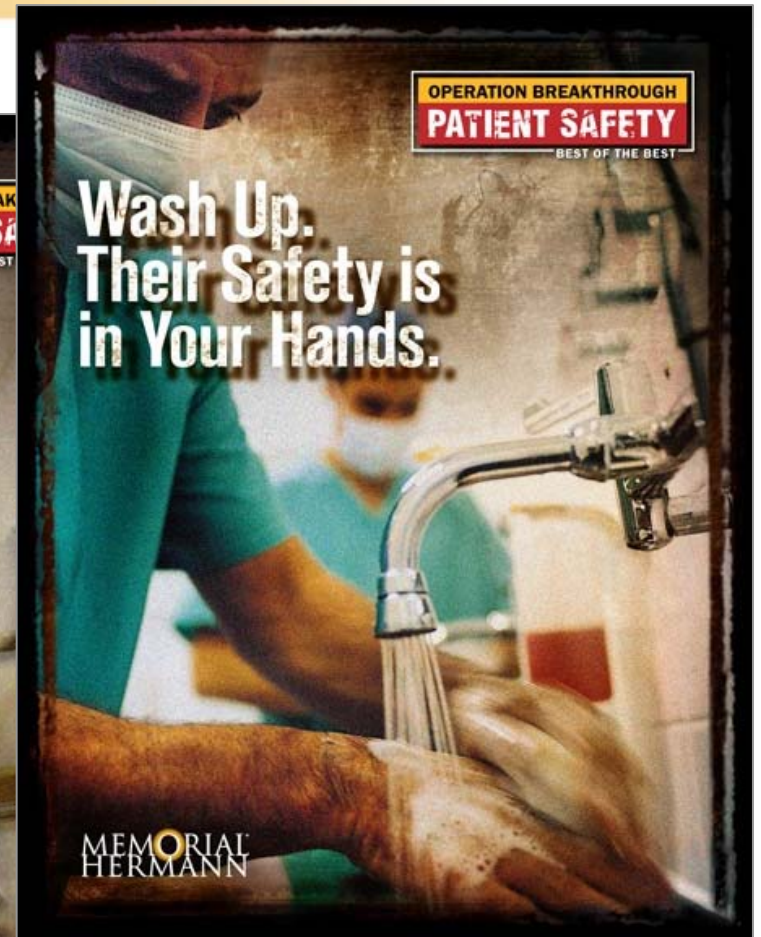
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**OPERATION BREAKTHROUGH
PATIENT SAFETY**
BEST OF THE BEST

**Your Most
Important Step
is a Stop.**

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**OPERATION BREAKTHROUGH
PATIENT SAFETY**
BEST OF THE BEST

**Wash Up.
Their Safety is
in Your Hands.**

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OPERATION BREAKTHROUGH

PATIENT SAFETY

BEST OF THE BEST

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Red Rules: Absolute Compliance

- 1. Patient Identification** - Verify with two patient identifiers before acting
- 2. 'Time Out'** before invasive and high-risk procedures
- 3. 'Two-Provider Check'** before administration of blood, blood products and high-risk medication

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Red Rules Absolute Compliance

- 1. Patient Identification**
- 2. Time Out**
- 3. Two Provider Check**



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MHHS Safety Culture Training

