



2023

**Baldrige National
Quality Award Application**

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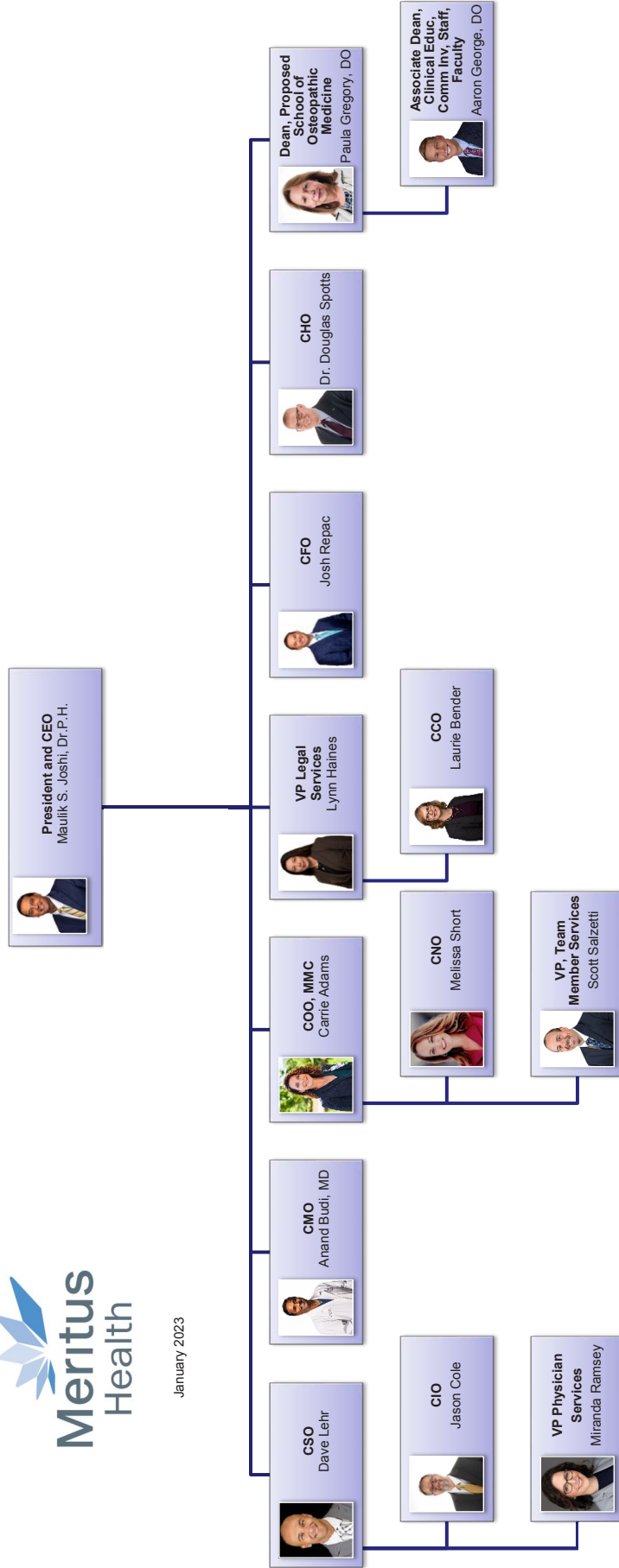
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SENIOR EXECUTIVE TEAM



January 2023



GLOSSARY

4Ms – What Matters, Medication, Mentation & Mobility

A

AACN – American Association of Critical Care Nurses

ADA – Americans with Disabilities Act

ANCC – American Nurses Credentialing Center

AOP – Annual Operating Plan

AOS – Available on site

ASHHRA – American Society for Healthcare
Human Resources Administration

B

BSN – Bachelor of Science in Nursing

C

CATCH – Coordinated Approach to Child Health

CAUTI – Catheter-Associated Urinary Tract Infection

CCO – Chief Compliance Officer

CEO – Chief Executive Officer

CFO – Chief Financial Officer

CHNA – Community Health Needs Assessment

CHO – Chief Health Officer

CIO – Chief Information Officer

CMO – Chief Medical Officer

CMS – Centers for Medicare & Medicaid Services

CNO – Chief Nursing Officer

CO₂ – Carbon Dioxide

COC – Commission on Cancer

COO – Chief Operating Officer

CSO – Chief Strategy Officer

CVG – Capital VP Group

CWG – Capital Work Group

CY – Calendar Year

D

DIS – Diagnostic Imaging Services

E

ED – Emergency Department

EEOC – Equal Employment Opportunity Commission

EHR – Electronic Health Record

EOC – Environment of Care

EOP – Emergency Operations Plan

EPA – Environmental Protection Agency

F

FEMA – Federal Emergency Management Agency

FMEA – Failure Modes & Effects Analysis

FMLA – Family Medical Leave Act

FTE – Full-Time Equivalent

FY – Fiscal Year

G

GEDA – Geriatric Emergency Department
Accreditation Program

GPO – Group Purchasing Organization

H

HAPI – Hospital-Acquired Pressure Injuries

HCAHPS – Hospital Consumer Assessment of
Providers & Systems

HHS – Department of Health and Human Services

HICS – Hospital Incident Command System

HIPAA – Health Insurance Portability
& Accountability Act

HR – Human Resources

HRO – High Reliability Organization

HSCRC – Health Services Cost Review Commission

HVA – Hazard Vulnerability Analysis

I

IACT – Integrity; All in for Quality & Outcomes;
Community-Obsessed; Teamwork

IHI – Institute for Healthcare Improvement

IT – Information Technology

IV – Intravenous

L

LGBT – Lesbian, Gay, Bisexual & Transgender

LEAD – Leadership in Equity & Diversity

LWBS – Left Without Being Seen

M

MDR – Multidisciplinary Rounds

MEC – Medical Executive Committee

MGMA – Medical Group Management Association

MMC – Meritus Medical Center

MMG – Meritus Medical Group

MVV – Mission, Vision & Values

N

NAS – Neonatal Abstinence Syndrome

NEO – New Employee Orientation

NAPBC – National Accreditation Program for
Breast Centers

NDNQI – National Database of Nursing
Quality Indicators

NHSN – National Healthcare Safety Network

NRC – National Research Corporation

O

OI – Operations Improvement

OIG – Office of Inspector General

OPPE – Ongoing Professional Practice Evaluation

OR – Operating Room

OSHA – Occupational Safety & Health Administration

P

PA – Pennsylvania

PFAC – Patient & Family Advisory Council

PG – Press Ganey

PLC – Physician Leadership Council

PM – Per Member Per Month

PSA – Primary Service Area

R

RN – Registered Nurse

S

SBAR – Situation-Background-
Assessment-Recommendation

SDOH – Social Determinants of Health

SET – Senior Executive Team

SSA – Secondary Service Area

SPP – Strategic Planning Process

SWOT – Strengths, Weaknesses,
Opportunities & Threats

T

TeamSTEPPS – Team Strategies & Tools
to Enhance Performance & Patient Safety

TJC – The Joint Commission

V

VIP – Very Important Person

VOC – Voice of the Customer

VP – Vice President

W

WMM – What Matters Most

WRVU – Work Relative Value Units

WV – West Virginia

Y

YTD – Year to Date

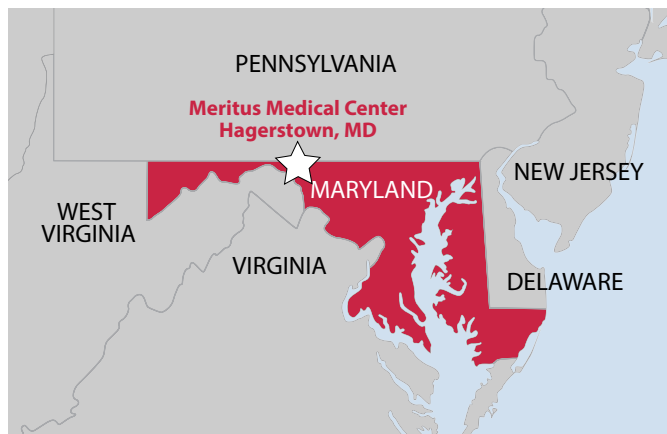
ORGANIZATIONAL PROFILE

P.1 Organizational Description

On October 26, 1905, nestled in Western Maryland's Great Appalachian Valley, a new hospital chartered by the Washington County Hospital Association opened its doors to serve Hager's Town and the surrounding area. Named after its German immigrant founder Jonathan Hager, the community was rapidly becoming a "Hub City," with multiple railroad companies building routes through the town located roughly 70 miles northwest of Washington, D.C. Recognizing the need for health care in the region, the community came together to raise money and convert a beautiful, Victorian-style home into a hospital. The hospital's 10 beds and 12 physicians served 106 patients in its first year.

Today, Hagerstown – Maryland's sixth largest city – remains a Hub City, situated at the intersection of U.S. Interstates 81 and 70. It serves as the chief commercial and industrial hub for the greater Tri-State Area, which includes portions of Western Maryland, South Central Pennsylvania, and the Eastern Panhandle of West Virginia (Figure P.1-1).

Figure P.1-1: Hub City



That modest Washington County Hospital has grown and evolved to become Meritus Health – a health system that provides health and health care to more than 200,000 people. Today, Meritus Health includes 327-bed Meritus Medical Center (MMC), a growing network of ambulatory services, including Meritus Medical Group (MMG), and Meritus Home Health. Meritus Health is proud to remain among a rapidly decreasing number of independent community health systems across the country and every day demonstrates its commitment to serving the region with a full range of healthcare services and a role-model approach to community health. In a bold strategic move to address the community's future health needs, Meritus Health announced plans in late 2022 to pursue licensure and accreditation for a four-year medical school – the proposed Meritus Health School of Osteopathic

Medicine. On the current timeline, the school would welcome its first students in fall 2025.

P.1a Organizational Environment

P.1a(1) Health Care Service Offerings

To address both local needs and emerging trends across the country, Meritus Health offers two main service offerings:

- Healthcare services
- Health services

Healthcare services focus on more traditional, medical care provided in hospital or ambulatory settings, while health services focus on keeping people healthy and reducing health risk factors. With the organization's historical roots, healthcare services remain the largest, most established segment of the business and provide the majority of the revenue. However, Meritus Health considers both service offerings essential to the success of the organization.

Meritus Health has identified three primary delivery mechanisms for its healthcare and health services:

- Meritus Health physical locations, including MMC and various ambulatory settings
- Modalities, such as in-person visits and virtual visits, which grew exponentially with COVID
- Meritus Health workforce and partners

P.1a(2) Mission, Vision, Values & Culture

The Mission, Vision, and Values (Figure P.1-2) frame everything Meritus Health does. The mission calls the workforce to provide patient-centered care, improve the health of the region, and function as a regional health system. The values establish the manner in which all members of Meritus Health will fulfill the mission through I ACT: Integrity, All in for quality and outcomes, Community obsessed, Teamwork.

Meritus Health has identified one core competency – providing the best health and healthcare services in our community. In partnership with other community organizations, Meritus Health leverages this core competency to achieve its mission and provide expert care close to home.

P.1a(3) Workforce Profile

As the largest employer in Washington County, Meritus Health has a workforce of nearly 4,000, with three key workforce groups – employees, providers and volunteers. Meritus Health refers to its employees as team members and its leaders as coaches. A profile of the Meritus Health workforce is presented in Figure P.1-3, with key engagement factors highlighted in Figure P.1-4.

Figure P.1-2: Meritus Health Organizational Playbook

Meritus Health Organizational Playbook



MISSION - Improve the health of our community.

VISION - To be the best health system.

VALUES - At Meritus, we each support our mission and vision by living our values each and every day.

By following our pledge, "I act", we each support Meritus with:

I = Integrity – We do the right thing, no matter what!

A = All in for quality and outcomes – Quality improvement isn't just something we talk about, it's a commitment we each live.

C = Community obsessed – We are our community and we are here to take care of our neighbors. This isn't just about medical care, it's about caring for the whole person.

T = Teamwork – Nobody can do it alone! At Meritus we are one team that is diverse and inclusive, and we support one another and our goals.

Educational requirements including degrees and advanced certifications are specified in formal job descriptions for each position. Among direct-care nurses, 62% have a BSN or higher, and 22% have specialty certification. Meritus Health has no bargaining units. Its workforce health and safety requirements are typical of any healthcare organization and are addressed as described in 5.1b(1) and 6.2c(1).

The most recent changes in workforce capability and capacity have come from COVID, which impacted operations across the entire organization related to staffing, care delivery, workplace safety, and much more. Planning for the future medical school will identify and address new workforce capability and capacity needs associated with it.

Figure P.1-3: Workforce Profile

EMPLOYEES	
Total number	3,325
Full-time	2,358
Part-time	977
Nursing	790
Providers	137
PROVIDERS	
Total on medical staff	663
Employed	137
Contracted	327
Independent	199
VOLUNTEERS	
Total number	279

Figure P.1-4: Key Workforce Groups

WORKFORCE GROUPS	KEY ENGAGEMENT FACTORS
Employees	<ul style="list-style-type: none"> • High-quality care and service • Focus on patient safety
Providers (Medical Staff, Employed, Contracted)	<ul style="list-style-type: none"> • Focus on patient safety • High-quality care and service
Volunteers	<ul style="list-style-type: none"> • Meaningful work

P.1a(4) Assets

Meritus Health has a 1 million square foot medical campus anchored by MMC. MMC is home to state-of-the-art medical technology, including surgical robots, a cancer center, neonatal intensive care unit, and regional infusion center that offers monoclonal antibody therapy. Robinwood Professional Center is connected to the hospital and houses physician practices and other ambulatory services. Meritus Health owns more than 70% of the space in Robinwood.

Meritus Health also has a medical plaza, which includes MMG physician practices, urgent care, physical therapy, and a lab. Several MMG clinics, as well as a handful of specialized support services, are located elsewhere around Hagerstown and the surrounding area.

P.1a(5) Regulatory Environment

Meritus operates in a complex legal and regulatory environment, with numerous regulations and standards at the national, state and local levels, including accreditation through The Joint Commission and licensure through the state health department. Meritus also chooses to pursue voluntary accreditations that support its commitment to excellence [7.4a(3)].

Most notably, the state of Maryland represents a unique regulatory environment for healthcare organizations. It is the only state in the nation granted a waiver by the federal government exempting it from national Medicare and Medicaid reimbursement principles. Instead, under the federal agreement, Maryland state law established an independent state agency, Health Services Cost Review Commission (HSCRC), that approves hospital rates. The agency uses a total cost of care model that limits hospitals to a small per capita increase from the previous year, with financial incentives for organizations that achieve certain quality and care improvement goals. Maryland hospitals still report to CMS but are not subject to the traditional CMS value-based programs.

P.1b Organizational Relationships

P.1b(1) Organizational Structure

Historically, a 22-member volunteer Board of Directors has overseen strategy and operations for Meritus Health, with a primary focus on MMC. However, in early 2023, the organization began transitioning to a Meritus Health Inc. Board of Directors with seven to nine members and a 15-member MMC Board of Directors that reports to it and includes three members from the Meritus Health Inc. Board. New Board members will be reviewed and nominated by the Meritus Health Inc. Board and appointed for up to four consecutive three-year terms. The Boards and supporting committees meet quarterly. The Meritus Health Inc. Board has a Compensation Committee; MMC Board committees include Executive, Finance, Quality, and Audit.

The Meritus Health Inc. President/Chief Executive Officer (CEO) reports to the Meritus Health Inc. Board, serves as an ex officio Board member for the Meritus Health Inc. and MMC boards, and leads the Senior Executive Team (SET). Seven SET members – Chief Strategy Officer (CSO), Chief Medical Officer (CMO), MMC Chief Operating Officer (COO), VP Legal Services (VPLS), Chief Financial Officer (CFO), Chief Health Officer (CHO), and the new Dean of the Proposed School of Osteopathic Medicine – report to the CEO. Chief Information Officer (CIO), VP Physician Services (VPPS), Chief Nursing Officer (CNO), VP Team Member

Services (VPTMS), Chief Compliance Officer (CCO), and the new Associate Dean report to the CEO's direct reports.

The Medical Executive Committee (MEC) leads the MMC medical staff, with membership comprised of a peer-elected Chief of Staff, Vice Chief of Staff, and department chairs. The CMO serves as an ex officio member. The MMC Board approves medical staff credentialing. The Physician Leadership Council, comprised of 20 medical directors, provides leadership for MMG.

The Meritus Health Organizational Playbook (Figure P.1-2) establishes the leadership system that guides all leaders and integrates strategic planning, workforce performance management, performance improvement, and the dashboard system to drive achievement of the Quadruple Aim and the 2030 Bold Goals.

P.1b(2) Patients, Other Customers & Stakeholders

Meritus Health has identified its key customer groups as patients and community, with patients segmented into hospital and ambulatory. Hospital patients are those seeking care for services based at the hospital, which includes inpatient care, as well as emergency care and hospital-based outpatient care. Ambulatory patients are those seeking care at a location other than the hospital. Key requirements for patients and the community are highlighted in Figure P.1-5. They are the same across patient segments.

Meritus Health defines its key market segments by geography (Figure P.1-6). Its primary service area (PSA) encompasses Hagerstown and surrounding Washington County. Its secondary service area extends into West Virginia and Pennsylvania.

P.1b(3) Suppliers, Partners & Collaborators

Figure P.1-7 highlights key types of suppliers, partners and collaborators and their role in service delivery, customer support, and innovation.

Figure P.1-5: Key Customers

CUSTOMER GROUPS	KEY REQUIREMENTS
Patients Hospital Ambulatory	<ul style="list-style-type: none"> • Safe • Timely • Effective • Efficient • Equitable • Patient-Centered
Community	<ul style="list-style-type: none"> • Behavioral Health Access • Wellness & Prevention • Health Equity • Obesity Reduction • Management of Diabetes & Hypertension

Figure P.1-6: Key Market Segments

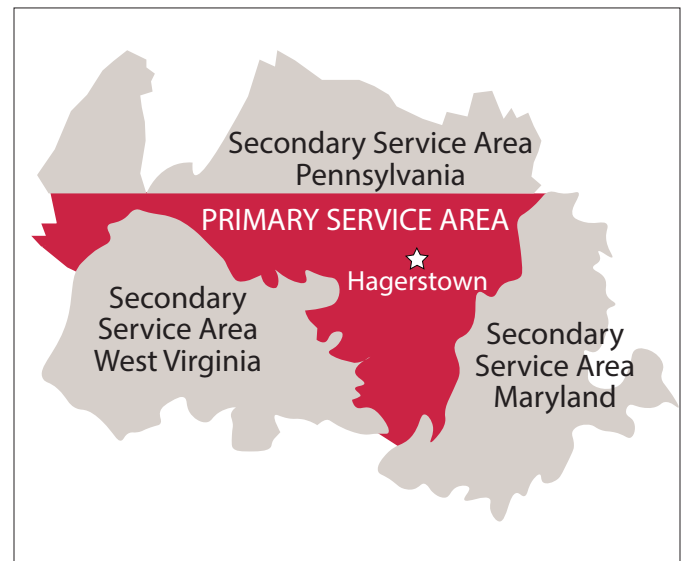


Figure P.1-7: Key Suppliers & Partners

	KEY SUPPLIERS	KEY PARTNERS	KEY COLLABORATORS
Role in Service Delivery	<ul style="list-style-type: none"> • Delivery of supplies • Group purchasing 	<ul style="list-style-type: none"> • Service delivery • Payer 	<ul style="list-style-type: none"> • Service delivery • Future workforce
Role in Innovation	<ul style="list-style-type: none"> • New products & technology 	<ul style="list-style-type: none"> • New technology • Care management 	<ul style="list-style-type: none"> • Workforce capability & capacity • Support for population health management
Key Requirements	<ul style="list-style-type: none"> • Quality • Service • Cost 	<ul style="list-style-type: none"> • Strategic alignment • Quality 	<ul style="list-style-type: none"> • Strategic alignment
Examples	<ul style="list-style-type: none"> • Health Trust • Medline • AmerisourceBergen 	<ul style="list-style-type: none"> • Diagnostic Imaging Services (DIS) 	<ul style="list-style-type: none"> • Washington County Health Department • Local colleges

P.2 Organizational Situation

P.2a Competitive Environment

P.2a(1) Competitive Position

As the only acute-care hospital in Washington County, Maryland, Meritus Health has no direct competitors for inpatient or emergency care in its PSA. As such, Meritus Health enjoys market share of greater than 80 percent, with the remaining patients leaving the PSA for tertiary and quaternary services not offered by Meritus Health. In its secondary service area, Meritus Health has identified its key competitors as the following:

- WellSpan Health, which includes WellSpan Chambersburg Hospital, 25 miles away in Chambersburg, Pennsylvania, and ambulatory services across the region
- Frederick Memorial Hospital, part of Frederick Health, 30 miles away in Frederick, Maryland

The entire service area is projected to grow faster than the national average over the next few years (Figure P.2-1).

Figure P.2-1: Population

POPULATION			
Service Area	2020	2025	Change
PSA	152,138	154,234	1.4%
SSA-PA	63,552	65,096	2.4%
SSA-WV	118,291	130,704	10.5%
Total Population	333,981	350,034	4.8%
National Trend	333,793,107	346,021,282	3.7%

P.2a(2) Competitiveness Changes

Meritus has identified the following key changes that could affect the organization's competitive situation:

- Regional health systems moving into its primary service area
- Meritus Health's rapidly expanding ambulatory footprint
- New technology in areas such as robotics, electronic health records, and virtual care
- Pandemics and other natural disrupters

P.2a(3) Comparative Data

Key sources of comparative and competitive data are presented in Figure P.2-2. Data limitations include reporting lags, limited availability of comparative data that represents better than average performance, lack of comparative or competitive data in some areas of operations, and disparate data sets in each of the three states Meritus Health serves.

With Maryland's unique healthcare regulatory system [P.1a(5)], Meritus Health has historically focused largely on state benchmarks, which directly impact its reimbursement. However, with its new vision to be the best health system, the organization is working to increase its use of national benchmarks.

