

### **Presenters**

# Patricia Maryland, Dr.PH

President, Healthcare Operations Chief Operating Officer Ascension Health

# Gayle Trupiano

Vice President, Performance Excellence Ascension Health

# **Objectives**

ASCENSION

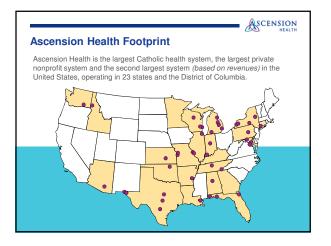
ASCENSION

- Introduce Ascension Health

   Background, Mission, Vision
   The acceleration of change and working together as One

   Integrated Ministry
- Describe Ascension Health's imperative for organizational change and the genesis of Value Creation Opportunities - responding with new business models that support value-based outcomes
- Discuss Ascension Health's successful labor optimization efforts in a dynamically changing healthcare environment
  - System-wide culture change
     Process redesign

- Data-driven change process
- Progress and performance outcomes 0 • Sustaining performance excellence





Financial information is for Ascension and inc Total Assets	\$31.3 B	alth	
Total Operating Revenue	\$20.1 B		
Income from Operations	\$605.8 M		
Excess of revenue and gains over expenses and losses, controlling interest	\$1.8 B	Care of persons living in poverty and	
		community benefit programs:	\$1.8 BILLION



Locations	1,900	100
Acute Care Hospitals	101	
Rehabilitation Hospitals	4	
Psychiatric Hospitals	6	
Long-term Acute Care Hospitals	3	
Joint Ventured Hospitals (<50% ownership)	17	
Available Beds	21,936	
Associates	153,000	

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HOSPITALS BY TYPE	UF		AMBULATORY CARE AND DIAGN		
General Acute Care	103	BEDS 18,712	Ambulatory Surgery Centers	69	
Rehabilitation Hospitals	3	173	Surgery Centers	69	A Sector
Psychiatric Hospitals	4	324	Operating Rooms	267	a me 12
Long Term Acute Care Hospitals	3	144	Occupational Health Programs	49	
Joint Venture Hospitals	18	1.488	On-Site Employer Clinics	16	- 🖌 🖆 /
(<50% ownership)	10	1,400	Free-standing Imaging Sites	191	= \ //
SENIOR CARE AND LIVING FACIL	ITIES	BEDS	Retail Lab Collection Sites	265	All
Long Term Care/Skilled Nursing	34	3,745	Primary Care Clinics	300	A
Independent and Assisted Living (not part of CCRC)	9	1,823	Retail Pharmacy Sites	176	
Other Living (HUD, other)	4	377	Sleep Centers	16	
PACE Program Enrollees	3	726	Virtual Care Programs	64	
POST ACUTE SERVICE SITES			EMERGENCY SERVICES		
Durable Medical Equipment Home Health Services Hospice Services Outpatient Rehabilitation Centers		16	Free-standing ER	45	
		25	and Urgent Care Sites Emergency Medical Services (EMS)		
		27		28	
		188			
COMMUNITY SERVICES					
Mobile Clinical Services		20			
Wellness Centers		18			


#### Mission

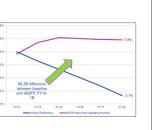
ASCENSION

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

# The Imperative for Change

To plan how best to sustain and improve the health of individuals and communities, each region forecasted local changes in utilization, payer mix, and reimbursement rates.

In FY13, we mapped these forecasts against projected Integrated Strategic Operational and Financial Plans and identified collective five-year \$5.2 billion gap in performance.



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# Ascension Priority 1A Create a sustainable PERSON-CENTRIC DELIVERY SYSTEM to serve individuals throughout their lifetime 1A: Transform our LOCAL HEALTH MINISTRY operations Create \$5.2B incremental value over next 5 years; demonstrate significant and immediate progress consistent with the FY14 Integrated Strategic, Operational, and Financial Plan (ISOFP) Embrace the reality that we are one national health ministry; critical to consolidate, standardize, streamline and decrease variability in order to bring our advantages to our local