Hospital Training Complete

>14,000 Employees Trained

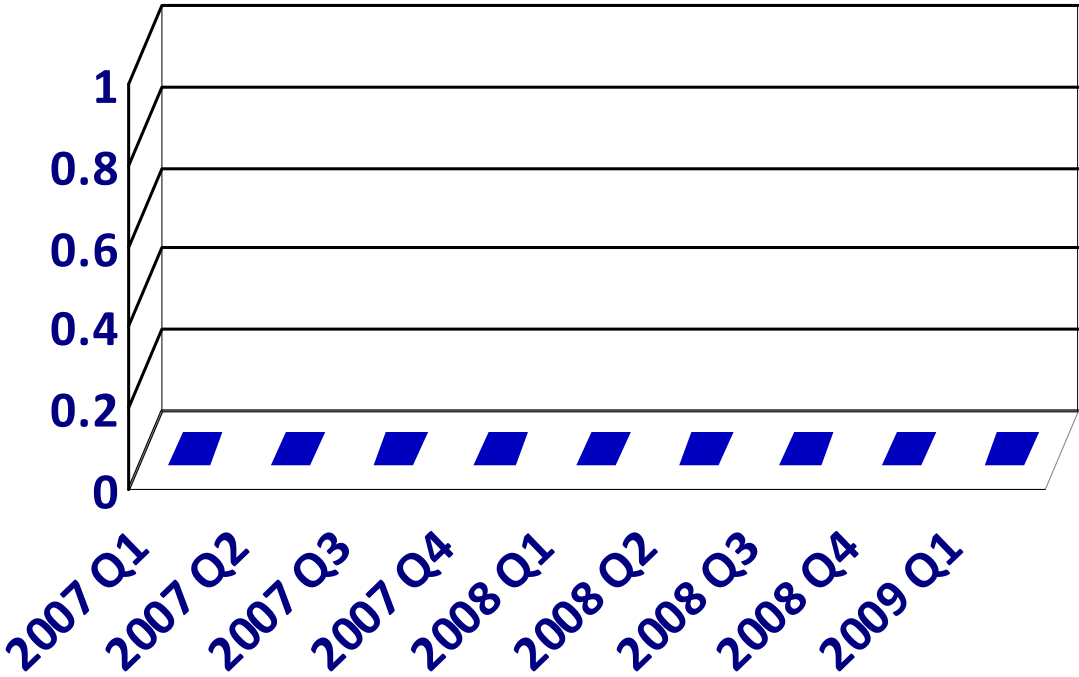
>1,000 Physicians Trained

>540 Safety Coaches Trained

>\$18M Expense

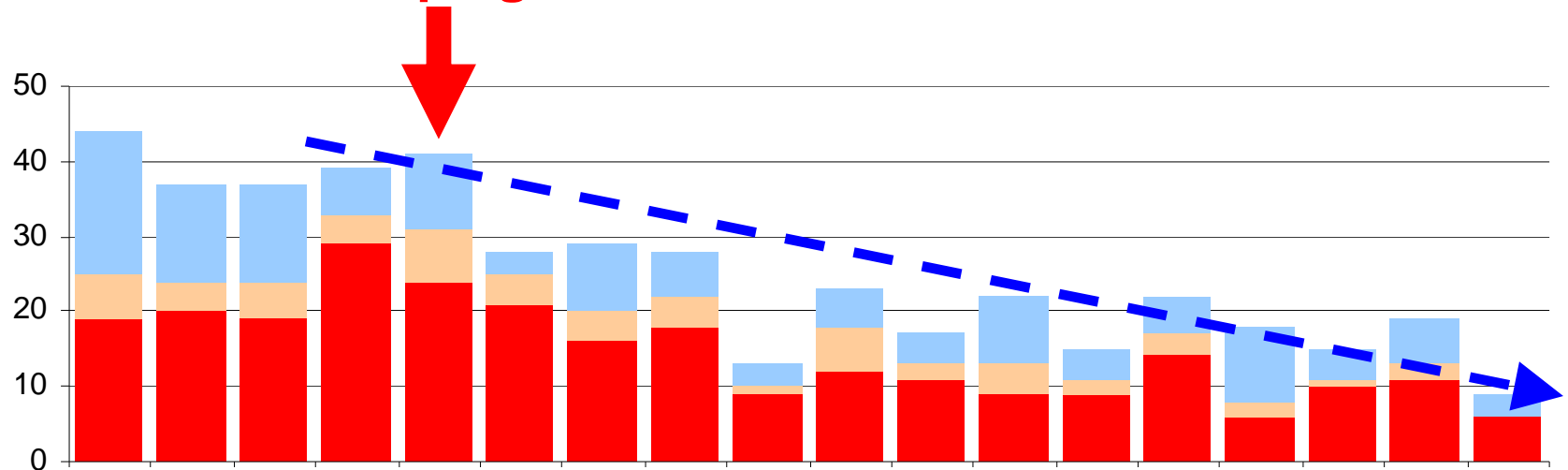
Zero Hemolytic Transfusion Reactions (92,000 T+Cs)