Figure P.2-2: Key Sources of Comparative Data

PERFORMANCE DIMENSION	DATA SOURCE
Clinical processes & outcomes	National Database of Nursing Quality Indicators (NDNQI), National Healthcare Safety Network (NHSN)
Patient experience	Press Ganey
Workforce	Press Ganey, American Society for Healthcare Human Resources Administration (ASHHRA), NDNQI
Financial/operational	Fitch
Growth/market	Maryland Hospital Association

P.2b Strategic Context

Meritus Health's key strategic challenges, threats, advantages, and opportunities are as follows:

Strategic Challenges

1. Workforce recruitment and retention
2. Health inequity

Strategic Threats

1. Regional health systems moving into PSA
2. Increasing competition

Strategic Advantages

1. Independence
2. Sole community hospital with comprehensive medical services
3. Longstanding community relationships
4. Pursuit of excellence (Baldrige, Kata, HRO)

Strategic Opportunities

1. Physician alignment
2. Proposed Meritus Health School of Osteopathic Medicine

P.2c Performance Improvement System

The Meritus Health Organizational Playbook (Figure P.1-2) provides a framework for performance improvement across the organization. The Vision to be the best health system focuses the organization on continuous improvement to achieve the Quadruple Aim and 2030 Bold Goals for **Health Care, Health, Affordability, Joy at Work**, and the FY24 addition – **Medical Education**. Each year, the Annual Operating Plan (AOP) identifies specific action goals to move the organization incrementally toward achievement of the 2030 Bold Goals, with the True North metrics and Aim dashboards to measure progress (Figure 2.1-3). The True North metrics align with the Quadruple Aims and represent the highest strategic priorities for the organization. The True North metrics cascade to department dashboards and, ultimately, the workforce performance management system [5.2c(1)]. The Kata performance improvement system [6.1b(3)] is fully deployed as the organization's structured and focused approach to improve performance. The Performance Excellence Plan integrates specific Kata initiatives that support achievement of the AOP and True North metrics.

1. LEADERSHIP

1.1 Senior Leadership

1.1a Vision & Values

1.1a(1) Establishing Vision & Values

Meritus Health established its mission, vision and values (MVV, Figure P.1-2) in 2012, as part of the transition from Washington County Hospital to Meritus Medical Center (MMC). A key output of strategic planning sessions focused on pursuing excellence, the MVV reflected the new organization's commitment to keeping pace with the changing health needs of its community.

In 2019, Meritus Health embarked on a 90-day strategic planning sprint that engaged leaders, staff, providers, volunteer director, Patient and Family Advisory Council (PFAC), and Board in updating the mission and vision. Leaders also created the Meritus Health Organizational Playbook (Figure P.1-2). The Playbook serves as the leadership system, aligning and integrating strategic planning, workforce performance management, performance improvement, and organizational performance review to engage the organization in achieving the mission, vision, and 2030 Bold Goals.

In 2022, Meritus Health again revised the mission and vision and added a fifth Bold Goal, and in early 2023, the organization updated the values to I ACT – Integrity, All in for Quality and Outcomes, Community-Obsessed, and Teamwork. The values work began with leadership exercises focused on identifying the culture needed to move toward achieving the 2030 Bold Goals.

Ongoing deployment of the MVV begins at orientation for employees, volunteers, and physicians, with reinforcement through visual displays throughout all facilities, as well as Coaches Corners, Team Huddles, Physician Leadership Council (PLC), Medical Executive Committee (MEC), and medical staff business meetings. The MVV are embedded in performance evaluations [5.2c(1)], physician contracts, and the credentialing system for key suppliers (6.2b). In 2019, the MVV were added to badge holders, and a "placemat" depicting the Organizational Playbook was distributed to coaches and placed in conference rooms for reference during meetings. With the latest cycle of learning, team members document their annual goals to support the 2030 Bold Goals on a pocket strategic planning card.

Other mechanisms Meritus Health uses to deploy the MVV are highlighted in Figure 1.1-1, with cycles of learning described in 1.1b.

Senior leaders' personal actions reflect a commitment to the values, beginning with the CEO's presentation of the MVV during the first 30 minutes of weekly new employee orientation. Other mechanisms include:

- **Integrity:** The Chief Compliance Officer (CCO) is part of SET to ensure Meritus Health commitment to integrity and compliance in all decisions and actions.
- **All in for Quality & Outcomes:** Senior leaders established Improving Health Care as one of the

Quadruple Aims and Zero Harm Events as a 2030 Bold Goal. They also established and participate in the Leadership in Equity and Diversity Council [LEAD, 1.1c(1)] to eliminate care disparities. They attend PFAC meetings and round weekly on patients.

- **Community-Obsessed:** SET established Health as a main service offering and a 2030 Bold Goal and revised the mission to improve the health of our community. Also, they established community weight loss as one of the four metrics linked to the team member incentive program [5.2c(1)].
- **Teamwork:** Senior leaders participate in twice weekly Kata rounds to recognize and support front-line improvement work [6.1b(3)] and established an FY23 action goal for departments to participate in team challenges and wellbeing events (Figure 2.1-3).

1.1a(2) Promoting Legal & Ethical Behavior

To demonstrate their commitment to legal and ethical behavior and establish an environment that requires it, senior leaders:

- Established and validated **integrity** as a value.
- Created and resource an executive CCO position as well as a Business Integrity department that addresses compliance, internal auditing, and privacy (1.2b).
- Present updates and data to the Board Audit Committee.
- Established, evaluate, update, and enforce the Code of Conduct (1.2b). To address workforce needs, the Code was translated into Spanish last year.
- Resource and respond to the Guideline hotline and RL solutions reporting system, which enable the workforce to ask questions, share concerns, and report incidents related to legal and ethical behavior. As a cycle of learning, Guideline now also offers an email address as an additional reporting option.
- Participate in the Business Integrity Management Committee (1.2b). As a cycle of learning, the committee formalized rotating presentations from Coaches about potential organizational risks.
- Participate in the Ethics Committee [1.2b(2)].
- Personally sign annual conflict of interest statements and complete at least annual training on legal and ethical behavior.

1.1b Communication

Senior leaders use multiple mechanisms to communicate with and engage the workforce, patients, the community, and key partners (Figure 1.1-1). The frequency and breadth of ongoing mechanisms support timely communication and follow-up.

As a 2021 cycle of learning, Corporate Communications worked with the CEO and other SET members to establish an annual Communications Plan to ensure an integrated and pro-active approach to communication. The plan established a monthly rhythm, so that leaders

Figure 1.1-1: MVV Deployment & Senior Leader Communication

	Employees	Providers	Volunteers	Patients	Community	Partners	Frequency	Purpose*
Orientation	•	•	•				Ongoing	MVV,2
Standard meeting agendas	•	•					Ongoing	MVV
Team Huddle	•						Monthly	MVV,2,D
Coaches Corner	•						Monthly	MVV,2,D
Medical staff meetings		•					Quarterly	MVV,2,D
PLC		•					Monthly	MVV,2,D
MEC		•					Monthly	MVV,2,D
<i>Meritus Messenger</i>	•		•				Weekly	MVV,2,D,R
Video blogs	•	•	•				Ongoing	MVV,D,R
Kata rounding [6.1b(3)]	•						Twice weekly	2,R
Patient rounding [3.1a(1)]				•			Weekly	2
CNO patient care forums	•						Bi-monthly	MVV,2,D
CMO rounding		•				•	Quarterly	2
Tea for the Soul	•	•	•				Ongoing	2
Meals with Maulik	•	•					Monthly	2
<i>Medical Staff Messenger</i>		•					Weekly	MVV,D
CMO breakfasts & mingles		•					Monthly	2
In the Know		•					Monthly	2
Grand Rounds		•					Biweekly	2
Physician Investment Group		•					Weekly	MVV,2,D
Primary Care Forum		•					Every 6 weeks	MVV,2,D
PFAC [3.1a(1)]				•			Monthly	MVV,2
Website	•	•	•	•	•	•	Ongoing	MVV,D
Intranet (Hub)	•	•	•				Ongoing	MVV,2,D,R
Social media	•	•	•	•	•	•	Ongoing	2,D
Healthy Washington County [1.2c(2)]					•		Monthly	2
Board of Directors		•			•		Bi-monthly	MVV,2,D
Volunteer business meeting			•				Monthly	MVV,2,D,R
Community boards					•	•	Ongoing	2,D
Quality Conference	•	•			•		Monthly	MVV,2,R

* Deploying MVV (MVV); Two-way communication (2); Key decisions (D); Recognition (R)

receive information through the monthly Coaches Corner and then cascade that information to the front-line through Team Huddle. To inform the plan and identify improvement opportunities throughout the year, SET and Corporate Communications monitor key communication mechanisms. For instance, Corporate Communications monitors “open rates” for newsletters to understand what readers are interested in and how and when they like to receive information. This data drives the content, frequency, and timing of publications.

The CMO continues working closely with employed and independent medical staff physicians to refine communication with physicians. The two newest additions are: 1) the Physician Investment Group, which brings together senior leaders and employed physician leaders to discuss strategic physician needs on a weekly basis; and 2) the Primary Care Forum, which convenes employed and community primary care providers with senior leaders twice a quarter.

When senior leaders make a key decision or determine the need for organizational change, they work with Corporate Communications to develop a communication plan for informing impacted stakeholders. The plan identifies appropriate audiences, messaging, timelines, and delivery mechanisms.

The way senior leaders take a direct role in motivating the workforce toward high performance and a patient, community and business focus is described in 1.1c.

1.1c Mission & Organizational Performance

1.1c(1) Creating an Environment for Success

Senior leaders create an environment for success now and in the future through the following approaches:

- Creating and reinforcing the organizational culture begins with the values (Figure P.1-2), which are integrated into processes for onboarding [5.1a(2)] and managing workforce performance [5.2c(1)]. They are reinforced through numerous communication mechanisms (Figure 1.1-1), which undergo learning as described in 1.1b.

Senior leaders align and integrate the 2030 Bold Goals, True North metrics, and annual operating plan (AOP) to focus the organization on **patient safety and patient, community, and workforce engagement**.

Goals and measures in each of these areas cascade through the dashboard system (Figure 4.1-1) for regular review at all levels of the organization. The most recent cycle of learning standardized dashboards at the department level (Figure 4.1-2). SET members schedule rounding to support **workforce engagement**, using a template that also encourages identification of **patient safety** concerns. They review weekly **patient experience** results and participate in the monthly Quality Conference [6.1b(3)] and PFAC [3.1a(1)]. Any harm events are reported daily across the organization.

To foster **diversity, equity and inclusion**, senior leaders established and participate in the LEAD Council. The council, comprised of coaches and

team members, ensures workforce diversity [5.1a(2)], identifies and addresses health disparities in patient care and the community [3.2a(4)], and reviews policies to ensure inclusive language and practice [5.1b(2)]. As cycles of learning, senior leaders have integrated LEAD goals into the True North metrics and AOP (Figure 2.1-3) and chartered employee resource groups to understand and address the needs of specific populations. The council publishes its charter, organizational commitments, and an annual health equity report on the Meritus Health public website.

- To cultivate **agility and resilience**, senior leaders established processes that allow the organization to pivot rapidly to address strategic opportunities, environmental changes, or results not performing to goal. Frequent performance reviews (Figure 4.1-3) and ongoing environmental surveillance [1.2b(1)] alert leaders to the need for any course-correction. As a cycle of learning from COVID incident command, SET replaced its weekly three-hour meeting with a daily 15-minute, standing huddle in front of its visual management board. The huddles are structured and focused on data and action, with follow-up and feedback through the SBAR communication tool. Clearly assigned owners seek input from key stakeholders and are empowered to move forward without lengthy committee approvals.

Workforce performance management [5.2c(1), organizational performance reviews (Figure 4.1-3), and governance processes [1.2a(1)] cultivate **accountability** at all levels of the organization.

Cultivating **innovation and intelligent risk taking** begins with the hiring process and is reinforced daily through the Kata performance improvement system [6.1b(3)], which promotes “experiments” at the front line. The strategic planning process (SPP) requires leaders to identify innovations from other organizations and, as a cycle of learning, uses a “shark tank” approach to generate and consider new ideas [2.1a(3)]. Senior leaders have established processes to vet strategic opportunities and determine which to pursue as intelligent risks [2.1a(3), 3.1b(2)].

Senior leaders’ approach to cultivate **organizational and individual learning** is described in 4.2b(1) and 5.2c(2).

- To support **succession planning and development of future leaders**, senior leaders each identify key high-potential leaders and work with them to establish a development plan. Senior leaders support implementation of the development plans, reassess the identified leaders, and revise plans as needed. They also resource broader leadership development for team members and providers [5.2c(4)].

1.1c(2) Creating a Focus on Action

Senior leaders use the Organizational Playbook (Figure P.1-2) to create a focus on action to improve performance, achieve the mission, and identify needed

actions. Through SPP [2.1a(1)], senior leaders set 2030 Bold Goals and develop the AOP. The AOP establishes the True North metrics and outlines initiatives and metrics for each Aim to drive organizational performance improvement and achievement of the mission and vision. The performance improvement system (Figure 4.1-1) and organizational performance reviews (Figure 4.1-3) focus all levels of the organization on True North results and indicate when additional action is needed. True North metrics cascade to department dashboards. They are displayed on visual management boards in each department [2.2a(2)] and drive Kata initiatives at the front line [6.1b(3)]. The annual Performance Excellence Plan aggregates and tracks Kata initiatives, which are reported out during the monthly Quality Conference. The latest cycles of learning standardized department dashboards and established a steering committee to ensure alignment of Kata initiatives with those dashboards.

The Aims provide the framework for setting organizational performance expectations and guide senior leaders to create and balance value for patients (Health Care, Affordability), the community (Health), and the workforce (Joy at Work). As a cycle of learning for FY24, senior leaders added a fifth Aim to address emerging future stakeholders associated with the planned medical school. During SPP Step 2 [2.1a(1)], leaders vote to establish strategic priorities across the Aims, and SET selects the True North Metrics to reflect those priorities. To create value for stakeholders, senior leaders use benchmarks to set True North goals that drive high performance [4.1a(2)]. During SPP, they identify tactics [2.2a(1)] and the resources [2.2a(3)] needed to achieve those goals in order to anticipate and address any impacts across stakeholder groups.

Senior leaders demonstrate personal accountability through regular operational and strategic updates to the Boards [1.2a(1)], the CEO [1.2a(2)], and key workforce committees (Figure 4.1-3). SET also huddles daily in front of its own publicly visible quality board, and key reports and results are posted on the public website.

1.2 Governance & Societal Contributions

1.2a Organizational Governance

1.2a(1) Governance System

Meritus Health ensures responsible governance:

- The Meritus Health Inc. Board ensures accountability for senior leader actions, strategy, fiscal performance, patient safety, and healthcare quality through standing meeting agendas and dashboards that require senior leader reports on operations and strategic progress [1.2a(3)]. The Board reviews the True North metrics – which include indicators of financial performance, patient safety and healthcare quality – at every meeting, and strategic progress quarterly. The Finance, Quality, and Audit committees meet every other month and review organizational dashboards in their assigned areas of responsibility. Finance and Audit committee oversight of internal and external audits (see below) further supports

fiscal accountability. The Meritus Health Inc. Board evaluates the performance of the CEO as described in 1.2a(2) and reviews the CEO's performance evaluations of his direct reports. The Board committees annually review their charters. As a significant cycle of learning to prepare for the planned medical school, the governance system is expanding to include both Meritus Health Inc. and MMC boards [P.1b(1)].

- Meritus is committed to transparency in operations. Organizational results are shared broadly across the organization and posted in public areas, and harm events are shared daily. The external web site provides public access to data and information, such as an annual report, the Community Health Needs Assessment, and Health Equity Report. With a recent cycle of learning, the LEAD Council began posting its commitments and progress on the public site as well. Community members are invited to attend the monthly Quality Conference [6.1b(3)], where leaders review in-progress Kata initiatives, and Meritus leaders meet in public session with county commissioners through the Washington County Health Advisory Group.
- Per Board bylaws, the Meritus Health Inc. Board identifies, reviews, nominates, and approves new members. Board members sign annual conflict of interest statements. To balance the Board and ensure protection of diverse stakeholder interests, Meritus maintains a Board profile with information such as the age range, race, ethnicity, gender, and expertise of each Board member and periodically reviews Board composition relative to the community and the strategic plan to ensure alignment. Board membership includes physicians and community leaders with broad expertise in health care, finance, human resources, business, technology, and communications. The Board's annual calendar, standing agendas, and dashboard reviews further support protection of stakeholder interests.
- The Board Audit Committee ensures the independence and effectiveness of internal and external audits. The committee annually approves a work plan and budget for the Business Integrity Department [1.2b(1)], reviews internal and external audit results, and receives regular reports from the CCO. The Finance Committee reviews results for financial audits. Summaries from both committees go to the entire Board.
- The Board maintains a succession plan for the CEO. Succession planning for other senior leaders is addressed as described in 1.1c(1).

Board and committee members receive orientation and ongoing education to support their effectiveness in these roles. As a cycle of learning, Board members now receive a report card on their performance [1.2a(2)].

1.2a(2) Performance Evaluation

Meritus systematically evaluates the performance of senior leaders and the Board. Senior leader

performance evaluations follow the same process as other coaches using a standard tool that reviews job performance and behavior relative to the values. Coaches, including employed physician coaches, complete a self-evaluation and are evaluated by their manager, peers, and direct reports. Half their annual merit compensation is tied to job performance and half to the values. Accomplishment of goals aligned with the True North metrics accounts for 80% of their annual incentive compensation. As part of the evaluation, they identify two areas of professional development. A 2023 cycle of learning formalized a mid-year progress check of this development work. The Board completes the CEO's performance evaluation, and the CEO completes evaluations for his direct reports and shares them with the Board.

The Board performs a self-assessment every three years to review overall Board performance, the bylaws, and the committee structure. Previously, the Board used an assessment tool from the Governance Institute but as a cycle of learning has transitioned to an aligned internal tool. With each assessment, the Board develops an action plan to address identified opportunities. The Board committees annually review their charters and make revisions as needed to improve committee performance or address changing organizational needs. As the latest cycle of learning, Board members now receive report cards on their performance relative to identified expectations such as attendance, engagement, and philanthropic participation.

1.2a(3) Organizational Performance

Meritus Health intentionally structures its governance system to review organizational performance, including strategic progress [1.2a(1)]. Finance, Quality, and Audit committees are populated with subject-matter experts and meet every other month with organizational leaders to review dashboards in their areas of responsibility. Committees then report out to the Board as a whole through standing agenda items, with deep dives as needed and as scheduled through the Board's annual calendar. Until the Board restructure, a fourth committee – Strategic Planning – regularly reviewed AOP progress; however, that oversight has shifted to the Board as a whole.

1.2b Legal & Ethical Behavior

1.2b(1) Legal, Regulatory & Accreditation

Meritus Health's integrated approach to addressing adverse impacts of healthcare operations and anticipating public concerns with those operations begins with customer listening mechanisms (Figure 3.1-2), proactive regulatory and legal surveillance, ongoing environmental scans [2.1a(2)], and comprehensive risk assessments. Key processes, measures, and goals are presented in Figure 1.2-1.

To anticipate and address risks and legal and regulatory concerns, the CCO develops and oversees implementation of an annual Board-approved work plan, a two-year internal audit plan, and annual

education plan based on departmental stakeholder risk assessments, the external regulatory environment, and findings from internal and external audits. The plans address potentially adverse societal impacts related to areas such as changing reimbursement models, billing, fraud, public health emergencies, hospital-physician relationships, privacy, and access to emergency care. The CCO reports plan progress and audit findings to the Board Audit Committee at each meeting.

The CCO convenes a separate Business Integrity Management Committee comprised of coaches from across the organization. The committee evaluates potential risk scenarios at each meeting and provides input into a disclosure grid, which also goes to the Board Audit Committee. Every three to five years, Meritus Health commissions an external vendor to do a comprehensive compliance effectiveness assessment to identify improvement opportunities.

A proactive approach to accreditation through The Joint Commission (TJC) also helps the organization address any potentially adverse impacts from its healthcare services and operations. The patient safety manager leads monthly meetings of an accreditation readiness team, with specific accreditation areas assigned to each member. The team completes tracers every two weeks to assess readiness, documents them in the AMP tracking system, and assigns them to coaches for further analysis and gap closure. The team reports progress and findings to SET.

Anticipating public concerns with future healthcare services and operations begins with extensive and ongoing patient and community listening mechanisms (Figure 3.1-2). Annually, during the strategic planning process, Marketing integrates inputs from these mechanisms to complete a SWOT analysis and develop an annual Marketing Plan to address them. Throughout the year, social media comments and ongoing input from diverse stakeholder groups such as Healthy Washington County and Washington County Health Advisory Group may prompt targeted outreach. Concerns with specific services are brought to the responsible executive for action. New services or changes to existing services go to PFAC for feedback [3.1a(1)]. As a cycle of learning, new services are brought to PFAC earlier in the development process so PFAC ambassadors can seek community input as part of the evaluation process.

Approaches for anticipating and addressing adverse impacts related to patient safety, workplace safety, and emergency preparedness are described in 6.2c.

1.2b(2) Ethical Behavior

Demonstrating the value of integrity, Meritus Health is dedicated to promoting and ensuring ethical behavior in all interactions. The CCO is responsible for overall organizational compliance [1.2b(1)], using key processes and measures highlighted in Figure 1.2-1. The CCO oversees the Business Integrity Department,

Figure 1.2-1: Compliance, Risk & Ethics

PROCESSES	MEASURES	GOALS
REGULATORY/LEGAL COMPLIANCE		
Compliance Work Plan	Annual plan implemented	100%
Internal Audit Work Plan	Audit findings closed	100%
Education Plan	Education completed	100%
Contract review	Contract review	100%
ACCREDITATION/LICENSURE		
Joint Commission readiness	Tracer completion & closure	100%
SAFETY (6.2c)		
High Reliability Organization (HRO)	Near-miss reporting	Increase 10%
	Harm events	Decrease 10%
ETHICS		
Code of Conduct	Annual training completed	100%
Conflict of Interest	Annual disclosures completed	100%
Guideline hotline	Calls addressed/resolved	100%
Privacy	Breaches investigated/addressed	100%

which integrates compliance, internal auditing, and privacy into one functional area.