communities

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Exercision Series One VCOs

FY14 Value Creation Opportunities

SERIES ONE

1. Clinical Process Reliability

2. Facilities

3. If Optimization/ACRIS

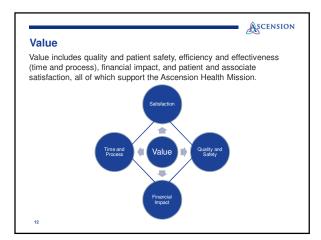
4. Labor Optimization

5. Physician Enterprise
Optimization

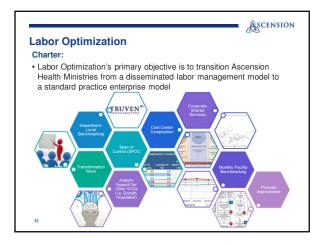
6. Revenue Cycle

7. Supply Chain

8. Purchased Services









#### ASCENSION **Culture Change** What Challenged Us What United Us The relative independence of our Health Ministries (regional health systems) and our system office · Our mission Our core values – same at all Health Ministries departments · A shared integrated scorecard for Variation in underlying data systems system performance Lack of agility in decision making and change management A standard process for integrated strategic, operational, and financial · Lack of clarity on roles and planning responsibilities Commitment 14

# ASCENSION

Ascension Health responded with a Standard Practice Labor Optimization Model that includes more timely, intentional and transparent management of labor costs and data.

#### The Vision:

**Culture Change** 

 A culture of continued improvement toward efficient, quality systems of care that incorporate education, process re-design, achievable productivity measures, and accountability in design and delivery models

#### ASCENSION Standard Practice Labor Optimization Model -Market, Facility, and Department-Level Benchmarking Performance Excellence incorporates market, facility and department level reviews to optimize labor: · Promotes timely, intentional and transparent management of labor costs o Delivers monthly market and facility-level benchmarking reports (Monthly Productivity Dashboards) $\circ~$ Utilizes facility labor-related data and external labor benchmarking targets Provides system-level support to complete department-level benchmarking . • Use external benchmarking tools for department-level analysis and continued process improvement Shares operational best practices Baseline Goal: Health Ministries reach the 25th percentile in productivity

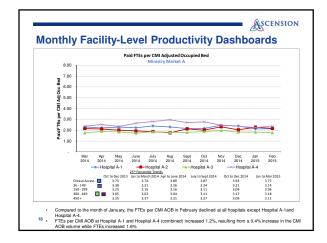
efficiency

ASCENSION Monthly Market-Level Productivity Dashboards Paid FTEs per CMI Adjusted Occupied Bed 8.00 7.00 8 6.00 00 5.00 **VIIV** 4.00 PaidFTEs per 7000 ÷. 1.00 
 Mar
 Apr
 May
 June
 July
 Aug
 Sept
 Oct
 Nov
 Dec
 Jan
 2015
 Feb

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 Min. Market A ---- Min. Market B ---- Min. Market C  $\rightarrow$ Min. Market D Compared to the month of January, the February FTEs per CMI AOB at: • Ministry Market A declined 0.8% • Ministry Market B declined 10.4% • Ministry Market D declined 5.7% • Ministry Market D declined 1.3% 17

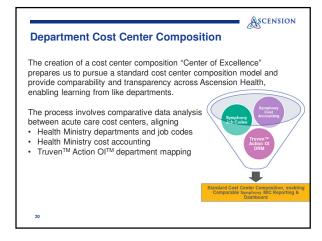
Performance Excellence Goal: Health Ministries achieve the 15th percentile as the journey to performance excellence continues