Transfusion Events



Hospital Acquired Infections

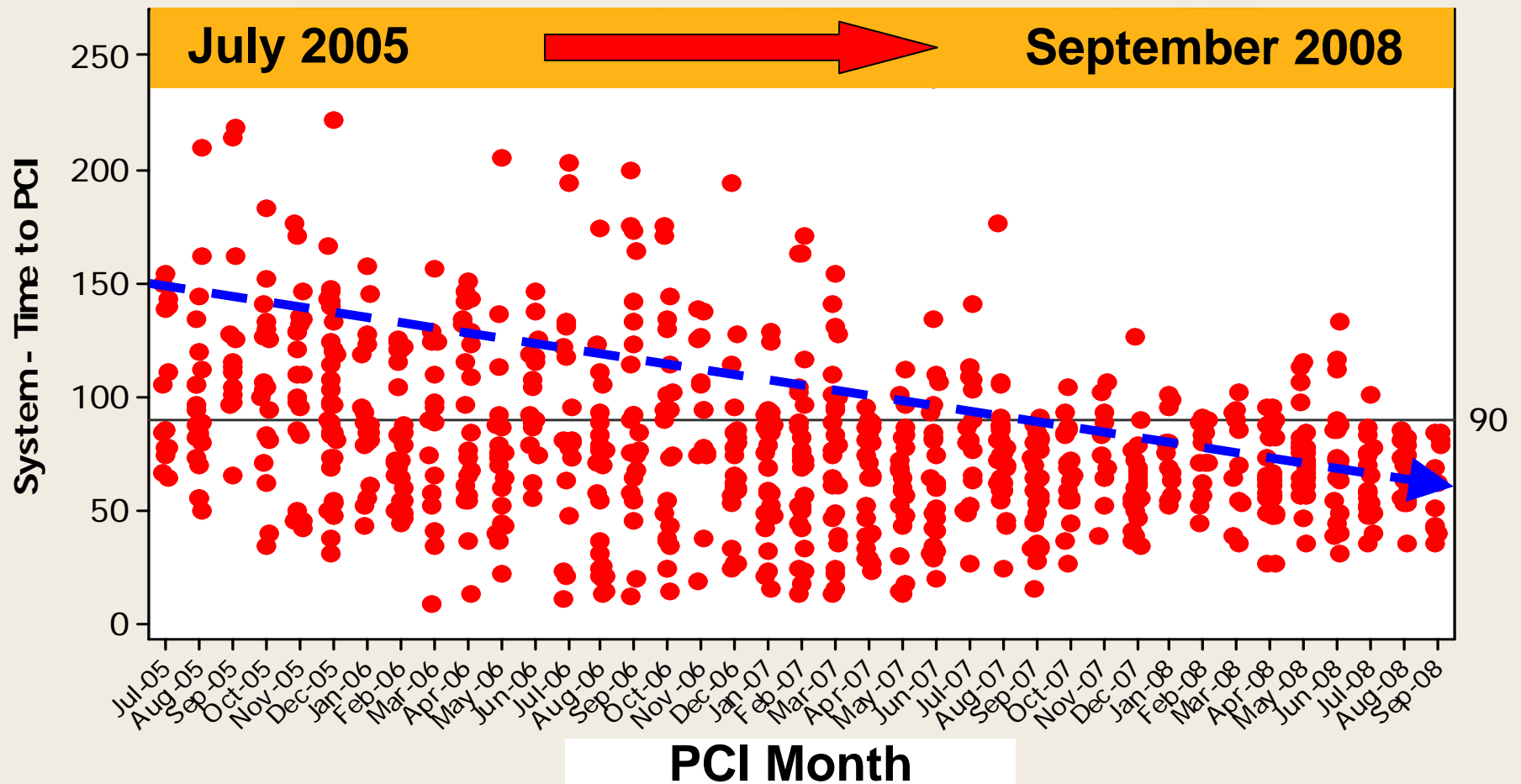
HAI Prevention Campaign



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
■ Sys Adult VAP	19	13	13	6	10	3	9	6	3	5	4	9	4	5	10	4	6	3
■ Sys Adult SSI	6	4	5	4	7	4	4	4	1	6	2	4	2	3	2	1	2	0
■ Sys Adult CR-BSI	19	20	19	29	24	21	16	18	9	12	11	9	9	14	6	10	11	6