The CCO personally presents the Code of Conduct detailing requirements for business integrity and ethical behavior at team member orientation, with annual team member refreshers through mandatory training. The Code of Conduct is also part of orientation for physicians and volunteers and is integrated into the registration system for key suppliers. The Code of Conduct is reviewed and updated annually to address emerging trends within Meritus and across the industry. As the latest learning, the Code of Conduct is now translated into Spanish to support a diverse workforce.

The Guideline compliance hotline allows the workforce, patients, and community members to ask questions and report concerns, anonymously if desired. The hotline number is posted in all Meritus Health facilities and on the website and intranet. To address changing workforce demographics, Guideline now offers an associated email. Team members also can go directly to the Business Integrity Department or their supervisor with questions or concerns, or they can enter incidents into the RL Solutions event reporting system. The reporting chain of command is presented in orientation for new coaches. Additionally, Meritus utilizes artificial intelligence (AI) to monitor 100% of all electronic record access and detect inappropriate utilization and privacy violations.

The CCO addresses questions and concerns and investigates all potential violations or breaches. Formal policies outline processes for escalation and progressive discipline, if needed. The CCO tracks and trends compliance activities to share with the Board Audit Committee and to identify overall and targeted training needs.

All coaches, physician leaders, and the Board annually complete a conflict of interest form. The Ethics Committee, with membership including physicians, community members, and Meritus Health’s chief legal counsel, is available to support care teams and families facing difficult healthcare decisions.

1.2c Societal Contributions

1.2c(1) Societal Well-Being

With the mission, to improve the health of our community, Meritus Health systematically incorporates societal well-being and benefit into its strategy and daily operations. Through SPP, the 2030 Bold Goals drive and align strategies and actions (Figure 2.1-3) with supporting resources to address societal well-being. Specifically, with a 2030 Bold Goal of losing 1 million community pounds, strategic actions for Health focus on eliminating health disparities, improving healthcare access, and decreasing obesity. The Bold Goal for Joy at Work is to be an employer of choice nationally, and Affordability addresses rising healthcare costs and reduction of carbon dioxide emissions. For FY24, Meritus Health has added a fifth Bold Goal – to develop a world-class medical school – which broadens the organization’s focus on mission and societal well-being. The new goal calls for development of a medical school

by 2025 and is intended to both address the region’s physician shortage and boost the economy.

Meritus Health also considers societal well-being in its daily operations. Patients across service offerings and care settings are screened to identify needs relative to food, transportation, housing, and other social determinants of health (SDOH). A financial assistance program supports patients with limited ability to pay. Navigators and social workers connect patients to community resources. And the organization led the way in providing a living wage by increasing base pay for entry-level positions. Meritus Health continues to be a key partner with other community organizations in monitoring COVID, flu, and RSV positivity rates; addressing medication shortages; planning for infection surges; and educating the community on how to keep themselves and their neighbors safe.

To benefit the environment, Meritus Health has budgeted dollars to install solar panels and increase the efficiency of its chiller and air handling units. The organization is also working to increase its spend with diverse suppliers.

1.2c(2) Community Support

Meritus has a systematic, integrated approach to support and strengthen its key community. The

Figure 1.2-2: Community Support

PRIORITIES	INITIATIVES
Improve Behavioral Health Access	<ul style="list-style-type: none"> Meritus Health places peer support counselors in the ED to support patients with substance abuse issues and connect them with community resources. MMC won a Patient Safety Innovation award from the Maryland Patient Safety Center for its approach to caring for babies born with neonatal abstinence syndrome (NAS). Mothers and babies, who were exposed to drugs before birth, remain together after delivery, and the mothers learn safe ways to soothe and nurture their babies during withdrawal. MMC recently opened crisis beds for community members in need of inpatient substance abuse intervention. MMC provides the service at no charge.
Improve Wellness & Prevention	<ul style="list-style-type: none"> Care Callers: Launched during COVID, Meritus Health pairs volunteers with lonely individuals. The volunteers call participants each week in their homes to reduce loneliness. School Wellness Centers: Meritus Health places nurses in a local middle school and high school with populations that have limited access to health care. For students whose parents enroll them in the program, Meritus Health nurses can provide basic medical services, including wellness and prevention, on site at the school.
Improve Health Equity	<ul style="list-style-type: none"> LEAD Council – described in 1.1c(1) and 3.2a(4) – uses data to systematically identify and address health disparities in the community and in the care Meritus Health provides. Meritus Mobile Health: During the pandemic, Meritus Health outfitted an RV to deliver vaccines across the county. The mobile clinic has transitioned to providing primary care to underserved areas, strategically visiting sites such as Hispanic/Latino churches and an international grocery store. MMG has opened two new primary care clinics in remote, underserved areas where transportation is a challenge for many residents.
Decrease Obesity	<ul style="list-style-type: none"> Lose 1 Million Pounds: Meritus Health launched a community wellness initiative that to date has actively engaged more than 2,000 individuals. Participants track their weight and log pounds lost through a website that promotes Do, Eat, Believe, with Do focusing on physical activity, Eat focusing on healthy eating habits, and Believe focusing on stress management. Coordinated Approach to Child Health (CATCH): Meritus Health has partnered with YMCA to offer an after-school program in all local elementary and junior high schools. With the goal of preventing childhood obesity, the program engages students and parents to increase physical activity and change eating habits.
Prevent & Improve Management of Diabetes & Hypertension	<ul style="list-style-type: none"> Outpatient Care Management: Meritus Health established an integrated team with care managers, social workers, community navigators, pharmacists, respiratory therapists, diabetes educators, and others to help patients manage their chronic conditions while improving their SDOH. As a participant in the Maryland Diabetes Action Plan, Meritus Health is working through Healthy Washington County to develop a centralized referral system for community-wide diabetes support services. Horizon Good Will Clinic: Meritus Health partnered with Good Will to open a clinic in inner city Hagerstown – home to a large uninsured population with unmanaged diabetes and hypertension.

approach begins with SPP, which initially identified and annually validates its primary service area of Washington County as its key community. Every three years, Meritus completes a Community Health Needs Assessment (CHNA) to identify the greatest needs related to health and SDOH in the county. In preparation for the assessment, Meritus reviews county demographics to ensure equal representation with regards to education, income, geography, ethnicity and other key characteristics of the population. With the 2019 assessment, 1,500+ individuals participated, and Meritus supplemented the traditional survey and general community focus groups with focus groups in a predominately Hispanic church to better capture information about the Hispanic/LatinX community.

With results from the CHNA, Meritus Health then leverages the role model coalition, Healthy Washington County, to determine areas for community involvement. The coalition brings together representatives from 40+ community organizations to improve community health. Meritus and the county health department co-chair the coalition, which reviews CHNA results and collaboratively prioritizes where partner organizations individually and collectively should provide community support, based on the competencies and resources of each organization. The coalition establishes committees to address priorities that require broad collaboration and support.

Key areas of community support for Meritus Health are highlighted in Figure 1.2-2. Meritus Health reviews progress on key community health initiatives annually during SPP and adjusts resources as needed to address ongoing community health needs. Meritus Health contributed more than \$50 million in community benefits in FY2020 alone (Figure 7.4-10).

In addition to organizational contributions, Meritus Health provide community support by volunteering and serving on the boards of community organizations, such as United Way, Horizon Goodwill, Arc of Washington County, Washington County Chamber of Commerce, Hagerstown Library and San Mar Family and Community Services.

2. STRATEGY

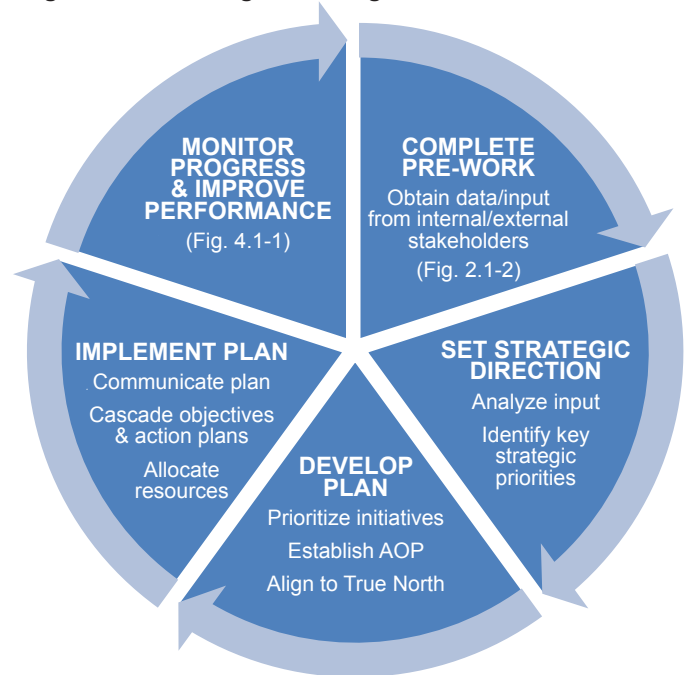
2.1 Strategy Development

2.1a Strategy Development Process

2.1a(1) Strategic Planning Process

Meritus Health uses an integrated, five-step strategic planning process (SPP, Figure 2.1-1) to drive performance toward accomplishment of its mission and vision. To balance short- and longer-term planning horizons, Meritus Health develops a three-year strategic plan with an annual operating plan (AOP) to move the organization incrementally toward a 10-year vision. The Chief Strategy Officer (CSO) owns SPP, with oversight from the CEO and Meritus Health Board, and engages SET, directors, team members, physicians, community partners, and external experts in the process.

Figure 2.1-1: Strategic Planning Process



Step 1: Complete Pre-Work

In December, the CSO sends a homework assignment to directors, physician leaders, and members of SET in preparation for a January strategy session. Each coach is instructed to seek input from team members, peers, and community members on specific questions. In addition to questions listed in 2.1a(3), the assignment includes a “Pull the Plug” section to identify areas where the organization is spending money and time that are not producing the desired outcome. This section was added as a cycle of learning for the FY24 AOP. Additional data and information that inform SPP are described in 2.1a(2).

Step 2: Set Strategic Direction

The Strategy team aggregates data and information from the homework assignment and other sources and shares them at the January strategy session. Participants vote using defined criteria to begin establishing strategic priorities for the year ahead. Participants also validate the mission, vision, and 2030 Bold Goals, which were initially established in 2019 through a 90-day strategic planning sprint that started with SET and the Board. The sprint brought together 25 community partners for a day-long stakeholder meeting and incorporated feedback from more than 150 leaders. Draft Bold Goals were reviewed at the monthly Leadership Forum, where each leader was charged with getting feedback from staff. SET made additional revisions based on leader and staff feedback before the Bold Goals were approved by the Board.

Step 3: Develop Plan

SET reviews strategic priorities from the strategy session and considers additional data and information [2.1a(2)] to validate the three-year strategies and prioritize initiatives that will generate incremental progress toward the strategies and 2030 Bold Goals. SET works iteratively with leaders and the medical staff

to develop the draft AOP. The True North represents the highest-priority strategic goals, with additional goals outlined for each Quadruple Aim. The AOP goes to the Board for approval.

Step Four: Implement Plan

Once the AOP has been approved by the Board, each goal is assigned to an owner for development of action plans. The owner engages a multidisciplinary work group of stakeholders and subject-matter experts and uses a driver diagram to identify specific tactics and a timeline to achieve the goal. Resources required for implementation feed into the annual budget process [2.2a(3)]. The True North is posted on the Hub for broad visibility, and coaches work with their departments to establish department goals.

Step Five: Monitor Progress & Improve Performance

SET annually establishes the True North Metrics (Figure 2.1-3) and Aim dashboards to track progress toward the 2030 Bold Goals. The True North Metrics cascade to all levels of the organization through the performance improvement system (Figure 4.1-1). Organizational performance reviews (Figure 4.1-3) identify action goals not on track to achieve annual targets and prompt corrective action [4.1b(2)].

Learning: SET evaluates the SPP process after each annual cycle. The process has gone through multiple cycles of learning to produce a plan with greater alignment between strategies and goals and identification of measurable outcomes. Other improvements include starting earlier to ensure that the AOP is in place at the start the new fiscal year, soliciting more input from leaders across the organization, and creating a formal metric definitions document for the True North and other AOP measures.

2.1a(2) Strategy Considerations

Meritus Health systematically collects and analyzes relevant data and develops information for use in the SPP, addressing specific elements and risks as highlighted in Figure 2.1-2. SET evaluates the SPP process after each annual cycle to identify opportunities for improvement.

2.1a(3) Strategic Opportunities & Intelligent Risks

Meritus Health has a multi-faceted approach to identify strategic opportunities and stimulate innovation at all levels of the organization:

- In SPP Step 1, directors and SET members complete homework that requires them to identify: 1) an initiative to net at least \$100k in new revenue or savings; 2) a study that highlights a process to reduce harm or readmissions; and 3) an innovation from another health system to consider for implementation at Meritus Health. They also have to interview three people not in health care about how to improve patient satisfaction.
- When considering significant investments, the CSO facilitates a “shark tank” with SET to brainstorm and vet ideas. For example, during initial consideration of a medical school, SET held a shark tank that focused on how else the organization could spend \$100M+ to improve community health and health care. As a cycle of learning, SET will engage the Board in a future shark tank event.
- To address a strategic challenge and ongoing strategic opportunity related to physician alignment, Meritus Health established the Physician Investment Group, which convenes key MMG physicians and leaders with members of SET every Monday for timely discussions of market dynamics and physician coverage in the community. The group generates ideas for new strategic opportunities related to recruitment or acquisition of providers. The broader Physician Investment Steering Committee, co-led by the CSO and CFO, adds independent community physicians for an annual discussion. The Physician Investment Group is a cycle of learning based on recognition that physician alignment needed to be a systematic focus throughout the year.
- Meritus Health engages an external consulting company to facilitate its strategic planning retreats. With a focus on re-imagining health care, the consultants are able to share leading-edge practices from clients across the country and challenge retreat participants with scenarios that make them think outside the box – for example, if Amazon started providing health care or if Medicare dropped its

Figure 2.1-2: Strategy Considerations

ELEMENTS/RISKS	DATA & INFORMATION
Strategic challenges & advantages	SWOT analysis as part of January strategy session (SPP Step 1); SWOT analyses throughout the year by Marketing team
Regulatory & external environment	Surveillance throughout the year by each SET member in areas of responsibility; licensure & accreditation requirements; customer listening mechanisms (Figure 3.1-2); competitor and payor activity; demographics; market share; outmigration; emerging industry trends
Innovations & technological changes	SET surveillance; SPP Step 1 homework assignment [2.1a(1)]; updates from key suppliers
Potential blind spots	External consultants; scenario planning; national best practices; emerging industry trends
Potential supply limitations	Updates from key suppliers, including GPO; emerging global and national trends; SET surveillance
Ability to execute the plan	Scenario planning; projected volumes, revenues, and expenses; physician community needs assessment [5.1a(1)]; Physician Investment Group; workforce engagement; team member turnover
Rapid changes, need for transformation	External consultants; competitor and payor activity; regulatory environment; SET surveillance; analysis of projections for key performance measures relative to benchmarks, regulatory thresholds, and competitors

participant age from 65 to 60.

- On a smaller scale, Kata performance improvement [6.1b(3)] engages the front line in generating and testing ideas throughout the year.

Processes for deciding which strategic opportunities to pursue as intelligent risks vary depending on the nature of the opportunity:

- If the opportunity requires a capital investment, it goes through the capital request funding process [3.1b(2)].
- If the opportunity involves physician alignment, the CSO and CFO develop a proforma to recruit a new physician to the area or purchase an existing practice. Proformas must be financially favorable or address a gap that is strategically important to subsidize in order to gain approval. The Physician Investment Steering Committee evaluates the proforma and resources approved opportunities through its annual budget.

Approved intelligent risks are integrated into the strategic plan and AOP. The organization has identified two key strategic opportunities: 1) physician alignment; and 2) the planned medical school.

2.1a(4) Outsourcing & Core Competencies

Meritus Health has a systematic approach for deciding which key processes will be accomplished by the workforce and which by external suppliers, partners, and collaborators. If a leader identifies an opportunity to outsource a process or service, that leader initiates the Request For Proposal (RFP) process using a template to clearly outline the requirements for a supplier or partner. Candidates are vetted with consideration for factors such as who best supports the Quadruple Aim and has the needed core competencies. Candidates complete a questionnaire, interview, and demo, if appropriate, and Finance performs a detailed analysis. Meritus Health completes the process as a candidate to facilitate a formal comparison of outsourcing versus keeping the process or service in-house. For example, the CIO recently evaluated whether to outsource a patient call center or build and staff it internally. Based on the evaluation, the CIO opted not to outsource. SET gives final outsourcing approval.

Once an outsourcing decision is made and implemented, the responsible leader uses a dashboard to monitor performance relative to established requirements. That leader also re-evaluates the arrangement during contract renewal to determine if it still meets organizational needs or if it would be more cost-effective to bring the work back in-house.

SET evaluates the need for future core competencies and work systems during SPP. In preparation for the planned medical school, SET has hired a consultant and a dean to guide evaluation of needed competencies and design of a new work system.

2.1b Strategic Objectives

2.1b(1) Key Strategic Objectives

Meritus Health's 2030 Bold Goals and Quadruple Aim are presented in Figure 2.1-3. The strategic plan and

AOP detail three-year strategies and annual actions for achieving them. The most significant planned change is to open a medical school in 2025. Meritus Health is in the early stages of planning.

2.1b(2) Considerations

The Quadruple Aim helps Meritus Health achieve balance among varying and competing organizational needs:

- During SPP, SET crosswalks the 2030 Bold Goals and Quadruple Aim with the strategic challenges, advantages, and opportunities to ensure each is addressed or leveraged (Figure 2.1-3). SET also validates that the Quadruple Aim leverages the core competency of *providing the best health and healthcare services in the community*.
- Meritus Health balances short- and longer-term planning horizons by establishing three-year strategies and incremental annual action goals for each Quadruple Aim (Figure 2.1-3).
- SET also identifies key stakeholders, such as patients, community, workforce, and partners, and makes sure that the Bold Goals and Quadruple Aim consider and balance their needs (Figure 2.1-3). With the decision to open a medical school, SET has added a fifth Bold Goal for FY24 to ensure consideration of future stakeholders, such as students.

2.2 Strategy Implementation

2.2a Action Plan Development & Deployment

2.2a(1) Action Plans

Development of tactics to drive action goal achievement begins once the Board has approved the AOP. In SPP Step 4, each AOP action goal is assigned to an owner, who engages a workgroup of stakeholders and subject-matter experts. The workgroup uses a driver diagram to identify specific tactics and a timeline needed to accomplish the goal. Key strategies and action goals aligned with each Quadruple Aim are presented in Figure 2.1-3.

2.2a(2) Action Plan Implementation

Deployment of the AOP begins with a communication plan to systematically share the AOP with the workforce through Coaches Corner, Team Huddles, PLC, MEC, and other mechanisms highlighted in Figure 1.1-1. The AOP is also posted on the Hub, and Corporate Communications creates a "placemat" with an AOP summary for broad distribution across the organization. Coaches work with their team members to establish department-level actions that support AOP achievement, and each department develops a dashboard to measure progress [4.1a(1)].

Throughout the year, AOP workgroups meet to monitor progress and advance identified tactics. Regular strategic updates go to the Meritus Health Board, SET, Quality Conference, Coaches Corner, Team Huddles, PLC, and MEC.

To reinforce AOP implementation, Meritus Health links achievement of True North metrics to coach, team

member, and MMG physician incentive plans. As a cycle of learning, Team Member Services is working to integrate department goals into the team member performance evaluation process and a new pay-for-performance model [5.2c(1)].

Executive champions and assigned directors for each Aim engage key suppliers, partners, and collaborators as needed for specific action plans.

To sustain key outcomes, SET allocates the necessary financial [2.2a(3)] and workforce [2.2a(4)] resources and systematically monitors strategic progress through the performance improvement system (Figure 4.1-1).

2.2a(3) Resource Allocation

Meritus Health integrates strategic planning with the budget and capital planning processes to ensure that financial and other resources are available to support the achievement of strategy while meeting current obligations. The CFO in collaboration with SET and the Board Finance Committee establishes a 5-year financial plan as the framework for annual budgeting and capital planning. The plan is updated annually to address emerging risks and opportunities, as well as key changes in the internal and external environment.