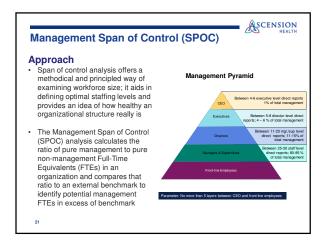


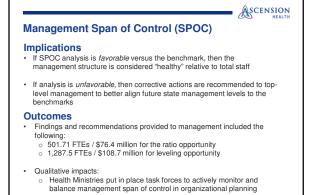


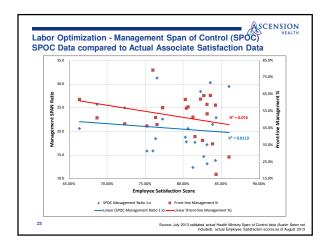


Year	-to-Date	e Paid		nd SWB Variances (to Truven™ Benchmarks) linistry Markets A to D						
Health Ministry and Hospital	Paid FTEs (adjusted) per CMI AOB	AOI <sup>TM</sup> Benchmark at the 10th %	AOI <sup>TM</sup> Benchmark at the 15th %	AOI <sup>TH</sup> Benchmark at the 25th %	Paid FTE Variance at the 10th %	Paid FTE Variance at the 15th %	Paid FTE Variance at the 25th %	SWB Variance at the 10th %	SWB Variance at the 15th %	SWB Variance at the 25th %
MINISTRY MARKET A	2.18	2.79	3.01	3.32	0.00	0.00	0.00	\$0	\$0	\$0
Hospital A - 1	2.25	2.65	2.86	3.18	0.00	0.00	0.00	\$0	\$0	\$0
Hospital A - 2	2.09	3.16	3.41	3.77	0.00	0.00	0.00	\$0	\$0	\$0
Hospital A - 3	1.83	2.65	2.86	3.18	0.00	0.00	0.00	\$0	\$0	\$0
Hospital A - 4	2.57	2.69	2.89	3.14	0.00	0.00	0.00	\$0	\$0	\$0
MINISTRY MARKET B	2.33	2.65	2.86	3.18	0.00	0.00	0.00	so	\$0	\$0
Hospital B - 1	2.33	2.65	2.86	3.18	0.00	0.00	0.00	\$0	\$0	\$0
MINISTRY MARKET C	2.74	2.66	2.82	3.07	53.19	18.08	0.00	\$3,379,495	\$1,142,934	\$0
Hospital C - 1	2.69	2.69	2.89	3.14	0.00	0.00	0.00	\$0	\$0	\$0
Hospital C - 2	2.62	2.60	2.77	3.11	9.65	0.00	0.00	\$627.122	\$0	\$0
Hospital C - 3	2.90	2.68	2.81	2.96	43.54	18.08	0.00	\$2,752,372	\$1,142,934	\$0
MINISTRY MARKET D	3.55	2.82	3.02	3.34	82.28	65.34	43.84	\$5,348,396	\$4,246,861	\$2,849,852
Hospital D - 1	3.65	2.69	2.89	3.14	73.67	58.35	39.20	\$4,788,345	\$3,792,550	\$2,547,805
Hospital D - 2	2.50	2.60	2.77	3.11	0.00	0.00	0.00	\$0	\$0	\$0
Hospital D - 3	4.48	3.16	3.41	3.77	8.62	6.99	4.65	\$560.050	\$454.311	\$302.046

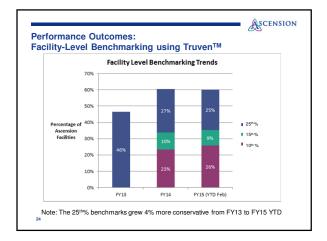









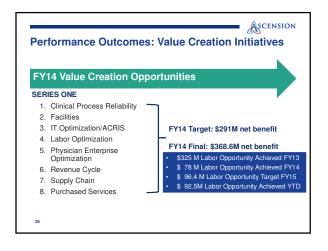




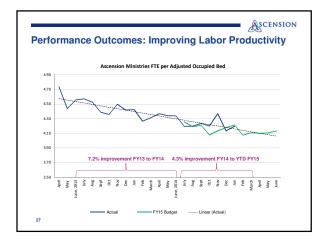


Summary of Ascension H and	ealth Facilities at I 25 <sup>th</sup> % and HCAH		arks 10 <sup>th%</sup> , 15 <sup>th%</sup> ,
Q2 FY15 SUMMARY	AOI™ 25th% or higher	AOI™ 15th%	AOI™ 10th%
Number of Facilities	48	17	18
Number of facilities with HCACPS data available	28	14	10
Number of facilities that meet or exceed HCAHPS targets	14	7	8
Percent of facilities that meet or exceed HCAHPS targets (with data available)	50%	50%	80%















#### The AIM4Excellence

## Creating Value for Extraordinary Person-Centered Care The objectives of AIM4Excellence:

- Engage the hearts and minds of associates and health partners to deliver ever-increasing value to those we serve, achieving the Quadruple Aim
  - Improved Health Outcomes, Enhanced Patient Experience and Enhanced Provider Experience at a Lower Overall Cost of Care
- Create system alignment with integrated management systems and improvement techniques
- Simplify and align the AIM4Excellence principles and behaviors to ensure that they are an expression of our identity as a ministry and connected with our Core Values