Door to Percutaneous Coronary Intervention (PCI) Time

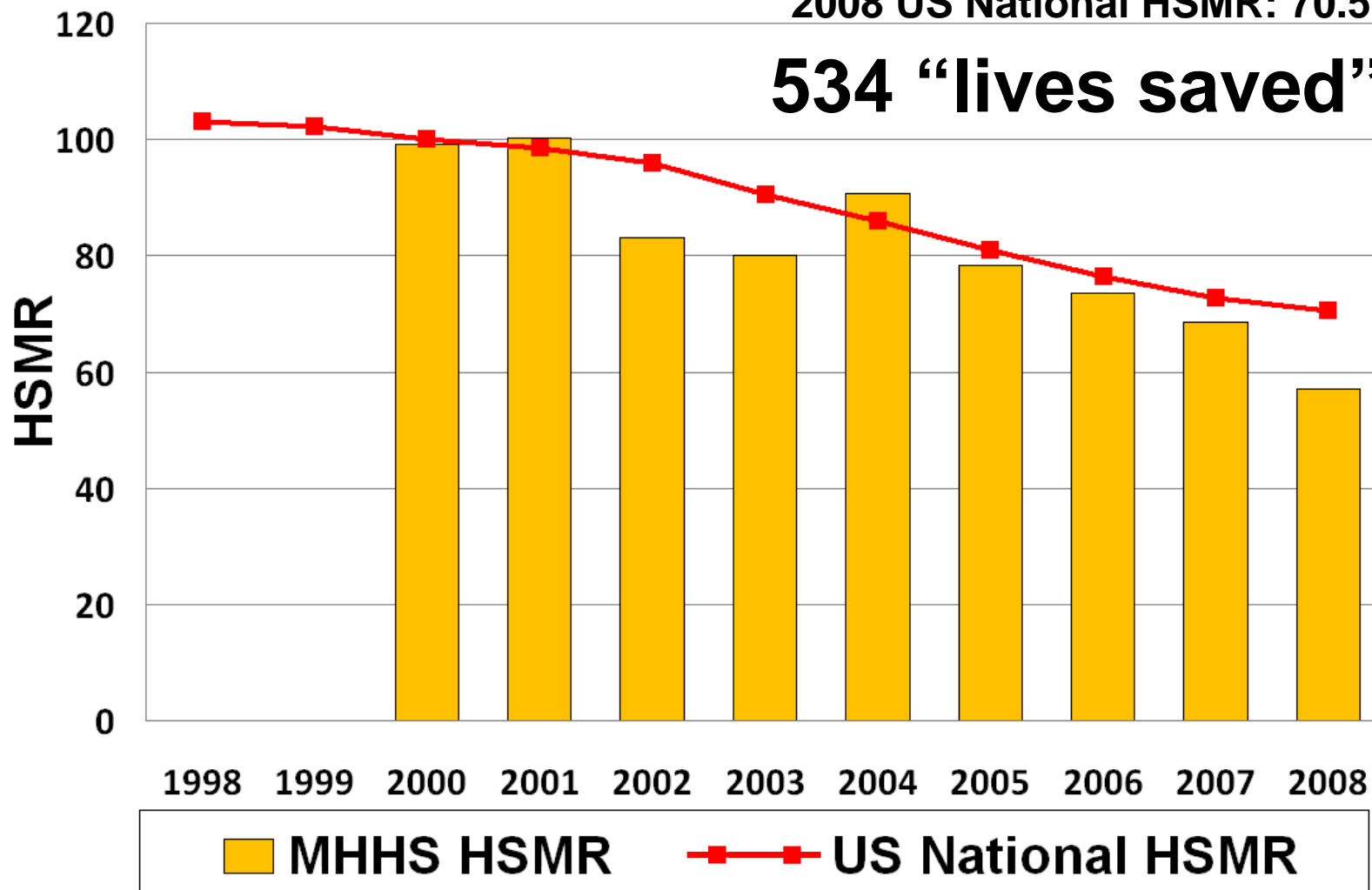