The annual financial planning cycle begins with the capital funding process. The CFO sets the

Figure 2.1-3: FY23 Annual Operating Plan

AIMS* BOLD GOAL	STRATEGIES (3-YEAR)	FY23 ACTION GOALS (ANNUAL)	AOP METRICS** (FY23 PROJECTION, FIGURE)
IMPROVING HEALTH: Lose 1 Million Community Pounds SC2 SA3 C, Partners	Engage community to lose 1 million pounds	Increase registered weight track users	Partner and employee pounds lost (65,000, 7.1-13) ★
		Partners & team members document 65,000 pounds lost	
	Improve care access	Achieve 2,000 MeritusNow visits	MeritusNow visits (2,000, 7.1-20)
	Improve health outcomes & reduce disparities in care	Know & act on What Matters Most to your patients in ambulatory practices	% WMM documented (10%, 7.2-15)
Increase % diabetic patients with HbA1C < 9, reduce health disparities between white & nonwhite diabetic control		% diabetic patients with HbA1C<9 (85%, 7.1-8)	
IMPROVING HEALTH CARE: Zero Harm Events SC2 SA2-4 P,C, Partners	Improve care access	Reduce ED median arrival to discharge time	ED arrival to discharge (<210, 7.1-15)
		Decrease 30-day readmissions	Readmissions O/E (<1.0, 7.1-2)
		Implement med delivery to patients prior to discharge home	% Meds to beds (>15%, 7.1-27)
	Reduce unwarranted variations in care & outcomes	Reduce avoidable utilization	Utilization (-27,195/AOS)
		Decrease harm events by 10%	Harm events (<70, 7.1-3)
		Decrease HAPIs by 10%	HAPIs (<216, 7.1-6)
		Decrease patient falls with injury by 10%	Falls (<51, 7.1-7)
	Become high reliability organization	Increase near miss events by 10%	Near miss reporting (246/month, 7.1-26)
		Improve patient experience composite score	Patient experience ★ • Hospital (68%, 7.2-1) • ED (59%, 7.2-3) • MMG (85%, 7.2-4) • Home Health (91%, 7.2-5)
	HAVING JOY AT WORK: Employer of Choice & Best Place to Work in the Country SC1; SA2,4 SO1,2; W	Reduce turnover	Reduce overall turnover by 10%
Increase Meritus Pride		Implement recognition platform	TeamProps posts (500/7.3-11)
		Increase net promoter rating	Net promoter score (16%/7.3-15)
		100% Rooney Rule application for leadership external hires	Rooney Rule application (100%/7.3-20)
Improve employee well-being	90% of depts participate in quarterly team challenge or well-being event	% Dept participating (90%/7.3-10)	
IMPROVING AFFORDABILITY: Lowest Total Cost of Care Provider in the State SC2 SA1,2,4 W,P,C,Partners	Achieve operating margin	Expand targeted outreach for wellness & prevention	Scheduled appointments (7,500/AOS)
		Increase care coordination by raising % of PT, ortho & cardiology visits referred in network	Care coordination (Ortho 75%, PT 25%, cardio 75%/7.2-16)
	Implement energy efficiency strategies	Tons of CO2 (15,326/7.4-12)	
	Achieve operating margin budget + 0.1%	Operating margin (Budget+0.1%/7.5-1) ★	
	Improve overhead efficiency over FY22	Support salary as % net patient revenue (2% improve/7.3-7)	

*SA: Strategic Advantages 1-4; SC: Strategic Challenges 1-2; SO: Strategic Opportunities 1-2; ST: Strategic Threats 1-2 (P.2b); Stakeholders: Workforce (W), Patients (P), Community (C), Partners; **Blue=True North, Star=incentive program

overall financial target, and coaches submit capital requests through the financial reporting system using a standardized form [3.1b(2)]. The Capital Steering Committee prioritizes requests and makes a recommendation to SET. To establish the annual operating budget, departments submit proposed budgets through the financial reporting system for review by assigned financial liaisons, who work with department coaches to finalize and roll up the budgets. Resources to support the achievement of strategies and actions are incorporated into the capital and operational budgets, in alignment with the financial plan.

2.2a(4) Workforce Plans

Meritus Health's key workforce plans to support the strategic plan and AOP are established under the Joy at Work aim (Figure 2.1-3). The strategies focus on retaining employees and physicians, increasing pride in the organization, and improving individual well-being, with actions related to onboarding, stay interviews, physician burnout, clinical communications, and creation of spaces for mindfulness and restoration.

In addition, specific workforce capability and capacity needs associated with the strategic plan are integrated into assessment processes described in 5.1a(1) and drive actions related to recruitment, development, and engagement. The physician community needs assessment, completed every three years, identifies gaps in physician coverage needed to achieve strategic and operational goals. As a cycle of learning, SET members began engaging key MMG leaders and physicians in a weekly physician investment group for real-time updates on current and emerging physician capability and capacity needs.

2.2a(5) Performance Measures

Meritus Health annually establishes the True North metrics (Figure 2.1-3) and Aim dashboards to track strategic progress toward the 2030 Bold Goals. The True North metrics cascade to department dashboards to align all levels of the organization [4.1a(1)]. Results for the True North metrics are updated monthly and reviewed at SET huddles, Coaches Corner, Team Huddles, MEC, PLC, and department meetings (Figure 4.1-3). Additionally, the Aim Dashboards go to SET, the Board, Quality Conference, and AOP workgroups to provide a more detailed view of strategic progress. Dashboard management has undergone multiple cycles of learning (Figure 4.1-2).

2.2a(6) Performance Projections

Performance projections for the True North metrics are shown in Figure 2.1-3. During SPP, SET sets goals using comparative or competitive data whenever possible [4.1a(2)] and compares those goals to performance projections. If there is a gap between a goal and a projection, SET establishes a more aggressive action plan or sets an incremental goal, so that the True North and Aim dashboard targets reflect projected performance.

2.2b Action Plan Modification

Meritus has a systematic and role model approach to recognize and respond when circumstances require a shift in action plans and rapid execution of new plans, as published recently in the *New England Journal of Medicine Catalyst Report*. As a learning from COVID incident command, SET replaced its traditional three-hour weekly meeting with a 15-minute daily huddle to promote agility. Now, SET huddles from 8 to 8:15 am in front of its visual management board to review True North and supporting metrics, identify critical operational and strategic issues, and share emerging trends from ongoing surveillance of the market and healthcare industry [2.1a(2)]. To facilitate an efficient, action-focused discussion, participants arrive with their homework done and data and recommendations in hand. Disciplined use of project management tools ensures accountability for follow-up and action items. Frequent organizational performance reviews (Figure 4.1-3) provide additional opportunities to recognize environmental changes. As a result, SET can respond in real-time to any changes or disruptions in the internal or external environment.

If the need for action plan modification arises, SET leverages its agile approval process. SET members are empowered to rapidly advance a change proposal without lengthy committee consents, as long as they engage and get support from all impacted stakeholders. To protect stakeholder interests, concerned stakeholders can "stop the line" at any time. Approved changes are shared with the Board, at Coaches Corner, and with any other appropriate stakeholders.

3. CUSTOMERS

3.1 Customer Expectations

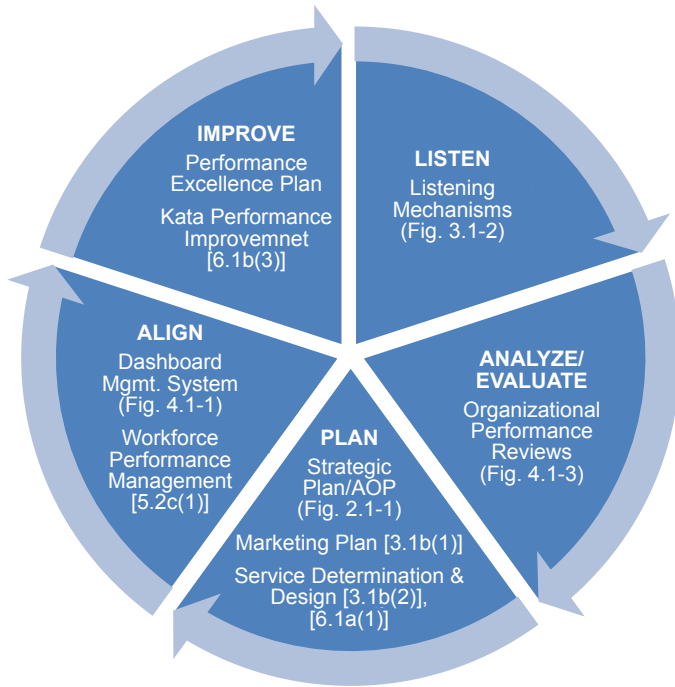
Meritus Health has established a Customer Listening and Response System (Figure 3.1-1) to listen to patients and the community, determine services to meet their needs, and create a more patient-focused culture. The system begins with robust processes for listening to patients and the community (Figure 3.1-2). Customer and market data and information are then analyzed and shared at all levels of the organization through scheduled performance reviews (Figure 4.1-3) and inform key planning approaches such as the SPP (Figure 2.1-1), development of the annual Marketing Plan [3.1b(1)], and determination and design of new services [3.1b(2)]. The performance improvement system (Figure 4.1-1) and workforce performance incentives [5.2c(1)] cascade key patient and community measures from the Board to the frontline and drive performance improvement [6.1b(3)]. SET and owners of supporting processes regularly evaluate and improve the effectiveness of the system and the processes.

3.1a Listening to Patients & Other Customers

3.1a(1) Current Patients & Other Customers

Meritus Health uses multiple mechanisms to listen to, interact with, and observe patients and the community to

Figure 3.1-1: Customer Listening & Response



obtain actionable information. These mechanisms vary for different customer groups and patient segments and across the customer life cycle, as highlighted in Figure 3.1-2. Figure 3.1-2 also indicates which mechanisms provide immediate feedback.

Patients

The most real-time tool Meritus uses to seek immediate and actionable feedback from patients is rounding. In the hospital, clinical managers round on every patient at least once during their stay, and in ambulatory settings, managers and supervisors round on several patients a day. Directors and senior leaders also round on a set number of patients each week. These interactions facilitate personal interactions and proactive resolution of needs. As a learning from a LEAD employee resource group [3.2a(4)], a Spanish-speaking team member rounds weekly with a SET member on Spanish-speaking patients.

In the hospital, daily multidisciplinary rounds (MDRs) provide additional opportunities to obtain immediate and actionable information from patients. Every morning at 10 a.m., a team including each patient’s primary nurse, a hospitalist, care manager, and pharmacist visit patient rooms to collaboratively update care plans. The clinics adopted a similar practice and do multidisciplinary diabetic rounds on Tuesdays.

Meritus also actively engages its MMC and MMG Patient and Family Advisory Councils (PFAC), which meet monthly to provide feedback on current and future operations. Project owners intentionally schedule PFAC into their timelines to seek input on initiatives such as medical plaza redesign, ED kiosk, MyChart, MeritusNow, and the new process to capture patient information about sexual orientation and gender identity. A key learning this year was to get projects on the PFAC agenda earlier in a project timeline, so members

have time to seek additional feedback and bring it back to the council. Also, the COO and CNO are working to increase the diversity of PFAC membership and enhance integration between the two councils.

The most quantitative way Meritus listens to patients is through its survey processes, described in 3.2b.

Community

Meritus has many mechanisms to listen to the community and potential patients. In addition to the Community Health Needs Assessment [CHNA, 1.2c(2)], a key listening mechanism is its role model coalition, Healthy Washington County. The coalition regularly convenes 40+ community partners that work together to improve the health of the community [1.2c(2)]. Meritus also participates in the Washington County Health Advisory Group, which meets in public sessions with the county commissioners. Additional information comes through the website and multiple social media platforms, which Corporate Communications monitors, responds to, and forwards for follow-up by appropriate leaders.

3.1a(2) Potential Patients & Other Customers

Mechanisms Meritus uses to listen to potential patients to obtain actionable information are highlighted in Figure 3.1-2. The Community customer group highlighted in the

Figure 3.1-2: Key Listening Mechanisms

MECHANISM*	CUSTOMERS**	NATURE
Patient rounding [3.1a(1)]*	Hosp, Amb	Interact, Observe
Patient surveys (3.2b)	Hosp, Amb	
Discharge phone calls*	Hosp, Amb	Interact
Care managers*	Hosp, Amb	Interact
PFAC [3.1a(1)]	Hosp, Amb	Interact
Patient advocate*	Hosp, Amb	Interact
Bedside shift report*	Hosp	Interact, Observe
Multidisciplinary rounds [3.1a(1)]*	Hosp, Amb	Interact, Observe
MyChart patient portal	All	Interact
Complaints [3.2a(3)]*	All	Interact
Support groups	All	Interact
CHNA [1.2c(2)]	C	Interact
Website, social media	All	Interact
Healthy Washington County [1.2c(2)]	C	Interact
Board of Directors	All	Interact
Meetings with extended care facilities	C	Interact
Faith community outreach	C	Interact
Demographic, referral & utilization data	All	
Market share	All	
Meritus participation on partner & community boards	C	Interact

*Real-time, immediate feedback
 **Customers: Hosp – hospital patients; Amb – ambulatory patients; C – community/potential patients

figure includes former patients, competitors' patients, and other potential patients. Corporate Communications and Community Health evaluate the effectiveness of these listening mechanisms and identify opportunities for improvement. For example, with the most recent CHNA, Meritus Health transitioned from a community survey to interviews and focus groups.

3.1b Patient & Other Customer Segmentation & Service Offerings

3.1b(1) Patient & Other Customer Segmentation

Meritus has systematic approaches to identify current customer groups and market segments, anticipate future customer groups and market segments, and determine which customer groups and market segments to emphasize and pursue for growth. At a high level, identification of customer groups begins with the annual Baldrige assessment process, which kicks off with a core Baldrige leadership group comprised of the CEO, COO, and key system directors that validate patients and the community as the organization's key customers. The group also established and annually validates hospital and ambulatory as the key patient segments based on access and utilization patterns. The Category 3 Team – with representatives from Patient Experience, Nursing, Marketing, MMG, Outpatient Care Management, Risk Management, and more – confirms the customer groups and patient segments. With the 2023 assessment, the Baldrige leadership group identified students as a future customer group for the planned medical school.

Determining which customer groups and market segments to emphasize and pursue for growth begins with SPP [2.1a(1)]. In addition to the broader organizational SWOT analysis, the Marketing team performs its own focused SWOT based on the many SPP inputs (Figure 2.1-2). The team then develops an annual marketing plan that addresses opportunities and threats identified through the SWOT and supports strategies and action goals in the AOP. Throughout the year, with development of each planned marketing campaign, the team performs additional SWOTs to guide identification of specific audiences and messaging. The team evaluates the effectiveness of its campaigns to identify opportunities to improve future efforts.

3.1b(2) Service Offerings

Understanding key patient and community requirements and identifying and adapting needed services to meet those requirements are important to Meritus as it works *to improve the health of the community*. Meritus adopted the nationally recognized, evidence-based Institute of Medicine's healthcare improvement aims as its key patient requirements (Figure P.1-4) and validates them each year. To determine key community requirements, Meritus utilizes the CHNA and prioritization process described in 1.2c(2). The top priorities identified most recently are listed in Figure P.1-4.

Ideas to add or adapt service offerings to meet and

exceed customer expectations and grow the business come from many sources. SPP is intentionally structured to generate ideas [2.1a(3)], and leaders or physicians may bring them forward throughout the year. The first step is initial consideration by a member of SET and then evaluation of resource requirements, risks, and projected volumes and revenues. The level of analysis and approvals depends on the nature and magnitude of the idea.

The capital request funding process addresses proposed new services that require a capital investment greater than \$3,000. With support from an executive sponsor, the requester begins the process by working with Finance to develop a preliminary return on investment/business plan and then goes to the online project request portal to complete a standardized form. The form captures strategic impacts and risks, as well as staffing, IT, facilities, legal and other needs. It is automatically forwarded to the requestor's VP for preliminary approval and then to the Capital Work Group (CWG) for review by members including Facilities, Clinical Engineering, Purchasing, Legal, Business Integrity, Project Management Office, Information Technology, Nursing, and Epic. If the CWG gives initial approval, the requester then works with the support departments identified by the CWG to develop a detailed business analysis. The business analysis goes to the Capital VP Group (CVG) – comprised of the CNO, CMO, and CFO – for final approval and budgeting.

The Physician Investment Group and Physician Investment Steering Committee [2.1a(3)] also support identification of new services. Co-led by the CSO and CFO and established as a cycle of learning, the Physician Investment Group meets weekly to pro-actively identify emerging needs for new or expanded physician capabilities. Needs identified by the group drive development of a proforma to recruit a new physician to the area or purchase an existing practice. Proposals go to the Physician Investment Steering Committee for approval and resourcing.

New and adapted healthcare service offerings are integrated into the SPP and financial planning processes and designed as described in 6.1a(2). Meritus adapts and improves service offerings using its kata performance improvement methodology [6.1b(3)].

3.2 Customer Engagement

3.2a Patient & Other Customer Experience

3.2a(1) Relationship Management

Meritus Health has multiple approaches to acquire and retain patients by building and managing relationships:

- Building a more patient- and community-focused culture begins at workforce onboarding and is embedded in strategy and operations through the customer listening and response system (Figure 3.1-1). Introduction of team members and physicians to the values, which emphasize being *community-obsessed* and *all in for quality and outcomes*, begins at orientation and is systematically reinforced

throughout their tenure [1.1a(1)]. The fully deployed 2030 Bold Goals focus the workforce on Improving Health and Health Care and drive strategies, action goals, and metrics that cascade from the Board to the frontline.

To support customer-focused decision-making at all levels, Meritus invests significant resources in obtaining voice-of-the-customer (VOC) and market data and information. Strategically, Meritus uses this data and information to inform the strategic planning process [2.1a(2)] and to determine market segments [3.1b(1)], new service offerings [3.1b(2)], and areas for community involvement [1.2c(2)]. Operationally, VOC and market data drive organizational performance reviews (Figure 4.1-3), incentive compensation [1.2a(2), 5.2c(1)], and kata improvement work [6.1b(3)]. At the highest level, patient experience is a True North Metric that is reviewed extensively across the organization and cascades to department dashboards. It is one of four metrics linked to the employee incentive program and is integrated into leader and physician incentive plans.

As a very recent cycle of learning to reinforce a customer-focused culture, Meritus Health established the Promise (Figure 3.2-1) and is piloting Promise Team rounding in the ED and select MMC units. Formal deployment and integration are in progress.

- The organization’s approach to acquire patients, build market share, and enhance brand image begins with an annual marketing plan [3.1b(1)]. The marketing plan identifies specific tactics related to the website, social media, digital ads, streaming TV, community outreach events, and more to support the AOP.
- To retain patients, Meritus has designed processes to meet and exceed patient expectations. To support patient-centered care, Meritus has instituted bedside shift report, patient rounding [3.1a(1)], MDRs [3.1a(1)], and IHI Age-Friendly practices [3.2a(4)]. As a learning from the Age-Friendly initiative, caregivers now ask patients across care settings and patient groups *what matters most* (WMM) and document their responses in the electronic health record. The hospitalist physicians, who touch the majority of hospital patients, Commit to Sit so they can interact with patients eye to eye. WMM and Commit to Sit are also part of MMG’s standard work for patient experience.

Additional mechanisms to build relationships with patients and the community are highlighted in 3.1a(1), 3.2a(2), and 1.2c(2). These mechanisms are evaluated and improved as described in each of the cross-referenced sections.

3.2a(2) Patient & Other Customer Access & Support

With a mission to *improve the health of the community*, Meritus Health has a systematic, integrated approach to enable patients and the community to seek information and obtain support. The approach begins with SPP [2.1a(1)], which established Health and Health Care

Figure 3.2-1: The Meritus Promise

INPATIENT
<p>We believe our patients deserve the best, so we promise every inpatient stay at Meritus Medical Center that our patients can expect:</p> <ul style="list-style-type: none"> • To always be greeted by our team in a friendly and welcoming manner • To have your team introduce themselves • To be called by your preferred name • To partner with you to create a personalized plan for your care that shows we have listened to you and included your wants and needs • To have your plan for the day communicated by your team to you daily • To treat you with respect and compassion • To respond to your needs in a timely manner
MEDICAL PRACTICE
<p>Service is a part of our culture and mission. If we haven’t delivered the service you expect, we have an obligation to make it right.</p>

strategies to *improve access to care and reduce disparities in care*. Multiple FY23 AOP action goals specifically address both:

- Launching MeritusNow, a virtual urgent care service that connects patients to providers within 10 minutes
- Reducing health disparities between white and nonwhite diabetic control
- Expanding targeted outreach for wellness and prevention
- Delivering medications to the patient bedside prior to discharge

Additional structures and processes in place to determine and address patient and community support requirements include:

- Outpatient Care Management, created as a significant cycle of learning, integrates many support mechanisms and helps patients and community members navigate those needed to address their SDOH. The MMG department brings together care managers, social workers, community navigators, pharmacists, diabetes educators, and others to help patients manage their health and access services with Meritus and community partners.
- Corporate Communications develops an annual Communications Plan that supports the AOP and addresses patient and community needs and preferences for seeking information. The team also monitors social media and news outlets to identify emerging community information needs.
- Community Health facilitates the CHNA process to prioritize community support requirements, including the need for health literacy [1.2c(2)].

Sample mechanisms for seeking information and obtain support vary by customer group and are highlighted in Figure 3.2-2. They are evaluated and updated at least annually through SPP.

3.2a(3) Complaint Management

Meritus uses its complaint management process (Figure 3.2-3) to support timely complaint resolution, recover

Figure 3.2-2: Sample Customer Support Mechanisms

MECHANISM	INFORMATION	SUPPORT
Outpatient Care Mgmt	Amb	Amb
MeritusNow		C
Meritus Mobile Health		Amb, C
SDOH Screening	Hosp, Amb	Hosp, Amb
Care callers	Amb	Amb
Patient rounding	Hosp, Amb	Hosp, Amb
Patient advocates	Hosp	Hosp
Bedside shift report	Hosp	Hosp
MDRs	Hosp, Amb	Hosp, Amb
MyChart	Hosp, Amb	Hosp, Amb
Support groups	All	All
Website, social media	All	
Parish nursing program	C	C
Diverse faith community partners	C	C
Language services advocate	Hosp	Hosp
In-room white boards	Hosp	
Tablets for Spanish-speaking patients	Hosp	
Same-day surgery tracker	Amb	
School wellness centers	C	C
CATCH (Figure 1.2-2)	C	C
Multidisciplinary clinics for cancer patients	Amb	Amb
Crisis beds	C	C
Peer support counselors (substance abuse)	ED	ED
Telehealth	Amb	Amb
Customer: Hosp – hospital patient; Amb – ambulatory patient; C – community		

patient confidence, and prevent future complaints. Complaints can come into the organization through any of the listening mechanisms highlighted in Figure 3.1-2. As instructed at orientation, any team member who receives a complaint is empowered to do immediate service recovery and, if not resolved, escalate it to a supervisor or patient advocate. Complaints also come directly to the patient advocates, who do patient rounding and broadly publish their contact information on posters, the website, and patient materials.