Time to Primary PCI



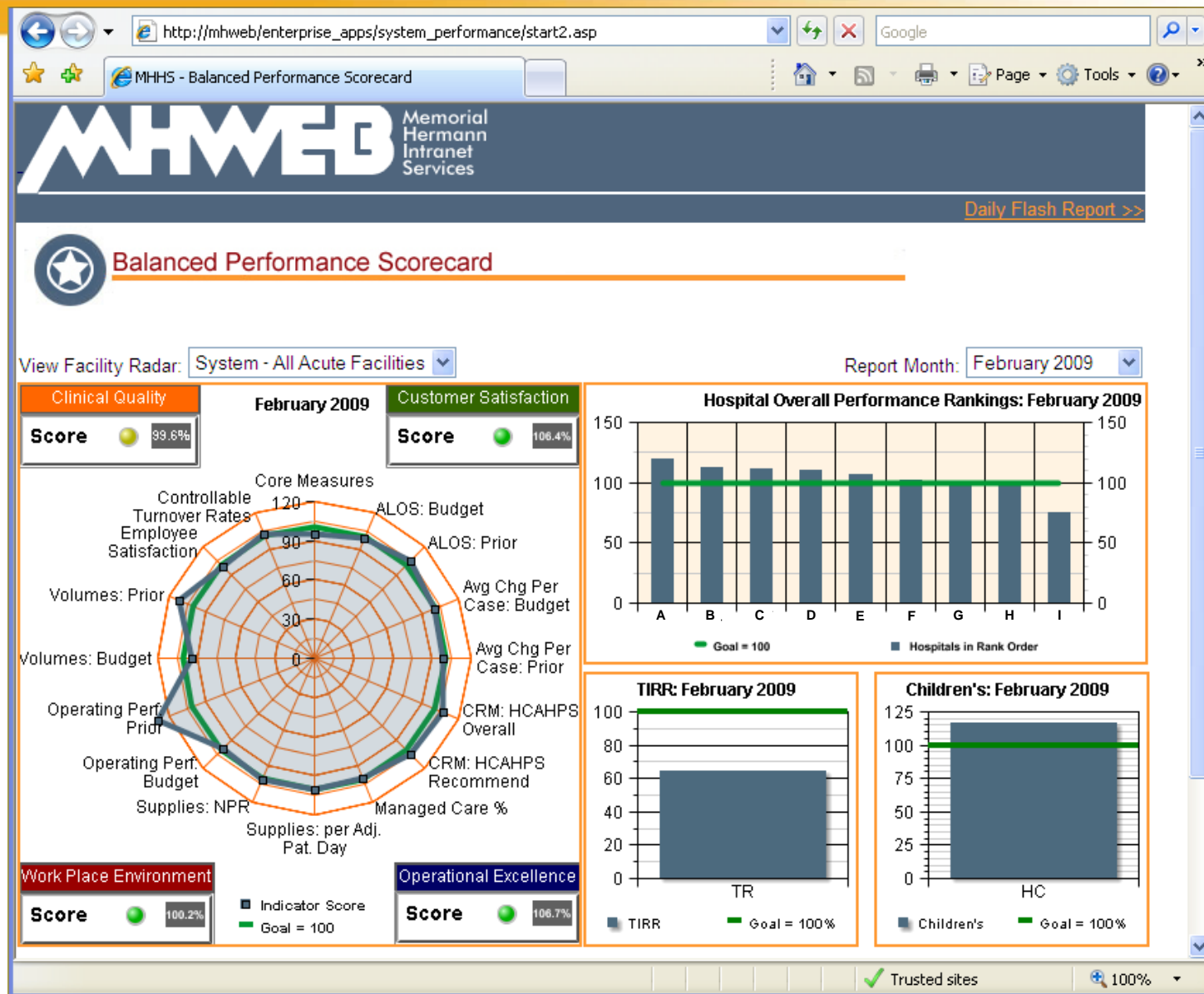
Hospital Standardized Mortality Ratio (HSMR)