The leader or patient advocate who receives the complaint enters it into RL reporting system, which alerts the appropriate leaders and tracks follow-up and resolution. If the patient is in the hospital, the patient advocate and leader work to engage appropriate team members and/or physicians to resolve the complaint before discharge. However, if the patient has been discharged, or the complaint requires extensive investigation, the complaint becomes a grievance. With all complaints and grievances, the goal is to follow-up with the patient within seven business days.

A daily complaint report goes to SET and other key leaders for awareness and resolution support, and a monthly report is shared with SET and Quality

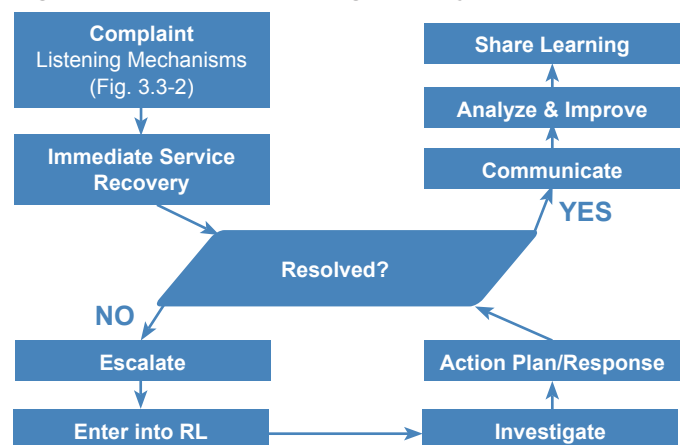
Conference for consideration of actions to prevent future complaints. The Grievance Committee, including the CEO, COO, CMO, patient advocates, and nurse leaders, meets weekly to review grievances and identify needed actions. As a learning, patient advocates round on nurse leaders and review with them their area's complaints and grievances for the past three months.

3.2a(4) Fair Treatment

The LEAD Council [1.1c(1)] oversees the Meritus approach for ensuring fair treatment for different patients, patient groups, and the community. The formally chartered workforce council addresses the following areas:

- **Workforce diversity:** The LEAD council reviews demographic data and sets hiring goals so that the workforce will reflect the diversity of the community. A subcommittee established a mentor program for new nurses from diverse backgrounds to support retention. An FY23 AOP action goal focuses on applying the Rooney Rule for all external leadership hires.
- **Clinical disparities:** The council looks at clinical data to identify care disparities. The analysis revealed six areas – sepsis care, pre-term births, breastfeeding, opioids administered in the ED, poorly controlled diabetes, and ED throughput – where the data is less favorable for patients of color. Workgroups were created to address each of the areas, and progress is posted publicly on the website. Reducing health disparities between white and nonwhite diabetic control is an AOP FY23 action goal.
- **Policy review:** The council reviews policies to ensure inclusive language and practice. For example, registration and assessment processes now capture information about patients' sexual orientation and gender identity, including what they would like to be called and who should have visitation rights.
- **Learning and development:** The council identifies and addresses learning and development needs. Organization-wide trainings on unconscious bias and cultural competency were FY22 action goals in the AOP. Also, registration employees have received targeted training on how to welcome and capture information from diverse patients.

Figure 3.2-3: Complaint Management System



As cycles of learning, senior leaders have integrated LEAD goals into the True North metrics and AOP (Figure 2.1-3) and chartered employee resource groups to understand and address the needs of specific populations.

In addition to the LEAD work, Meritus Health is also implementing Age-Friendly Care – a best practice identified by the Institute for Healthcare Improvement (IHI) to support the nation’s aging population. The model focuses on the 4Ms – what Matters, Medication, Mentation and Mobility. As part of the FY22 AOP, Meritus rolled out the 4Ms in hospital settings, and an FY23 action goal focuses on documenting *what matters most* for ambulatory patients. Other mechanisms to understand and address the individual preferences of all patients are described in 6.1b(2).

3.2b Determination of Patient & Other Customer Satisfaction, Dissatisfaction & Engagement

Meritus contracts with national vendor Press Ganey (PG) to administer ongoing surveys that measure patient satisfaction and engagement. PG distributes the nationally standardized Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to inpatients, with additional surveys targeted to ED patients, hospital-based outpatients, and MMG patients. PG reports include statistical analysis, allow extensive segmentation of the data, and show Meritus scores relative to similar hospitals across the nation and the state of Maryland. The surveys also capture free-form comments from patients about their experience.

Survey results go to SET and system directors on a weekly basis and are integrated into True North, Aim, and department dashboards for monthly review at all levels of the organization (Figure 4.1-3). They are one of four measures linked to the team member incentive program [5.2c(1)].

A portal accessible to leaders provides centralized access to the PG results. Patient Experience meets biweekly with each clinical manager to review their results and guide improvement work. Results are posted on each department’s visual management board, and all but one inpatient area are currently doing a kata initiative related to patient experience.

Physicians also receive PG results segmented by provider and practice. As the latest cycle of learning, the patient experience manager has started bi-weekly meetings with the six lowest-scoring practices to help them improve results. The hospitalists are doing kata work to improve their scores.

The Patient Experience team owns survey administration and continuously works to refine the approach to obtain more meaningful and actionable results. For example, Meritus now offers a phone option as a way of reaching additional survey participants and scaled back its MMG survey to just five key questions after participants complained the survey was too lengthy.

To determine patient dissatisfaction, Meritus uses complaints and grievances as described in 3.2a(3). Corporate Communications also closely monitors social media.

To understand community satisfaction, dissatisfaction, and engagement, Meritus relies on two primary data sources:

- Market share data, which indicates how many area residents choose Meritus for their care or opt for one of the organization’s competitors.
- Social media

Additional information comes from participation in outreach events.

Historically, Meritus contracted with national vendor NRC to administer a community perception/brand awareness survey. However, the organization discontinued the survey during COVID based on evaluation of return on investment.

4. MEASUREMENT, ANALYSIS & KNOWLEDGE MANAGEMENT

4.1 Measurement, Analysis & Improvement of Organizational Performance

4.1a Performance Measurement

4.1a(1) Performance Measures

Meritus Health has a robust performance improvement system (Figure 4.1-1) for tracking data and information on daily operations, overall organizational performance, and strategic progress. The system begins with the AOP and True North metrics, which SET selects and defines annually during SPP [2.2a(5)]. The True North and AOP metrics align with the Quadruple Aim, move the organization toward achievement of the 2030 Bold Goals, and indicate both organizational performance and strategic progress. The True North metrics focus all levels of the organization on the highest strategic priorities.

The True North dashboard – owned by the COO – drives selection of supporting metrics for each of the Quadruple Aims on department dashboards. The department dashboard process and format have undergone multiple cycles of learning (Figure 4.1-2). In FY21, SET began selecting one True North metric for each Aim as the basis for the employee incentive program [5.2c(1)].

Each month, assigned measure owners enter results into the dashboards. True North dashboard is broadly visible on the Hub, and department dashboards are displayed on visual management boards in each department. The dashboards use color-coded indicators to highlight performance relative to targets. Targets are set as described in 4.1a(2) and documented as part of the measure definition process.

Department dashboards, which contain key work and support process measures (Figure 6.1-1), frame

Figure 4.1-1 Performance Improvement System

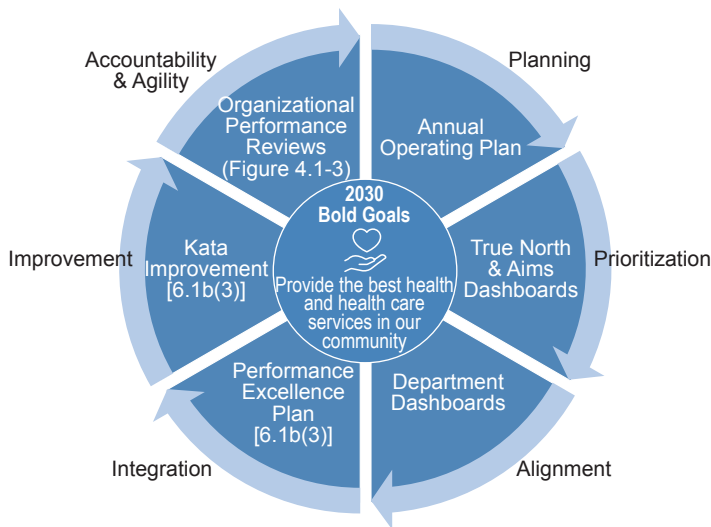


Figure 4.1-2: Learning

LEARNING	
FY2020	Bold Goals, True North, and AOP dashboards established; some department dashboards
FY2021	Department dashboards required; standard dashboard format established and encouraged
FY2022	Adopted universal dashboard format; held Dashboard Sprint to support dashboard development; COO review of all dashboards to ensure alignment
FY2023	Formalized data definitions for True North and AOP dashboards [4.2a(1)]

and align tracking of daily operations. Operational dashboards embedded in the Epic electronic health record system provide detailed data to support drill-down analysis and real-time management of processes such as bed placement [6.1b(1)]. To pro-actively identify and address operational challenges or disruptions, SET huddles daily at its visual management board, and the daily Operations and Safety Huddle brings together leaders from across the organization (Figure 4.1-3). In the ED, a multidisciplinary team including physicians also huddles daily in front of a detailed metric board to make resource decisions and sends out a detailed ED report system-wide.

Frequent, scheduled reviews of key organizational performance measures (Figure 4.1-3) ensure that the performance improvement system can respond to rapid or unexpected internal or external changes. As a cycle of learning from COVID, SET instituted the daily huddles in front of its visual management board to enhance agility. As part of the change, SET now also selects key leading indicators of True North performance to monitor on a daily basis. SET can rapidly shift this focus in response to environmental changes. All dashboard measures are evaluated at least annually to make sure they are addressing organizational needs. Measures or targets can be adjusted mid-cycle with approval from SET.

The FY23 True North Metrics are listed in Figure 2.1-3. Key short-term financial measures include operating

margin (Figure 7.5-1), which is a True North metric, and supporting metrics on the Affordability and Finance dashboards. Longer-term financial measures on the Finance dashboard include days cash on hand and debt to capitalization ratio.

4.1a(2) Comparative Data

Meritus Health’s approach to selecting comparative data begins with the performance improvement system [4.1a(1)] in support of the vision to be the best health system. When setting targets for True North metrics, SET works to identify benchmarks from state, regional, or national databases, vendors, or literature, with the ultimate goal of achieving national top decile. With Maryland’s unique regulatory system [P.1a(5)], Meritus has historically focused largely on state benchmarks, which directly impact reimbursement. With its new vision, the organization is working to increase its use of national benchmarks.

With each metric, SET compares current baseline performance to benchmark and determines whether to set the annual goal at benchmark or to set incremental goals to move toward benchmark. These targets cascade to supporting dashboards. Benchmark consideration is embedded in the standard measure definition form and reinforced through the Kata improvement methodology [6.1b(3)].

To provide relevant and timely comparative data, Meritus Health invests in database access and engages with voluntary accreditation bodies that promote excellence. The organization evaluates these investments on an ongoing basis to ensure best use of resources. The most recent cycle of learning established a central benchmark repository, which includes data definitions for each benchmark. The organization also launched a benchmarking class for leaders.

4.1b Performance Analysis, Review & Improvement

4.1b(1) Performance Analysis & Review

Systematic review of organizational performance and capabilities is integrated into the Meritus Health Organizational Playbook (Figure P.1-2) and framed by the 2030 Bold Goals and True North metrics. Key performance reviews highlighted in Figure 4.1-3 engage all levels of the organization in assessing organizational success, financial health, and strategic progress relative to goal. Whenever possible, comparative and competitive data are embedded in the goals [4.1a(2)] and incorporated into drill-down analysis done to understand metrics not performing to goal.

SET, led by the COO, evaluates and improves the approach for organizational performance review at least annually, in conjunction with AOP development. The latest refinements streamlined and formalized monthly dashboard reviews through Coaches Corner (formerly Leadership Forum), Team Huddles (formerly employee town halls), and Quality Conference [6.1b(3)].

The frequency of performance reviews allows Meritus to respond rapidly to changing organizational needs and

Figure 4.1-3: Key Performance Reviews

VENUE	PARTICIPANTS	MEASURES	FREQUENCY
SET huddle	SET	True North, AOP metrics, leading indicators	Daily
COO dashboard review with CEO	COO, CEO	All dashboards that roll up to SET	Monthly
COO reviews with dashboard owners	1:1s between COO and each dashboard owner	All “red” measures	Monthly
Board of Directors	Board members, COO, CNO, CSO, CFO, CEO, CHO, CMO, CCO, VPLS, Chief of Staff	True North, AOP metrics	Bi-monthly
Board Quality & Safety Committee	Board members, COO, CMO, CNO CHO, CEO, Chief of Staff	Patient Safety Report, True North, Health Care Aim dashboard	Monthly
Board Finance & Capital Committee	Board members, CFO, CNO, CEO, COO, CCO, VPPS, VPRC&CSS, EDF, VPLS	True North, Affordability Aim dashboard, key financial measures	Bi-monthly
Board Audit Committee	Board members, CCO, VPLS, CEO, CFO, CIO, VPPS	Financial transactions with physicians, disclosure reports, compliance, audits	Bi-monthly
MEC	CEO, CMO, CNO, COO, CHO, VPPS, medical staff leaders	True North	Monthly
PLC	CEO, CMO, CHO, VPPS, CFO, employed medical directors	True North	Monthly
Coaches Corner	SET, coaches	True North	Monthly
Team Huddles	SET, coaches, team members, volunteers	True North	Monthly
Department meetings	Managers, frontline staff	True North, department dashboards	Monthly
Quality Conference [6.1b(3)]	Quality, CEO, CMO, COO, CNO, COS, community member, various coaches	Patient Safety Report, PEP and AOP metric report-outs	Monthly
PEP Steering Committee	Coaches from Quality, OI, Nursing, MMG, Op Care Mgmt, Lab, Rehab, Operations	Progress on Kata initiatives	Weekly
Operations & Safety Huddle	Nursing supervisor, CNO, nursing & operational ancillary coaches (Nutrition Services, Pastoral Care, Pharmacy, EVS, Lab, etc.)	Census, staffing, planned admissions & discharges, bed capacity, patient flow, safety concerns, operational disruptions	Daily
MMG practice huddles	Clinic managers, front office staff, clinical staff, care management, providers	Daily metric boards	Weekly
Patient Safety Committee	Patient Safety, Quality, TJC chapter leads, dept directors & managers, physician leaders, CMO	Patient Safety Report, major events and action plans, regulatory updates	Monthly
Financial reviews	Department leaders, finance liaison	Monthly financial report	Monthly
Financial close	CFO, financial management team	Key financial measures	Monthly
Mortality Workgroup	Medical Staff leadership, Nursing, Care Mgmt, Quality, external ad hoc participants (Hospice, SNF) as needed, COO, CNO, CMO	Mortality dashboard	Monthly
Readmissions Workgroup		Readmission data	Weekly
Value-Based Care Steering Committee	CSO, CFO, VPPS, CCO, Pop Health Officer (physician), PFAC member, coaches from Amb Care, MMG, Pharmacy, OP Care Mgmt, Wellness, and Billing	Ambulatory Quality, Value-Based Care Dashboard	Monthly

challenges in the operating environment. To support performance reviews and ensure valid conclusions, Meritus Health leverages data analysis capabilities at all levels of the organization. The analytics team, Data Atlas analytics platform, and other tools, such as Slicer Dicer in Epic, support data mining and drill-down analysis [4.2b(1)]. Leaders complete training in data fluency as part of Kata training, as well as a benchmarking class added as a cycle of learning in FY23. Training on Data Atlas is mandatory for managers. Frontline staff can also complete data analysis classes offered by the Operations Improvement (OI) department, with further support from OI templates.

Meritus Health projects the organization’s future performance during strategic planning and goal-setting

processes [2.2a(6)]. Leaders and analysts start with current baseline performance and apply trajectories for factors such as historical performance, demographics, provider capacity, and seasonal surges. They also consider anticipated changes such as strategic initiatives or environmental factors that may impact performance moving forward. Projections are compared to key comparative and competitive data to help the organization understand if performance is on track to achieve excellence and remain competitive in its market.

4.1b(2) Continuous Improvement & Innovation

The performance improvement system (Figure 4.1-1) establishes priorities for continuous improvement and opportunities for innovation. Each year, departments and oversight committees use data to identify

improvement work, including Kata initiatives, needed to drive achievement of AOP goals. Quality integrates and tracks these projects in the annual Performance Excellence Plan (PEP) to ensure alignment and accountability [6.1b(3)]. Throughout the year, when the organization’s scheduled performance reviews (Figure 4.1-3) identify the need for corrective action, additional Kata initiatives may be chartered and added to the plan. Suppliers, partners, and collaborators are brought in when they are a key stakeholder in identified improvement work. Multiple cycles of learning related to the PEP established a steering committee, a Kata approval process, color-coded Kata progress tracking, scheduled report-outs at Quality Conference, and full plan transparency via the Hub.

4.2 Information & Knowledge Mgmt

4.2a Data & Information

4.2a(1) Quality

Primary responsibility for managing the quality of data and information to ensure accuracy and validity, integrity and reliability, and currency lies with the Chief Information Officer (CIO) and Information Technology (IT) team. The CIO develops a three-year IT plan detailing the infrastructure needed to support ongoing operations and strategic initiatives. Approaches outlined in the plan are annually evaluated and drive plan updates and improvements. The CIO works closely with the CSO and engages the Electronic Health Record (EHR) Strategy Committee, comprised of the CEO, CSO, COO, CMO, CNO, CHO, CCO, Epic Executive Director, Clinical Informatics Director, and Physician Champion. Further support for data and information accuracy and validity comes from processes such as the financial month-end close, which ensures data reconciliation, and dashboard management system [4.1a(1)], which establishes and documents formal measure definitions. Key data quality mechanisms are highlighted in Figure 4.2-1.

Figure 4.2-1 Data Quality

ACCURACY/VALIDITY
<ul style="list-style-type: none"> • Role-based access • End-user training • Change management processes • Use of algorithms & drop-down menus • Quality assurance testing • Analytics catalog with standardized data definitions • Data reconciliation processes
INTEGRITY/RELIABILITY
<ul style="list-style-type: none"> • Redundant hardware & software systems • Planned maintenance on all systems • Data backup procedures and offsite data storage • Tested business continuity & down-time policies & procedures • Help desk support
CURRENCY
<ul style="list-style-type: none"> • Real-time system updates • Remote user access • Epic integrated EHR for real-time access to patient information across care settings • Document management system that prompts scheduled reviews

4.2a(2) Availability

Meritus Health has a multi-pronged approach for making data and information available to patients, the community, the workforce, suppliers, and partners. Oversight and management of the organization’s many access and availability mechanisms (Figure 4.2-2) are spread across functional areas, including IT [4.2a(1)], Corporate Communications (1.1b), Team Member Services, Nursing, Quality, OI, Finance, Community Health, and Supply Chain. Coaches in each area assess the data and information needs of their key stakeholders and collaborate across functional areas to develop solutions. At least annually, they evaluate current mechanisms under their responsibility to stay current with technology and identify improvement opportunities. To ensure continuity of all systems, IT performs and at least annually reviews business impact assessments (BIA), which drive disaster recovery and business continuity plans. Assessing data and information needs is also embedded in key approaches, such as opening a new MMG practice [6.1a(2)].

The primary way Meritus Health ensures the timeliness of data and information is through Epic. The entire Meritus Health system is on one integrated Epic platform, which means patients, the workforce, and authorized partners can access real-time clinical data and information, regardless of location. Meritus Health also has partnered with the Chesapeake Regional Information System for our Patients (CRISP) to establish a state-wide information exchange so that providers anywhere in the state of Maryland can seamlessly access critical patient information.

To ensure user-friendliness, Meritus Health relies on several mechanisms. For patients, the PFACs [3.1a(1)] tests and provides feedback on new tools, such as MyChart patient portal and MeritusNow virtual urgent care. To ensure user-friendliness for the workforce, IT works with stakeholders to identify user requirements for new systems and technology, engages users in the selection process, and provides initial and ongoing training and support. IT also sends out post-implementation surveys for Epic upgrades.

4.2a(3) Cybersecurity

To secure sensitive or privileged data and information, IT assets, and internet-enabled systems, Meritus Health develops and maintains a cybersecurity strategic plan built on the NIST Cybersecurity Framework. The plan outlines and integrates capabilities and processes that ensure the organization’s ability to address each of the framework’s five pillars – Identify, Protect, Detect, Respond, and Recover (Figure 4.2-3). IT and the Business Integrity department provide oversight of the plan, which is utilized by the Security Incident Response Team (SIRT) and the Information Security and Compliance Committee (ISCC). ISCC is comprised of IT, Legal, Strategy, Business Integrity, Nursing, and Finance and provides governance for cybersecurity. IT updates the plan bi-weekly during corrective action planning.