2008 MHHS YTD HSMR: 57.1
2008 US National HSMR: 70.5

534 “lives saved”



Leadership Accountability On-Line Balanced Scorecard



Public Transparency MH Katy Community Report



QUALITY

Efficiency of Hospital Operations

Memorial Hermann Katy has adopted the Institute for Healthcare Improvement (IHI) bundles to reduce the incidence of catheter-related bloodstream infections (CR-BSI), ventilator-associated pneumonia (VAP) and the surgical care improvement project. The results are very positive.

Ventilator-Associated Pneumonia

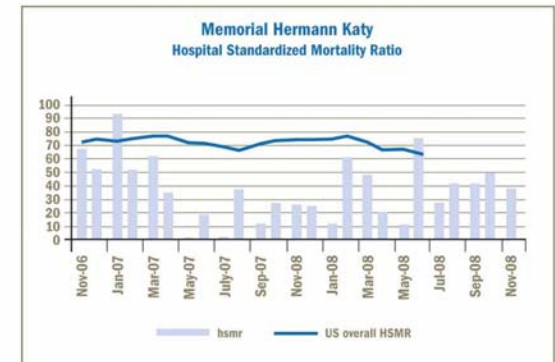
Logging more than three years without a case of ventilator-associated pneumonia demonstrates our ongoing commitment to patient safety and quality of care, and is testament to the excellent treatment provided by our top-notch team of physicians, nurses and clinical support.

Catheter-Related Bloodstream Infections

Since March 2007, we have had two cases of CR-BSI.

Hospital Standardized Mortality Ratio (HSMR)

In 2008, our hospital scored a 34.44, recognized as a distinguished score that puts Memorial Hermann Katy in the upper 5th percentile among U.S. hospitals.



OPERATIONAL EXCELLENCE

Emergency Center Improvements

Patient Throughput Process: Emergency department began a new Patient Throughput process with a goal to place the patient in front of a physician in 30 minutes or less.

Quick look: assess every patient within an average of five minutes

Door-to-Doctor: A board-certified emergency physician assesses the patient within an average of 30 minutes

Welcome Assistant Medical Director Amir Zegar, M.D., and six new emergency physicians.

Pharmacist in the ED: An ED Clinical Pharmacist pilot was implemented in March 2008 to maximize core measure compliance and complete home medication reconciliation for admitted patients. The pharmacist works peak ED periods to facilitate the early identification of myocardial infarction and pneumonia patients, and ensure timely, evidence-based care. The pilot has yielded positive results with 100 percent of goals reached on most indicators in three months. The clinical pharmacist reconciled 478 medication lists. Of these cases, 38 percent required complex reconciliations in which the work-up required more than basic patient/family interviews.

Patient Safety Initiatives

Patient Safety initiatives continue to focus on patient identification, allergy and DNR banding, I.V. site and tubing labeling, unacceptable/rejected samples and patient safety rounds by the COO/CPCO.

Breakthrough in Patient Safety (BIPS): Three-hour educational program focused on how to reduce hospital errors and create a safer environment for our patients, families and staff. The objectives are to understand the importance of