Figure 4.2-2: Data & Information Availability

	ACCESS & AVAILABILITY	TYPE OF DATA/ INFORMATION
PATIENTS	<ul style="list-style-type: none"> • MyChart • MyChart bedside via phone & tablet • Patient rounding • Bedside shift report • Same-day surgery tracker & texting • Discharge/after-visit summary • Website, social media • Also see Figure 3.2-1 	<ul style="list-style-type: none"> • Medical records, including real-time results • Care plan updates • Patient status • Nutrition Services menus • Discharge/post-visit instructions & provider notes • Appointment scheduling & reminders • Billing statements • Meritus Health services
COMMUNITY	<ul style="list-style-type: none"> • Website, social media, media outlets • Community presentations, podcasts • Healthy Washington County • Community Solutions Hub • QR codes posted on MMC units • MeritusLink EHR access for unaffiliated providers 	<ul style="list-style-type: none"> • Meritus Health quality, safety & DEI data • Annual community benefit & health equity reports • CHNA & action plans • Publicly available quality & safety data • Meritus Health services • Public safety announcements • Community resources
WORKFORCE	<ul style="list-style-type: none"> • Epic integrated EHR • Intranet, shared drives • Visual management boards • RL Solutions reporting system • MySource HR system • Press Ganey portal • Newsletters, blogs • Key meetings (Figure 4.1-3) • Data Atlas data warehouse • Everbridge emergency notification • Team Props recognition system • Policy Manager • HealthStream learning mgmt system 	<ul style="list-style-type: none"> • Real-time patient information • Daily operational information • Safety events, complaints • Dashboards • Policies, procedures, standing orders, forms • Payroll • Patient & workforce engagement data • Organizational updates • AOP • Professional development, mandatory learning modules • Emergency notification • Workforce recognition
SUPPLIERS	<ul style="list-style-type: none"> • Regular data feeds • Quarterly business reviews • Contracts • Vendor registration 	<ul style="list-style-type: none"> • Policies & procedures • Orders & inventory • Performance requirements & results • Invoicing
PARTNERS/ COLLABS	<ul style="list-style-type: none"> • CareEverywhere patient record sharing • Regular reports & meetings • Partner Board meetings • Dashboards • Contracts 	<ul style="list-style-type: none"> • Clinical care data • Business updates & metrics • Strategic direction • Performance requirements & results

Figure 4.2-3: Cybersecurity Plan Overview

IDENTIFY	PROTECT	DETECT	RESPOND	RECOVER
<ul style="list-style-type: none"> • Security policies & procedures • Asset mgmt. • Risk assessment • BIA • Corrective action planning • Penetration testing • ePHI 	<ul style="list-style-type: none"> • Physical access control • Data encryption • Zero trust architecture • Anti-virus • Firewall, patch mgmt. • Password mgmt. • Network segmentation • Phishing • Workforce onboarding, training 	<ul style="list-style-type: none"> • Connected Med for network medical devices • Managed detection response • Dark web monitoring • Threat monitoring • Monitoring of logs for data loss prevention & security processes • Secure Domain Name Service 	<ul style="list-style-type: none"> • Security operation center • Incident response plan • Ransom response plan • Cyber insurance • Tabletop exercise • Readiness assessment 	<ul style="list-style-type: none"> • Business continuity • Compliance & reporting • Data backup testing • EOC • Ransom recovery retainer • Redundant internet • Disaster recovery plan & testing

In support of the plan, the Business Integrity department oversees policies and processes to protect privacy and ensure compliance with HIPAA regulations. The CIO and CCO track security and privacy indicators on their dashboards and take corrective action as needed. IT and Business Integrity also annually bring in a third-party auditor to conduct a HIPAA cybersecurity risk assessment, as well as an external and internal network penetration test. IT also works with each department to complete a business impact analysis (BIA) and prioritize systems to secure.

During onboarding, members of the workforce complete security checks and mandatory HIPAA and cybersecurity training before being given access to Meritus Health systems. Team members complete annual mandatory training throughout their tenure with the organization, and physicians complete training every two years as part of the medical staff credentialing process. Twice a month, phishing tests and training for “clickers” raises workforce awareness around digital threats.

All physical and digital data and information access is role-based, regularly reviewed to maintain least

privilege, and monitored to detect inappropriate activity. Epic controls prevent EHR data extraction without role-based credentials. SET receives a monthly report of any inappropriate access.

To ensure that partners and suppliers understand and fulfill their security and cybersecurity roles and responsibilities, Meritus Health requires a HIPAA-compliant Business Associate Agreement (BAA) for entity that will be accessing data and information. IT also completes a thorough intake process to review technology and security practices.

4.2b Organizational Knowledge

4.2b(1) Knowledge Management

Meritus Health builds and manages organizational knowledge as follows:

- Collection and transfer of workforce knowledge happens through multiple mechanisms, including:
 - 1) Epic EHR, which captures and transfers real-time clinical care information, and contains order sets, alerts, and dashboards;
 - 2) shared drives, which house documents used collaboratively within and across departments or teams;
 - 3) the Hub intranet, which serves as a central repository for workforce resources such as tools, templates, forms, procedures, databases, and much more;
 - 4) Policy Manager, which houses an extensive library of policies related to all aspects of Meritus operations;
 - 5) standard work [4.2b(2)];
 - 6) scheduled organizational performance reviews (Figure 4.1-3);
 - 7) training curriculum that captures knowledge from subject-matter experts across the organization; and
 - 8) HealthStream learning management system [5.2c(2)].Each of these mechanisms has an assigned owner in IT, Corporate Communications, Quality, OI, or Team Member Services who evaluates their effectiveness and identifies opportunities for improvement.

Mechanisms for collecting and transferring knowledge among other stakeholders, such as patients, the community, suppliers, partners, and collaborators include senior leader communication mechanisms (Figure 1.1-1), customer listening mechanisms (Figure 3.1-2), customer support mechanisms (3.2-2), and data availability mechanisms (Figure 4.2-2).

Assembly and transfer of relevant knowledge for use in strategic planning is described in 2.1a(2).

- Meritus Health's approach to analyze data and information from different sources to build new knowledge has four key components:
 1. A robust dashboard management system selects, collects, displays, and aligns measures of organizational performance, strategic progress, and daily operations [4.1a(1)]. Results for these measures come from multiple systems and address multiple areas of performance, balanced across the Quadruple Aims.
 2. Scheduled performance reviews (Figure 4.1-3) require review and analysis of these results.
 3. In support of the performance reviews, technology

facilitates data analysis and data mining across disparate data sets, with the Data Atlas data warehouse as the latest and most significant cycle of learning. Additional area-specific tools include:

- 1) pharmacy's Blusight system, which blends data from Epic, the Pyxis automated medication dispensing system, and Team Member Services to monitor controlled substance diversion;
- 2) Strata, which blends data from Epic and the general ledger system to identify cost improvement opportunities;
- and 3) Protenus, which leverages artificial intelligence and advanced analytics to monitor all Epic activities for timely detection of inappropriate activity and privacy violations.

4. All levels of the workforce receive training on data fluency, so coaches and team members have capabilities related to data analysis [4.1b(1)].
- Meritus Health embeds learning in the way the organization operates as follows:
 - Team members and coaches are empowered and equipped to solve problems at their source using Kata performance improvement [6.1b(3)].
 - The dashboard system [4.1a(1)], frequent organizational performance reviews (Figure 4.1-3), and broad workforce data fluency [4.1b(1)] promote identification of opportunities for improvement and innovation.
 - Annual Baldrige assessments identify gaps and drive improvements. Many key approaches have learning cycles embedded.

4.2b(2) Best Practices

With a vision to be the best health system, Meritus continuously works to identify internal and external best practices. To identify external best practices, Meritus resources participation in collaboratives, professional organizations, conferences, voluntary accreditation, registries, and national and regional databases. To identify internal best practices, the organization has intentionally designed leadership structures and organizational performance reviews to share practices and results between departments and functional areas.

Annually with the AOP and throughout the year as issues arise from Quality Conference or oversight committees such as MEC and PLC, the COO and system quality director establish multidisciplinary collaboratives to intentionally identify and implement best practices. Recent examples include CAUTI and C. diff, as well as the ongoing mortality and readmission workgroups. The collaboratives research evidence based best practices, identify internal departments who are performing well, and design processes to meet the needs of key stakeholders.

To implement best practices, Meritus Health establishes them as standard work. A multidisciplinary team documents the steps in a standard work template that is communicated and deployed as appropriate across the organization. Approval levels and deployment vary

depending on the nature of the standard work. For example, EVS standard work for how to clean a room was approved by the EVS process owner and used to train EVS team members, whereas standard work on how to prevent hospital acquired pressure injuries (HAPI) required multiple levels of approval and broad deployment across MMC. Standard work that impacts multiple departments and care settings goes through the Policy Control Committee and is posted to Policy Manager. Examples of established standard work include how to insert a Foley catheter, facilitate a Kata initiative, and conduct a department daily huddle.

4.2c Pursuit of Innovation

Meritus Health determines which opportunities for innovation to pursue as described in 2.1a(3).

Approved intelligent risks are resourced through the operating and capital budget processes [2.2a(3)]. The assigned executive owner engages key stakeholders, including coaches, physicians, suppliers, partners, and collaborators, as appropriate, to design, test, and implement the opportunity [6.1a(2)].

SET monitors opportunities post-implementation to make sure they meet performance targets established in the proforma. An annual report on the performance of physician-related opportunities goes to the Board Finance Committee. If an intelligent risk consistently does not achieve established goals or there is a strategic need to re-allocate resources, SET can make the decision to discontinue.

The largest and most significant opportunity Meritus Health has chosen to pursue in recent years is the planned medical school. SET brought the idea forward as an innovative way to broadly improve the health of the community by addressing the region's provider shortage and boosting the local economy. To validate the \$190 million project, SET performed a "shark tank" exercise to consider other large-scale investments and their relative impact on the organization and the community. Ideas were vetted and ranked relative to their financial impact and their impact on accomplishment of the mission. Results went to the Board as part of strategic discussions and initial go-ahead for the medical school. SET also performed a SWOT analysis, commissioned feasibility and economic impact studies, and developed a proforma to evaluate costs, risks, competitive environment, return on investment, and other key factors. Meritus Health integrated the medical school into the long-term financial plan to ensure sufficient cash availability for ongoing operational and capital needs and hired a dean to lead future phases of development.

5. WORKFORCE

5.1 Workforce Environment

5.1a Workforce Capability & Capacity

5.1a(1) Capability & Capacity Needs

Meritus Health has a systematic, integrated approach

to assess both strategic and operational workforce capability and capacity needs on a daily, monthly, annual, and longer-term basis.

Team Members

Assessing workforce capability and capacity needs is part of the annual budget process. Leaders in each department work with finance to determine staffing needs for the following year. Staffing budgets are informed by historical and projected patient volumes and acuties, as well as staffing models based on area-specific national benchmarks. Staffing budgets also incorporate workforce capability and capacity needs required to achieve the AOP [2.2a(4)].

On a monthly basis, SET reviews overall staffing efficiency measures relative to budget, and the VPs each meet with the CEO and the executive director of finance to review efficiency measures for their areas of responsibility. The Position Control Committee meets on a weekly basis to review all requests to fill a new opening. As a cycle of learning to address an FY23 Affordability action goal, administrative, non-patient care positions now require an additional level of approval.

On a daily basis, leaders across the organization hold a morning bed huddle to assess workforce capability and capacity needs based on the day's patient census, planned admissions and discharges, and any "hot" issues. As another cycle of learning, Meritus Health has implemented a nursing productivity tool that estimates staffing needs based on the daily census.

Physicians

To assess physician capability and capacity needs, Meritus completes a physician community needs assessment every three years. The assessment evaluates needs across the primary and secondary service areas based on demographics, outmigration data, identified gaps in coverage, strategic opportunities, and anticipated retirements. The assessment includes a survey of medical staff members, secret shopping calls into practices, and individual interviews with employed and community physicians. As a cycle of learning to address the strategic opportunity of physician alignment, Meritus established the Physician Investment Group [2.1a(3)], which meets weekly to evaluate and address physician capability and capacity needs.

Volunteers

Volunteer capability and capacity needs are assessed on an ongoing basis. Directors who need a volunteer in their area complete and submit a volunteer request form to the volunteer director, outlining job responsibilities and required capabilities.

5.1a(2) New Workforce Members

With a strategic challenge of recruitment and retention, Meritus is particularly focused on processes for recruiting, hiring, and onboarding new workforce members:

Team Members

Workforce capability and capacity assessments

described in 5.1a(1) drive recruitment. Members of the recruitment team are assigned to specific areas of the organization so they can partner with hiring managers in their assigned area and understand ongoing needs. Recruiters have two primary approaches. First, they identify high-volume, high-turnover positions and work to provide a consistent pipeline of candidates for those positions. Then, when there is the need to fill a unique position, the recruiter meets with the hiring manager to develop an individualized recruitment plan. Recruitment tactics in addition to ongoing and targeted digital marketing recruitment campaigns include:

- Referral and sign-on/retention bonus programs
- Partnerships with schools for nursing, physical therapy, occupational therapy, speech therapy, and medical assistants
- Partnership with Western Maryland Consortium to provide grant-funded job training for adults and then transition them onto the Meritus payroll
- Partnership with a community college and Work Keys to assess students entering community college and recommend career paths
- Partnership with school district and Maryland Department of Labor as an approved Apprenticeship Organization to provide paid apprenticeships for high school seniors in their field of study
- Bi-annual college recruiting campaign to capture May and December graduates

To ensure that the workforce represents the diversity of the hiring and patient communities, the LEAD council [1.1c(1), 3.2a(4)] evaluates workforce and community demographics and identifies diversity gaps in the workforce. This year, as a cycle of learning, Meritus developed a diversity recruitment plan, which addresses the overall workforce, nursing, and leadership. With leadership positions, Meritus established an FY23 AOP action goal to apply the Rooney Rule and have at least one ethnically diverse candidate for all external leadership hires. To increase the number of diverse applicants, Meritus is partnering with historically black colleges, Hispanic universities, and LGBTQT organizations. A LEAD subcommittee focused on nursing diversity established a mentor program for new nurses from diverse backgrounds to support their retention.

For all candidates, Meritus Health uses behavioral-based interviewing to promote culture fit. A Reversing the Flight of Talent workgroup recently updated the behavioral-based interview questions.

All new Team Members complete New Employee Orientation (NEO). The CEO personally welcomes them and introduces the MVV and 2030 Bold Goals. General orientation covers topics such as the Code of Conduct, service excellence, the Kata performance improvement system, and workplace safety before employees transition to department-specific orientation. MySource prompts managers to do 30/60/90-day check-ins with

new hires.

Since data showed a risk of turnover at six months, Meritus instituted new-hire surveys after one and six months of employment, and the Team Member Services director began hosting new-hire coffee and conversations. As another cycle of learning, Team Member Business Partners call new hires each month to check-in, and standard work for first-year onboarding and engagement activities outlines each department's new hire plan.

Physicians

Meritus maintains an employed physician recruitment plan based on the physician community needs assessment and Physician Investment Steering Committee [2.1a(3)]. A physician recruiter works with an external search firm to identify and screen candidates before bringing them on site for an extensive interview process. The process addresses clinical performance, as well as culture fit and prospects for retention, and introduces candidates to Meritus leaders, physicians, and clinical staff, as well as the surrounding Hagerstown community. MMG physicians go through NEO, in addition to medical staff orientation, which includes the Code of Conduct, culture of safety, and key quality initiatives. The most recent cycle of learning added TeamSTEPPS training to orientation.

Volunteers

Volunteers complete an application process, including an interview and background check. Once on board, they participate in orientation that is almost identical to team member orientation and shadow in their assigned department. Regular check-in points, such as business meetings, education events, and luncheons with senior leaders, reinforce concepts from orientation.

5.1a(3) Workforce Change

Meritus prepares the workforce for changing capability and capacity needs with data and transparency. First, the organization uses a position control process to proactively manage the size of the workforce [5.1a(2)]. For both new and replacement positions, the hiring manager submits an online request. If it is a new, unbudgeted position, it goes to the hiring manager's VP, who submits a request and justification to Finance. If approved, the request goes to the Position Control Committee with all replacement positions and new, budgeted positions. The Position Control Committee – comprised of HR, Finance, data analytics specialist, and leaders from nursing and MMG – meets weekly to review position requests.

Meritus Health also manages changing capability and capacity needs on a daily basis. The morning bed huddle [5.1a(1)] identifies anticipated needs for the day, and the staffing office can shift staff or pull from an internal float pool for both inpatient and ambulatory settings to address them. One "SWAT nurse" is on duty in the hospital each day to float between units. This agility ensures continuity while minimizing the need for workforce reductions or sending staff home. Multiple

cycles of learning have increased the float pool, created secondary positions so that team members can work on multiple units, and developed experience nurses so they can serve as back-up charge nurses. Also, with expanded training and technology, SWAT nurses can now care for pediatric patients, respond to emergency codes, and do real-time electronic monitoring of high-acuity patients for early detection of deterioration.

If the organization is required to make a change in organizational structure or work systems or implement workforce reductions, Corporate Communications partners with SET and HR to develop and implement a structured communications plan (1.1b). To prepare the workforce for changes in technology, IT or the technology owner engages users in the technology selection process and provides extensive user training before, during, and after the transition.

The COVID pandemic represents the most recent time when Meritus had to address workforce reductions, growth, and changes in workplace and technology:

Communication and transparency. Leaders gathered twice a day to evaluate staffing needs using an incident command prediction model. A daily email update went out across the organization with the latest information, and leaders continued employee townhalls and leadership forums to address questions and concerns.

Workforce reductions. With many services on hold, employees associated with those services did not have work. However, Meritus made a commitment to retain as many employees as possible and instituted a pay protection program: Employees continued to receive their pay and agreed to cross-train and work any job, any shift where they were needed. Administrative nurses went back to the bedside, the physician recruiter made beds, a quality engineer facilitated virtual consults, school nurses moved to urgent care, and scores of employees sewed masks and made face shields.

Workforce growth. At the same time that Meritus Health was protecting employees whose jobs were on hold, the organization had to hire 120 people with specific skills and licensing to staff regional testing and vaccination clinics. Dedicated recruiters partnered with other healthcare organizations and used a digital “Call to Care” campaign” to find workers who had been sent home due to COVID and hired them into temporary positions.

Changes in workplace. Administrative employees were sent to work from home. IT provided support for these newly remote workers, and managers learned new ways of engaging their remote teams.

Changes in technology. To provide continuity of care for MMG patients, Meritus Health dramatically expanded its telehealth program. Caregivers learned new technology and new ways of engaging with patients virtually.

Many of these approaches proved so effective that they have been integrated into standard work.

5.1a(4) Work Accomplishment

Meritus organizes and manages its workforce in traditional, function-based departments integrated through leadership and oversight structures. The Meritus Health Organizational Playbook (Figure P.1-2) aligns the organization, reinforces a patient- and business-focus, and drives performance toward the True North Metrics and 2030 Bold Goals. That alignment begins with the strategic plan and AOP, which intentionally leverage the organization’s core competency and establish priorities for the workforce. The workforce performance management system [5.2c(1)] aligns individual work and establishes goals for high-performance, with support, accountability, and improvement through the performance improvement system (Figure 4.1-1). An organizational rhythm that has undergone multiple cycles of learning ensures flow of information from SET to Coaches Corner to Team Huddles and department staff meetings, with engagement of multidisciplinary teams to provide patient care, design services, and improve performance. Frequent organizational performance reviews (Figure 4.1-3) promote organizational resilience and agility.

As described in 5.1a(3), the organizational structure addresses staffing needs through float pools, secondary positions, cross-training, and specific roles designed to provide support across a work system.

5.1b Workplace Climate

5.1b(1) Workplace Environment

With the Aim of Having Joy at Work, Meritus Health systematically ensures workplace health and accessibility. During a time of unprecedented burnout, Meritus is devoting significant resources to workforce health and well-being. In addition to its ongoing wellness program – which gives insurance premium discounts for wellness activities such as an annual wellness visit, physical activity, and participation in the community Lose a Million Pounds campaign – the organization has instituted additional support mechanisms such as:

- Oasis rooms equipped with massage chairs and aromatherapy
- Meritus Mindful Moments, offering guided meditations and instructions on how to hold a guided meditation for staff
- Rounding by chaplains to offer prayers and blessings
- Rounding by representatives from the employee assistance program to provide easy access to mental health services
- Fill Your Cup sessions to support caregiver grieving and resiliency
- A Remembrance Event with COVID survivors and family members who lost loved ones due to COVID
- Extending pet therapy beyond patients to include the workforce
- Tea for the Soul, a cart that members of SET use to serve tea to workforce members

HR evaluates the wellness program and support mechanisms to make they are addressing workforce needs.

Meritus Health’s approach to ensure workplace accessibility begins with a commitment published on the online applications page, promising to make reasonable accommodations so that persons with disabilities can participate in the job application process, perform essential job functions, and receive benefits of employment. To support this commitment, coaches attend mandatory training that includes examples of how to handle any accommodation requests.

Key performance measures and improvement goals for workplace health and accessibility are highlighted in Figure 5.1-1.

Figure 5.1-1: Workplace Environment

FACTOR	MEASURE	GOAL	RESULT
Health	Community + team member pounds lost	65,000	7.1-13
	Wellness credit for health plan members	75%	7.3-10
Accessibility	ADA compliance	100%	7.4-5

5.1b(2) Workforce Compensation & Benefits

Meritus supports its workforce through generous compensation and benefits tailored to the needs of a diverse workforce. To determine offerings, Meritus uses the Press Ganey (PG) employee engagement survey, which includes specific questions on compensation and benefits and asks two open-ended questions that allow free-text responses. HR uses comments analytics and trends responses to identify ways of better meeting workforce needs relative to compensation and benefits. A third-party broker provides market data and comparisons on an annual basis to assist in review of health insurance plan designs, costs, and premium sharing. HR also benchmarks local and regional organizations and stays abreast of emerging national trends across companies of similar size.

To keep compensation competitive with the market and industry, Meritus conducts a large-scale market review every three years and updates through annual market reviews, with the goal of paying 90% of median or higher. The annual compensation plan identifies positions and departments that need additional reviews based on turnover data and recruitment activity, such as declined offers, lack of applicants, or lengthy openings. Funds are budgeted for market adjustments.

Meritus Health has an extensive library of policies, which are centrally maintained and updated on a regular basis. Policies to ensure fairness in compensation clearly establish the internal employment process, employment commitments and salary levels, and wage and salary structure. The LEAD council [1.1c(1), 3.2a(4)] reviews policies to ensure fairness and inclusive language and practice in support of a diverse workforce.

The LEAD council also reviews benefits information to ensure that it supports the needs of a diverse workforce.

To support diverse family needs, Meritus Health offers three different medical plans, including a high-deductible plan with a healthcare spending account, and extends benefits to spouses in same-sex marriages. To support work-life balance, employees can choose from a mix of full-time, part-time and as-needed positions, and they can schedule their own shifts six weeks out. Also, an FY21 strategic initiative for the Joy at Work aim focused on engaging employees in financial planning workshops to promote financial health.

To support an aging workforce, Meritus Health offers supplemental leave to extend employment protection beyond what is required by the Family Medical Leave Act (FMLA). It also allows employees age 62 and above with 10 years or more of service to stay on Meritus Health medical, dental, and vision plans after retirement.

Meritus Health also offers a robust wellness program that is open to all employees, physicians and volunteers [5.1b(1)], with a discount on health insurance premiums for participation. Additional services and benefits available to physicians and volunteers include holiday events; free meals, flu shots, and COVID shots; and special activities during annual Doctor and Volunteer weeks.

5.2 Workforce Engagement

5.2a Assessment of Workforce Engagement

Meritus uses national survey vendors to assess workforce engagement and determine the key drivers of engagement. Every two years, Meritus contracts with PG to administer two engagement surveys – one for team members, including employed physicians, and one for the medical staff. PG performs a statistical analysis of results to identify the top engagement drivers for each workforce group (Figure P.1-4). Meritus re-evaluates them with each survey cycle.

Team Members

With each engagement survey, managers share results with their teams, work with their teams to develop action plans, and post those plans to the PG online portal. SET also does team member focus groups to better understand responses and develops an action plan based on the key engagement drivers. SET monitors action plan progress on the Joy at Work dashboard.

Recognizing the need for more frequent pulse checks, Meritus added the Employer of Choice survey in FY22. The survey goes out to a third of the workforce each month with just one question.

Physicians

The CMO shares results from the medical staff survey with SET, MEC, and PLC and interviews the three highest-scoring and three-lowest scoring departments or clinics to understand their performance. With the most recent survey, communication was the biggest opportunity, so the CMO convened culture connection groups to offer recommendations for improvements.

Volunteers

To assess volunteer engagement, Meritus administered

an internally developed volunteer survey in 2019, prior to COVID, and again in 2022. The volunteer director assesses volunteer engagement on an ongoing basis through one-on-one interactions.

5.2b Organizational Culture

Meritus Health intentionally builds an organizational culture characterized by open communication, high performance, patient safety, and an engaged workforce. The approach begins even before an employee joins the organization, with behavioral-based interview questions that help gauge culture fit, and continues during orientation, when the CEO personally introduces new members of the workforce to the MVV. The MVV are regularly reinforced as described in 1.1a(1), and the Meritus Health Organizational Playbook (Figure P.1-2) aligns individual work toward achievement of the mission, vision, and 2030 Bold Goals.

Open communication begins with SET, which has established multiple communication mechanisms (Figure 1.1-1), and is reinforced through an intentional focus on teamwork, which also empowers the workforce and captures its diverse thinking. To demonstrate the importance of the team culture, HR last year launched a re-branding campaign that renamed employees as “team members” and leaders as “coaches.” Organization-wide TeamSTEPPS training – including SBAR communication methodology – was an FY22 AOP action goal; an FY23 AOP action goal focuses on department participation in team challenges or well-being events; and every department is engaged in team-based Kata improvement work [6.1b(3)]. Nursing’s shared leadership structure, including unit-based councils, further reinforces teamwork and empowers the workforce.

Meritus Health promotes diversity, equity, and inclusion through the LEAD council, described in 1.1a(1), 3.2a(4) and throughout Category 5.

5.2c Performance Management & Development

5.2c(1) Performance Management

The Meritus Health Organizational Playbook (Figure P.1-2) integrates workforce performance management to support high performance and achievement of the 2030 Bold Goals. Each year, managers use a standard form in the MySource system to evaluate team members on job performance and on behaviors supporting each of the values. The two sections of the evaluation are equally weighted. As cycles of learning, the annual process now incorporates a mid-year review, and team members are eligible for the Employee Incentive Program based on organizational achievement of four True North metrics (Figure 2.1-3). The most recent cycle of learning is integrating annual team member goals aligned with the True North and linking them to a new pay-for-performance model.

Leaders are annually evaluated using a similar tool, with 50% of the evaluation based on behaviors supporting the values and the remaining 50% based on performance goals aligned with the True North

metrics. Some of these goals are “pushed” by SET to support key organizational priorities, and others are set by each leader in support of the AOP. Reviewing performance relative to these goals is part of standard work for monthly meetings between leaders and their manager. Leader incentive compensation is based on achievement of these goals.

Employed physicians are evaluated using a process similar to other team members, with performance goals based on quality metrics outlined in their contract. The contracts are updated each year to ensure alignment with organizational priorities. Medical staff physicians are evaluated through the medical staff credentialing process at least every two years. The Ongoing Professional Practice Evaluation (OPPE) includes review of key quality metrics as well as any behavioral issues.

Throughout the year, Meritus Health has many ways to reward and recognize members of the workforce (Figure 5.2-1). As a cycle of learning, the organization launched TeamProps in FY23 to offer members of the workforce a social media platform for recognizing each other.

5.2c(2) Performance Development

Meritus has a learning and development system that supports the personal development of workforce members and the organization’s needs. To determine offerings, the training manager and clinical educators gather data and information from many sources, including course evaluations, which ask participants to identify educational needs; an annual nursing learning needs assessment; trends in training requests that come in throughout the year; and strategic needs brought forward by SET or other oversight groups. Team members also identify personal development goals during their annual performance evaluation [5.2c(1)]. Leaders come to the training manager with additional requests as issues arise in their departments or more broadly. The training manager and clinical educators address these and other just-in-time needs primarily through in-person classes and HealthStream learning management system’s catalog of online courses.

To support organizational performance improvement and intelligent risk-taking, OI offers extensive training in Lean, Kata performance improvement, and supporting principles, such as data analysis and the newest leadership class on benchmarking. Support for ethical health care and ethical business practices begins during orientation for all workforce groups, with reinforcement at least annually through mandatory learning. As a cycle of learning, Meritus has transitioned to HealthStream’s Rapid Regulatory program, rather than having internal experts develop learning modules related to compliance. Meritus leaders review the content and supplement with Maryland-specific information.

The key way Meritus evaluates the effectiveness of learning and development is through course evaluations completed at the end of every course. In addition to capturing information about content, instructor, and

Figure 5.2-1: Sample Reward & Recognition

MECHANISM	TEAM MEMBERS	PHYSICIANS	VOLUNTEERS
Exceeding Expectations (written praise from patients)	•	•	•
TeamProps (social media recognition platform)	•	•	
Golden Pen (insulin care)	•		
Daisy Recognition (excellence in nursing)	•		
Shining Star (nursing assistant)	•		
Patient Experience Recognition (highest score & most improved, hospital & ambulatory)	•		
Lean Awards	•		
Nurse of the Year	•		
Physician Champion of Nursing		•	
Notes of Praise	•	•	
Provider Spotlight		•	
Hand-written notes sent to home	•	•	•
Volunteer of the Year			•
Volunteer of the Year			•

delivery, the evaluations ask participants what changes they will make based on the course. In addition, clinical educators work to align clinical outcomes with educational programs – for instance, monitoring sepsis core measure compliance after rolling out broad training on sepsis care or incidence of hospital-acquired pressure injuries (HAPI) after training on HAPI prevention.

5.2c(3) Career Development & Succession Planning

Meritus Health has multiple processes for managing career development for the workforce and future leaders. Many positions have transparent ladders or lines of progression that clearly delineate for team members how they can advance in their current area. For example, Imaging has a career ladder that specifies required experience and modalities necessary to advance, and Lab has created a similar pathway, with advancement tied to passing national exams. Nursing also has an established career ladder, as well as a nurse leader internship. Staff nurses interested in being a future leader submit an application. Over a 16-week period, five selected nurses complete leadership courses, are assigned a mentor, and shadow their director and the CNO.

Employees across the organization have the opportunity to set development goals as part of the annual performance management process, and HR provides consultative career coaching for anyone interested

in moving within the workforce. Meritus supports certification for many positions and offers tuition reimbursement for team members who want to pursue additional education.

For the past eight years, leadership development has happened largely through the Meritus Leadership Academy: The training manager met with each new leader to identify development needs, which were addressed through various mechanisms, including in-person courses, extensive online course libraries, and more. Now, as a cycle of learning, Meritus is transitioning to the Leadership Training Camp. Every two months, the training camp offers a standard set of in-person sessions for new leaders on topics including the 2030 Bold Goals, strategic planning, and organizational knowledge and tools they need to be a successful leader at Meritus Health. Also, as part of the training camp, new and existing leaders meet with their managers to talk about their individual development needs and establish a plan for addressing them through Meritus classes or HealthStream’s extensive catalog of online courses.

SET carries out formal succession planning for leadership. Each year, SET members collaboratively look across the organization and identify high-potential leaders who could move into future senior leader or other leadership positions. They then develop individualized action plans and timelines for addressing the specific development needs of each identified leader. SET re-assesses these leaders and their succession plan each year and revises individual action plans as appropriate.

Succession planning for medical staff leaders happens through the intentionally designed progression from department chair to vice chief of staff to chief of staff. Meritus Health brings in an external consultant to offer quarterly leadership development classes for physician leaders and emerging leaders.

5.2c(4) Equity & Inclusion

The LEAD council [3.2a(4)] oversees Meritus Health’s approach for ensuring that performance management, performance development, and career development processes promote equity and inclusion for a diverse workforce:

- To ensure transparency and fairness, policies outline processes for performance evaluation, incentive compensation, premium pay, disciplinary action, hiring, and career progression. The council reviews these and all policies to ensure inclusive language and practice.
- The council identifies learning and development needs to promote a culture of equity and inclusion. Specific FY22 AOP action goals focused on unconscious bias and cultural competency training for the workforce.
- Meritus has established a hiring policy with leadership positions to have at least one ethnically diverse candidate among the final candidates. This policy is reinforced through an FY23 AOP action goal.

- As a cycle of learning, the council established several team member resource groups to understand and address the needs of specific workforce populations.

The LEAD Council at least annually evaluates its processes to identify opportunities for improvement.

6. OPERATIONS

6.1 Work Processes

6.1a Service & Process Design

6.1a(1) Service Requirements

Meritus Health has a multi-phase approach to determine key service requirements, as the first step in the process for service design [6.1a(2)]:

- The first phase of work begins during the proposal process with development of a proforma. The proforma incorporates customer listening data and information (Figure 3.1-2) to understand market need and competitor activity and estimate visits/encounters and resource requirements. It also establishes measures of success to ensure that the new service will achieve desired outcomes.
- Once a new service has been approved and resourced [2.1a(3), 3.1b(2)], it is assigned to an executive champion and implementation lead, who convene a team of key stakeholders, including clinical subject-matter experts as well as other disciplines such as Facilities, Corporate Communications, IT, Legal, Revenue Cycle, and Payor Contracting. The team digs deeper into the key requirements, evaluating additional customer listening data and information and leveraging the expertise of each stakeholder on the team. The team considers requirements associated with many elements of the service, including location, physical space, access, staffing, technology, cost, reimbursement, and the regulatory environment. These requirements drive service design as described in 6.1a(2).

6.1a(2) Service Design

Once key service requirements have been determined [6.1a(1)], the multidisciplinary design team enters the next phase of design. The team researches evidence-based practices, role model organizations, the latest technology, and learnings from other Meritus services and projects and applies them to key design elements, such as preparing the physical space, obtaining appropriate licensure or accreditation, and selecting and acquiring technology, equipment, and supplies. Processes and work flows within the new service are designed as described in 6.1a(4), with attention to support mechanisms needed to address SDOH. Design teams establish a work plan and meet weekly to keep progress on track and address barriers or challenges.

If a new service involves a new facility or significant changes to an existing facility, the design team brings in an architect or consultant with knowledge of similar projects whenever possible. Facility design addresses risks and incorporates new technology, innovations,

and customer requirements. Teams engage the PFAC [3.1a(1)] to get feedback on specific elements of a new service. For example, PFAC offered input on design of the Meritus Medical Plaza (MMP) and tested the MeritusNow virtual urgent care platform.

With physician alignment as a key strategic opportunity, Meritus is adding new MMG practices with increasing frequency. As a cycle of learning, Meritus created standard work with a series of detailed checklists to guide and streamline this work. Specific elements include licensure, payor contracts, staffing, signage, forms, and EHR integration.

6.1a(3) Process Requirements

Determination of key work and support process requirements begins with a group of multidisciplinary leaders during the annual Baldrige assessment process. The group – comprised of key work and support process stakeholders – reviews the processes relative to customer, workforce, and regulatory requirements to identify/validate key process requirements.

Multidisciplinary design or Kata teams translate high-level requirements into specific requirements when designing or redesigning a key work or support process. Teams identify the key customers of the process and their requirements; they consider any process constraints; and they then determine how the process has to perform in order to deliver the desired results. Key work and support processes and their key requirements are presented in Figure 6.1-1.

6.1a(4) Process Design

The multidisciplinary team engaged in new service design [6.1a(2)] or a Kata improvement initiative [6.1b(3)] owns design or redesign of a key work or support process. The team includes or engages key process stakeholders and starts with the end in mind, identifying the process customers and desired deliverables and working backward from there. The team uses Lean tools [6.1b(3)] to map out steps in the process and, if appropriate, marks up floor plans to indicate work flow.

As part of the design process, the team identifies metrics and sets targets to indicate if the process is on track to meet process requirements. As a cycle of learning, these metrics are displayed on department dashboards and used to manage ongoing process performance [6.1b(1)]. When possible, the team pilots the process and goes through rapid cycles of learning. As appropriate, process steps are documented in standard work, protocols, and/or training materials.

6.1b Process Management & Improvement

6.1b(1) Process Implementation

Meritus Health has a systematic, integrated approach to ensure that day-to-day operations meet key process requirements. The approach leverages technology, organizational rhythm, and the performance improvement system (Figure 4.1-1) to monitor process and in-process measures and make real-time adjustments.

Figure 6.1-1: Key Work and Support Processes

PROCESS	REQUIREMENTS	SAMPLE PROCESS MEASURES	ASSOCIATED OUTCOME MEASURES
KEY WORK PROCESSES			
Access to Health & Healthcare Care	Timely, easy access	<ul style="list-style-type: none"> MMG no-show rate (7.1-19) MMG appts through direct schedule (7.1-18) ED admit decision to bed (7.1-16) Meritus Now visits (7.1-20) 	<ul style="list-style-type: none"> Patient experience (7.2)
Care Delivery	Timely, efficient, safe, preventative, patient-centered	<ul style="list-style-type: none"> ED arrival to discharge (7.1-15) Sepsis core measures (7.1-22) Catheter utilization (7.1-25) 	<ul style="list-style-type: none"> Mortality (7.1-1) Harm events (7.1-3) CAUTI (7.1-5)
Care Coordination and Transition	Coordinated and communicated, timely	<ul style="list-style-type: none"> SDOH screening (7.1-29) Follow-up appts made prior to discharge (7.1-28) Meds to beds (7.1-27) 	<ul style="list-style-type: none"> Readmissions (7.1-2)
Providing Health Services	Communication, timely, friendly	<ul style="list-style-type: none"> Annual wellness visits (7.1-30) Lose a Million Pounds Registered Users (7.1-31) 	<ul style="list-style-type: none"> Diabetic control (7.1-8) Total pounds lost (7.1-13)
KEY SUPPORT PROCESSES			
Leadership	Communication, alignment, reliable	<ul style="list-style-type: none"> Meritus Messenger metrics (7.4-3) 	<ul style="list-style-type: none"> Workforce engagement (7.4-1)
People	Safety, communication, competent	<ul style="list-style-type: none"> Turnover rate (7.3-1,2) Workplace violence (7.3-12) BSN or higher (7.3-6) 	<ul style="list-style-type: none"> Workforce engagement (7.3-13)
Performance Improvement System	Alignment, efficient, reliable, accurate, relentless, timely	<ul style="list-style-type: none"> Team members trained in Kata & data literacy (7.3-19) % improvement work on track (7.1-32) 	<ul style="list-style-type: none"> True North metrics (2.1-3)
Strategic and Operating Planning Process	Financial health, strategic	<ul style="list-style-type: none"> Strategy implementation (7.5-13) 	<ul style="list-style-type: none"> Days cash on hand (7.5-5)

To manage key work processes, much attention is focused on the flow of patients:

- During the daily huddle, leaders from across the organization review key operational metrics such as census, planned admissions, OR cases, waiting room volumes, patients waiting in the ED for admission, and expected discharges in order to pro-actively address any potential issues. If the ED is already full, leaders huddle every three hours throughout the day to make adjustments. For instance, the CMO may reach out to hospitalists and ask them to prioritize discharges in areas with specific admission needs. Huddle agendas and participants have evolved over the past few years to address pandemic needs and learn from the pandemic response.
- Each day, ED leadership huddles in front of its metric board and sends out an operational report to SET and other leaders with key metrics such as ED throughput, left without being seen (LWBS), lab and radiology turnaround times, and time from hospitalist admit decision to admission, so that resources can be allocated or re-allocated appropriately. Throughout the day, the ED Manager screen in Epic shows waiting room volumes and the status of every bed.
- Epic contains an electronic bed board that sends triggers if the organization reaches established thresholds for wait times, ED capacity, or hospital census, so that assigned leaders can take appropriate action. The administrative nursing supervisor can drill into individual patients to understand and address any discharge delays.
- In the ambulatory setting, clinic managers use the

Front Desk Dashboard within Epic to monitor and address wait times throughout the day. As a cycle of learning, MMG has added daily huddles for operational awareness, quality and safety issues, and coordination with MMC.

For key support processes, the data frequency of process measures varies depending on the nature of the process. For example, leaders review staffing needs at the morning huddle and more frequently if the census is high. The CNO monitors the number of open positions every other week, and HR has a dashboard of monthly measures. These performance checks trigger process adjustments to ensure a safe, engaged workforce.

Key performance measures, including in-process measures, used to control and improve key work and support processes are highlighted in Figure 6.1-1. These process measures are leading indicators that drive associated outcomes, also highlighted in Figure 6.1-1. As a cycle of learning, process measures now consistently appear on department dashboards so that aggregate performance and trends are systematically monitored through the performance improvement system (Figure 4.1-1).

6.1b(2) Patient Expectations & Preferences

With AOP goals focused on patient experience, Meritus has designed its key work processes (Figure 6.1-1) to address and consider patient expectations. The approach begins during the Access process, when registration staff and caregivers gather and document patient preferences. As a cycle of learning, Meritus Health now asks patients about sexual orientation and gender identity so caregivers know how

patients want to be addressed and whom they would like to allow as visitors and participants in their care.

Addressing patient preferences and engaging patients in care decisions continues throughout their stay or visit. Daily at 10 a.m., each patient’s multidisciplinary care team – comprised of nursing, a hospitalist physician, care manager and others – round on patients to engage them in care decisions and update their care plan. Nurses give shift reports at the bedside so patients can participate in the information exchange. As a cycle of learning and an AOP action goal, Meritus Health rolled out Age-Friendly Care [3.2a(4)] across care settings. One of the core principles in this IHI best practice focuses caregivers on learning *what matters most* (WMM) to patients. An FY23 AOP action goal is focused on documentation of WMM for clinic patients.

To manage patient expectations, white boards in ED and hospital rooms display care goals for the day, along with the names of each patient’s caregivers. Same-day surgery has a tracker that allows loved ones to see where their patient is in the surgery process, and clinic managers post signs in the waiting room if providers are running late. As a cycle of learning, a language services advocate rounds daily on Spanish-speaking patients to help manage patient expectations.

6.1b(3) Process Improvement

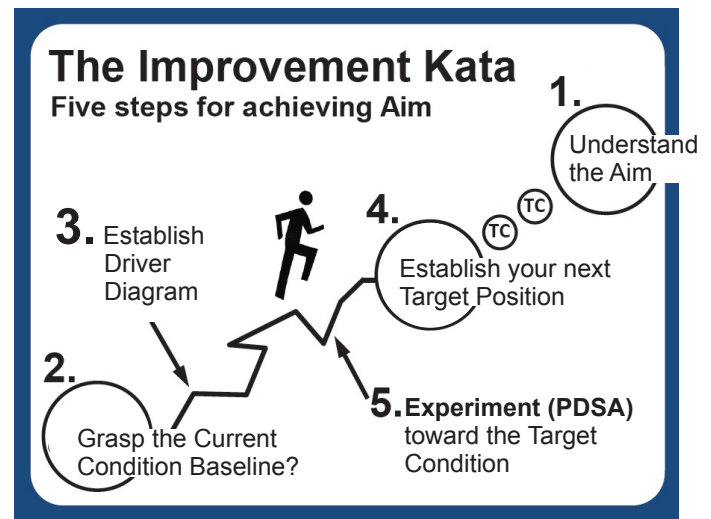
Meritus uses its performance improvement system (Figure 4.1-1) to improve key processes, leveraging a framework developed and published by the CEO and COO (Figure 6.1-2). The system aligns and integrates improvement activities to achieve AOP action goals, True North metrics, and ultimately the 2030 Bold Goals, supported by Kata improvement methodology (Figure 6.1-3).

Figure 6.1-2: Framework for Radical Goals & Incremental Improvement



The Kata methodology uses a scientific approach that integrates Lean tools to support multiple experimental cycles toward an established aim. To ensure deployment, new workforce members learn about Kata during orientation, and every leader attends Kata training. Additional classes on Lean tools such as process mapping, driver diagrams, 5S, and standard

Figure 6.1-3: Kata Performance Improvement



work are available through the Operations Improvement (OI) department. The OI page on the intranet offers a full toolkit of templates to support Kata initiatives. OI and Quality department staff serve as coaches.

To ensure strategic alignment, the COO, Quality director, and OI director facilitate a team that identifies and assigns Kata initiatives needed to support the AOP or achieve True North metrics. These projects are documented and tracked in the annual Performance Excellence Plan (PEP), and in FY22, the team was formalized as the PEP Steering Committee (PEPSC). Kata initiatives can also originate at the front line. As a cycle of learning, those ideas come to the PEPSC for approval to prevent duplication and ensure alignment with the Bold Goals, True North, and department dashboards. As PEPSC identifies areas of significant overlap, they charter work groups to ensure integrated efforts. Current work groups focus on falls, readmissions, mortality, HAPI, and CAUTI.