Public Transparency MH Katy Community Report



2008 ACCOMPLISHMENTS

QUALITY

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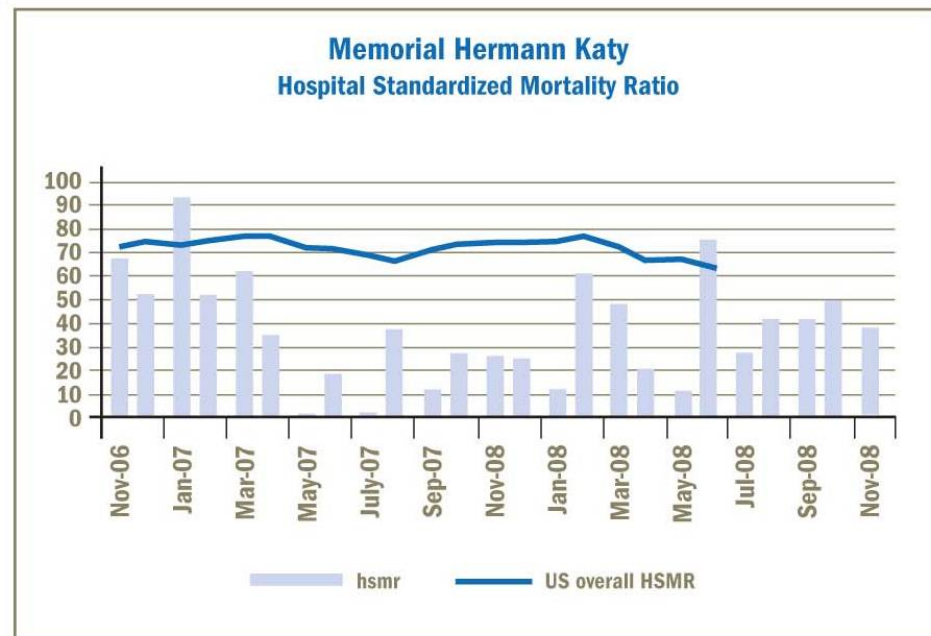
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Transformation of a Healthcare System

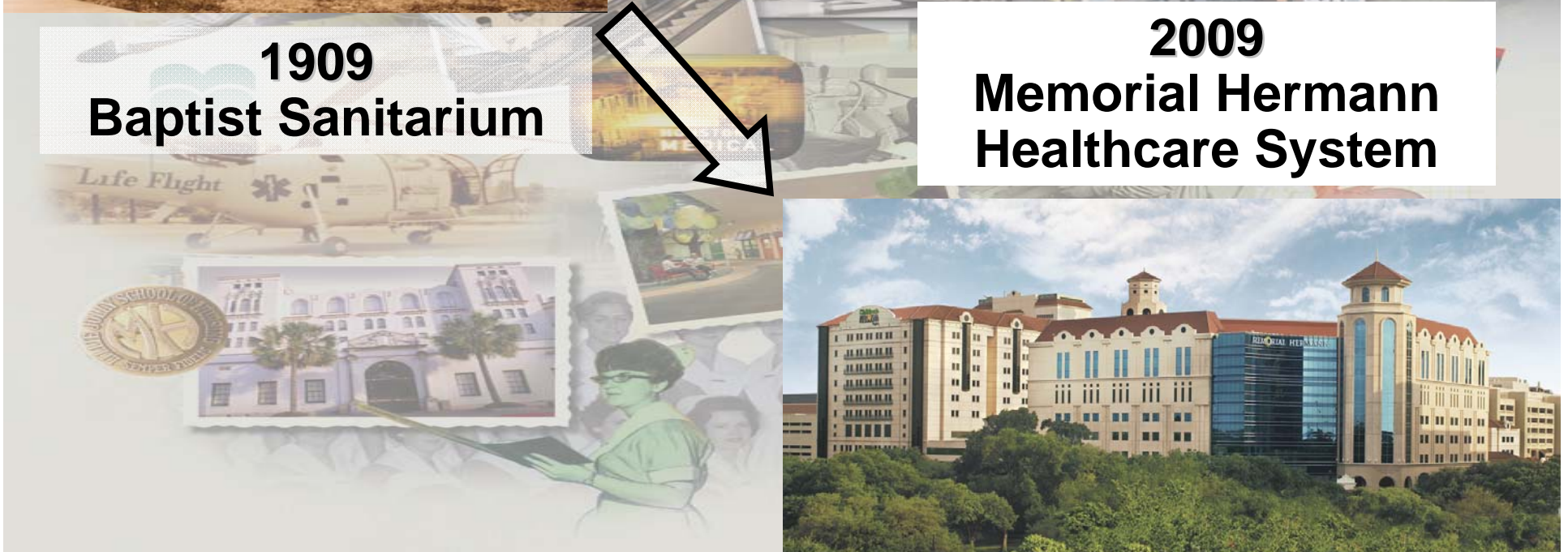
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1909
Baptist Sanitarium



2009
**Memorial Hermann
Healthcare System**





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