Every Tuesday and Thursday, senior leaders and other key leaders round on Kata initiatives, which are posted on department visual management boards. Departments also present their Kata initiatives on a rotating basis at the monthly Quality Conference, which is facilitated by the Quality manager and attended by the CEO, CMO, COO, Chief of Staff, and a community member. A close-out checklist, including a three-month sustainment plan with metrics, helps teams sustain improvement gains.

The Meritus performance improvement system, including the Kata methodology, has undergone multiple cycles of learning (Figure 6.1-4).

Figure 6.1-4: Learning

	LEARNING
FY2014	Introduced Kata improvement methodology to hospital
FY2016	Initiated Kata leader rounding
FY2018	Deployed Kata to ambulatory & support areas
FY2021	Established PEP; initial oversight by COO, Quality & OI; incorporated driver diagrams into Kata methodology
FY2022	Formalized PEPSC; created Kata submission form & approval process

6.2 Operational Effectiveness

6.2a Process Efficiency & Effectiveness

Meritus Health has many mechanisms to manage the cost, efficiency and effectiveness of operations:

- Key work and support process design [6.1a(4)] addresses cycle time, productivity, and other efficiency and effectiveness factors and identifies measures that alert process owners when a process is not meeting key requirements [Figure 6.1-1, 6.1b(1)].
- The Kata methodology and supporting Lean tools [6.1b(3)] help leaders and staff design and improve processes to reduce variability and prevent defects, errors, and rework. The approach to prevent medical errors is described in 6.2c(2).
- To minimize the cost of inspections, tests, and audits, Meritus Health leverages automation, regular process performance reviews, and internal audits.
- Balancing the need for cost control and efficiency with the needs of patients and the community is integrated into the Organizational Playbook (Figure P.1-2). The Quadruple Aim and 2030 Bold Goals intentionally balance being efficient and affordable with improving health and health care.

Each of the above mechanisms are evaluated and improved as described in the cross-referenced sections.

6.2b Supply-Network Management

Meritus has a systematic approach to manage its supply chain. The organization selects key suppliers based on their ability to meet operational needs and enhance performance. Suppliers are re-evaluated with each contract renewal to ensure they are still the best fit. Meritus this year opted to change both its group purchasing organization (GPO) and its pharmacy wholesaler because they saw additional opportunities with other suppliers. The new pharmacy wholesaler not only meets requirements related to cost and service but also has consulting services and data analytics capabilities to support Meritus strategic priorities. When Meritus makes this type of change, it engages key stakeholders in the decision. For instance, before deciding to change GPOs, Meritus sought input from nursing leaders and the medical staff.

To support ongoing selection of supplies, products, and equipment, Meritus Health convenes two value analysis (VA) teams – one for overall Meritus Health needs and one for surgical services. The teams are clinician-led and have both physicians and nurses among their members. Any request for a new product or product change goes through the appropriate VA team for evaluation of factors such as cost, patient or workforce safety, evidence-based practice, impact on clinical processes, and availability through the GPO.

The primary way Meritus promotes alignment and collaboration within its supply network is through the GPO HealthTrust, which screens and selects suppliers on behalf of Meritus. Meritus is working with HealthTrust to increase the diversity of suppliers available through

the GPO. Internally, Meritus is also improving its processes to identify and onboard diverse suppliers, track spend with diverse suppliers, and coach diverse suppliers who are not selected for a contract.

Supplier contracts communicate performance expectations with data reporting requirements to measure and evaluate supplier performance. Scheduled business reviews provide opportunities to offer feedback, help suppliers improve, and deal with poorly performing suppliers. The frequency and nature of the reviews depend on the supplier relationship. Meritus has monthly business reviews with its GPO, and a GPO representative is onsite weekly to address any issues. The organization's major distributor, Medline, provides monthly performance metrics, with a quarterly business review. Pharmacy has a quarterly review with its key distributor. These business reviews provide opportunities to address any metrics that are not meeting expectations. Supplier performance not meeting expectations requires an action plan and may result in contract termination. For example, with Meritus' previous GPO, the CFO and supply chain leaders repeatedly requested additional support that the GPO was not able to deliver. Meritus went through a formal RFP process to identify and evaluate other potential GPOs and ultimately selected HealthTrust.

Meritus identifies risk associated with the supply network at least annually through the stakeholder risk assessment process [6.2c(4)]. To mitigate risk and ensure supply-chain agility and resilience, Meritus has emergency plans in place with key suppliers and maintains agreements with regional hospitals and skilled nursing facilities to share supplies if needed. Meritus also has contracts with secondary wholesalers and specific manufacturers of key items, such as specialized medications.

To further support agility, Supply Chain has a department dashboard to monitor performance of key metrics aligned with the Aims. If monthly dashboard review indicates metrics not on track to achieve targets, it prompts corrective action.

The organization has made numerous changes to enhance supply-chain agility and resilience as a result of lessons learned from the COVID pandemic. For example, it has adjusted internal par levels based on usage data, regularly reviews those par levels, and works to balance inventory costs and the need for back-up supplies. Meritus Health also is working to establish dual sourcing for key supplies.

6.2c Safety, Business Continuity & Risk

6.2c(1) Safety

The Environment of Care (EOC) committee oversees the organization's approach to providing a safe operating environment for the workforce and other people in the workplace. The multidisciplinary committee, chaired by the Patient Safety Officer, maintains and annually updates an EOC plan and dashboard, with executive accountability through the

Chief Strategy Officer. The group meets monthly to review the dashboard and address actual or potential safety issues across the organization, and a subgroup rounds at least every two weeks. Observed issues are documented in the AMP tracking system, which notifies appropriate leaders to take action and ensures accountability for resolution. Members of the workforce receive safety training during orientation and annually thereafter. The training includes both how to prevent injuries and how to report them.

VA teams (6.2b) specifically consider workforce safety in selection of products and equipment. For example, the team recommended syringes with safety features to prevent needlesticks and chose a new cleaning product to reduce chemical exposures.

Safety incidents are entered into the RL Solutions reporting tool and trigger a real-time focused review and completion of a root-cause-analysis (RCA) form. Every injury is investigated, and Employee Health monitors injury data for trends.

Meritus Health encourages *see something, say something* and maintains an internal “stat line” for reporting imminent safety threats. Members of the workforce can call the line from any Meritus facility, and it has a different ring to alert operators.

Located in a Hub City with known drug and gang activity, Meritus has a particular focus on security and preventing workplace violence. Security guards are posted at entrances, and visitors are wanded. Sheriff’s deputies round on site, and the hospital can go on lockdown if a patient with a penetrating trauma or gunshot wound comes into the ED. ED, nursing, and behavioral health team members complete violence prevention training, and any member of the workforce can call a Code Green to rapidly bring in security and additional clinicians to help with an escalating patient.

The multidisciplinary Workplace Violence Committee meets monthly to review incidents and identify opportunities to improve workforce safety. Through multiple cycles of learning, the committee: 1) established a disruptive behavior contract for use when patient or visitor behavior begins to escalate; 2) recommended facility improvements that added new security technology at the MMC main entrance and ED and created a locked ED space for behavioral health patients; and 3) created new signage defining what “assault” means and spelling out consequences. As an additional cycle of learning, Meritus partnered with local law enforcement to begin active shooter training in the clinic setting.

The EOC committee has input into the Emergency Operations Plan [6.2c(3)], which addresses workforce safety during disasters, emergencies, or other disruptions.

6.2c(2) Patient Safety

The 2030 Bold Goal of *Zero Patient Harm* focuses the organization on patient safety and integrates it into

the Meritus Health Organizational Playbook (Figure P.1-2). The FY23 AOP established a True North goal to decrease harm (Figure 2.1-3), and the performance improvement system cascades it to all levels of the organization (Figure 4.1-1). Additional AOP goals for the Healthcare Aim focus on reducing hospital acquired pressure injuries (HAPIs) and reducing falls with injury. Kata initiatives to support achievement of these goals are integrated into the annual PEP [6.1b(3)].

The annual Quality Improvement Plan outlines the governance and reporting structure in place to prevent, detect, and reduce patient harm and medical errors. Formally chartered committees review the harm dashboard and supporting metrics and report up through Quality Conference and MEC, with ultimate oversight through the Board Quality and Safety Committee. The harm dashboard is updated every two weeks, and SET receives harm metrics as part of its daily huddle. Use of the Kata performance improvement methodology [6.1b(3)] and development of standard work [4.2b(2)] prevent patient harm and reduce variability in care.

Whenever possible, Meritus leverages technology to prevent patient harm. Clinical decision support and alerts are built into the EHR, and medication administration requires barcode verification, with two-nurse verification for high-risk medications. Meritus performs failure modes and effects analysis (FMEA) when implementing new technology.

The Infection Control team does daily surveillance across Meritus Health facilities and convenes an immediate briefing with hospitalists, nursing, and other key stakeholders if they detect any emerging issues or gaps relative to protocols.

Members of the workforce are trained to report actual or potential safety events through the RL incident reporting system, which alerts appropriate leaders to take immediate action. If harm reaches a patient, Risk Management has processes in place to facilitate early resolution and disclosure. The COO and Quality director receive a daily report of all incidents in the past 24 hours, and they are shared at the daily huddle for follow-up and learning. The Quality department trends incident report data and uses it to identify opportunities to reduce or prevent future harm, using Kata methodology if needed.

Processes and tactics to prevent and reduce patient harm are evaluated at least annually through SPP and development of the Quality Improvement Plan. Increasing near-miss reporting is part of the AOP (Figure 2.1-3).

6.2c(3) Business Continuity & Resilience

Meritus Health ensures that the organization can anticipate, prepare for, and recover from disasters, emergencies, and other disruptions through the Emergency Operations Plan (EOP). Meritus Health annually updates the plan’s four sections – mitigation, preparedness, response and recovery – based on a

hazard vulnerability analysis (HVA) and stakeholder risk assessment [6.2c(4)]. The HVA evaluates risks associated with a nuclear facility 50 miles away, traffic on two major interstates that intersect in Washington County, winter storms, the organization’s designation as a “front-line facility for emerging infectious diseases,” cybersecurity events, and other environmental factors. As a cycle of learning, Meritus Health adopted the Kaiser Permanente HVA model two years ago and has started engaging additional partners in the HVA. The plan also incorporates learnings from the evaluations that follow every actual event or drill, including IT events and exercises and regularly scheduled drills with county and state partners. The plan, which incorporates a five-year exercise/drill schedule, goes through the EOC committee and then to SET for review and approval. Members of the workforce receive training on the plan during orientation and annually thereafter.

During a disaster or emergency, Meritus uses the national Hospital Incident Command System (HICS) model. Leaders are trained on HICS, with additional training for leaders with specific roles in incident command. Meritus uses the Everbridge emergency notification system to alert team members and physicians in the case of a disaster or emergency. To ensure continuity of operations, the EOP addresses communication, staffing, transportation, accommodations for staff and physicians who can’t go home, evacuation protocols, and alternative locations if facilities are damaged or not accessible. A nursing plan addresses patient care when electronic systems are down. Supply-chain plans are described in 6.2b, and information technology and cybersecurity are addressed in 4.2a(3).

The EOP has been updated to address many COVID lessons learned. For example, incident command system leadership now rotates weekly instead of daily, the surge plan has been updated to identify overflow units, and additional vendors are under contract to ensure multiple sources of key supplies.

6.2c(4) Risk Management

Meritus has a systematic, integrated approach to risk management. It begins with an annual stakeholder risk assessment using a standardized questionnaire that goes to all departments. The questionnaire guides leaders to consider an extensive list of healthcare industry risks, identify the highest risks that could be facing their departments (Figure 6.2-1), and document what actions they are taking to mitigate them. Leaders use defined scoring criteria to rate each risk based on its potential impact to the organization and the likelihood of occurrence despite mitigation. To support department leaders in their risk assessments, the CCO and Risk Management provide coaching as needed.

The CCO aggregates the questionnaire responses, shares them with SET, and gives SET members an additional questionnaire to complete. As a cycle of

learning in FY23, the CCO convened Risk Management and senior leaders to review results, identify the top risks and take any additional action.

The CCO uses the results of the questionnaires and subsequent analysis to create a risk disclosure grid that goes to the Board Audit Committee at every meeting. The CCO also facilitates the Business Integrity Management Committee, comprised of 20 leaders from across the organization. Two departments share their risk assessments for discussions at each meeting, and the CCO updates the disclosure grid as needed.

The CCO and CEO evaluate this process at least annually. Improvements include establishing the scoring criteria, more formally engaging Legal and Risk Management, and adding risk assessment to new leader training.

Figure 6.2-1: Risk Assessment & Mitigation

	LEARNING
Legal & Regulatory Compliance	Healthcare reform, The Joint Commission, CMS, licensing, conflict of interest, department contracts, local regulations
Health & Healthcare Services	Adverse events, medical necessity, treatment refusal, quality transparency
Workforce	Talent shortages, physician relations, HR laws & regulations, FMLA, contractors, workplace violence, licensing, payroll & benefits
Finances	Capital demands, price transparency, coding & billing, bad debt, tax-exempt status
Technology	Network & application access, electronic health record, phishing safety/security, HIPAA, equipment recall or malfunction, disaster recovery planning
Supply Network	Vendor relations, inventory management, purchasing
Operations	Environmental concerns

7.RESULTS

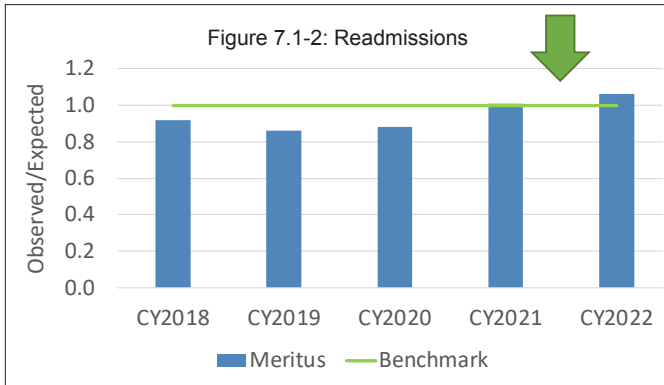
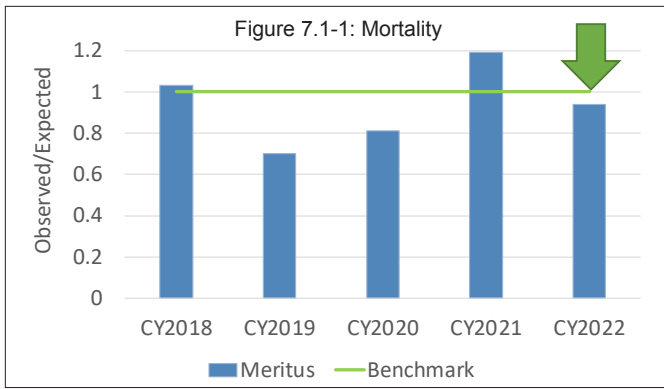
7.1 Health Care and Process Results

7.1a Health Care and Customer-Focused Service Results

To improve the health of our community and be the best health system, Meritus Health continuously strives to deliver safe, high-quality healthcare and health services. To address integration, 7.1a presents results for the main service offerings of healthcare and health services, the hospital and ambulatory patient segments, and the community. With the organization’s long history of providing hospital care, measures for inpatient services represent the most robust data set. The most recent comparative data is presented wherever it is available.

Healthcare Services: Hospital

All-cause mortality is a universally accepted indicator of overall hospital quality. Through CRISP, the state-designated health information exchange for Maryland, Meritus is able to access risk-adjusted algorithms that calculate an observed/expected ratio for this important result. If the observed rate is lower than the expected

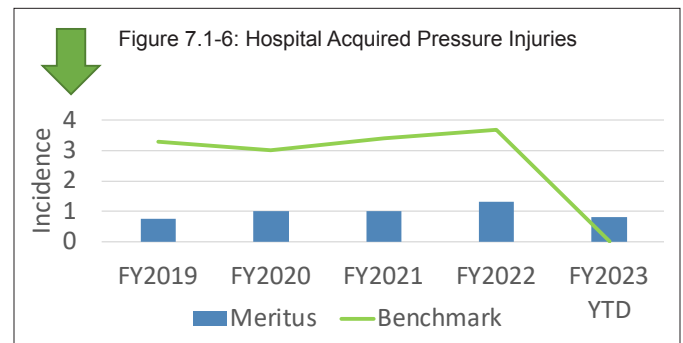
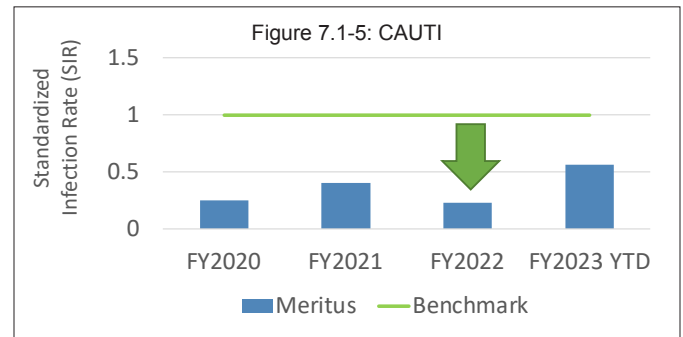
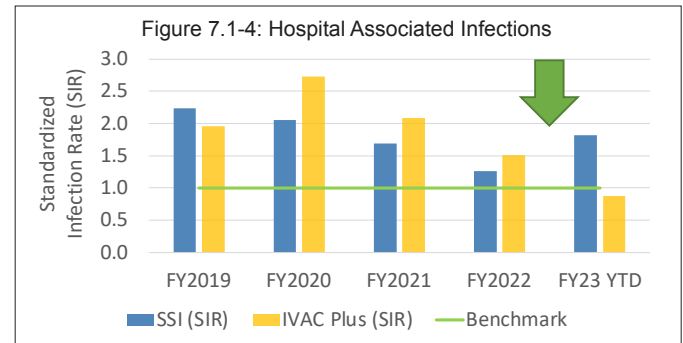
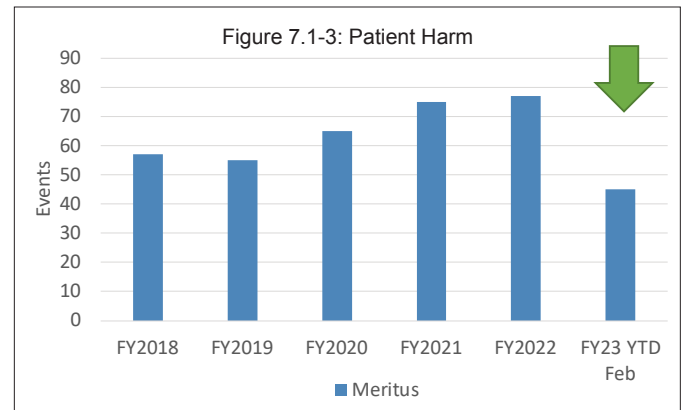


rate (O/E ratio less than 1), then performance is better than other hospitals with an equivalent case mix. Meritus has outperformed the database for three of the past five years and improved performance from CY21 to CY22 (Figure 7.1-1).

Another universally accepted indicator of hospital quality is 30-day unplanned readmissions. Results for this True North metric indicate a hospital's ability to coordinate care in a way that impacts both patient outcomes and hospital costs. Meritus Health results for all-cause readmissions outperformed the database three of the past five years (Figure 7.1-2). In CY2021, the state changed the calculation methodology to normalize for COVID. Since western Maryland's COVID surge hit later than in other parts of the state, Meritus did not compare as favorably to the benchmark in CY2021 and CY2022.

With a 2030 Bold Goal of zero patient harm, Meritus Health measures serious, preventable harm to a patient and monitors it as a True North metric. An increase in hospital acquired pressure injuries (HAPIs) drove up the results, but focused Kata work has improved performance, so that harm is on track to show a decrease in FY23 (Figure 7.1-3).

One category of patient harm is hospital associated infections (HAIs), which Meritus reports to the National Healthcare Safety Network (NHSN). NHSN generates a standardized infection ratio (SIR) – an observed/expected ratio relative to other similar hospitals in the nationwide database. Two HAIs Meritus is focused on improving are surgical site infections (SSI) and infection-related ventilator-associated complications (IVAC). Both measures have shown a beneficial trend since FY19, with IVACs performing better than the NHSN-predicted rate in FY23 (Figure 7.1-4). Meritus has also focused on

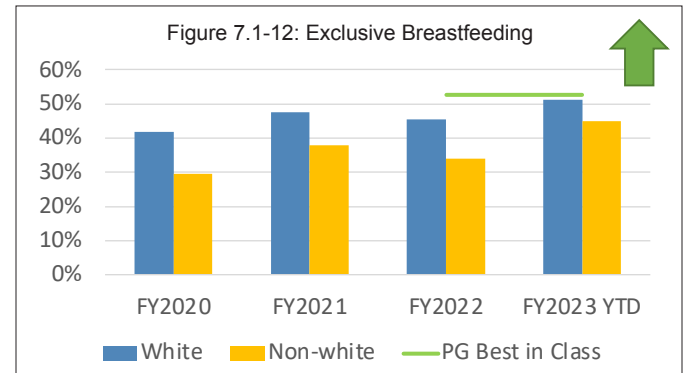
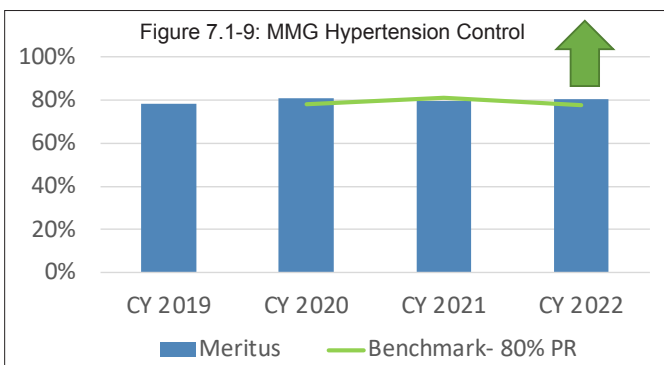
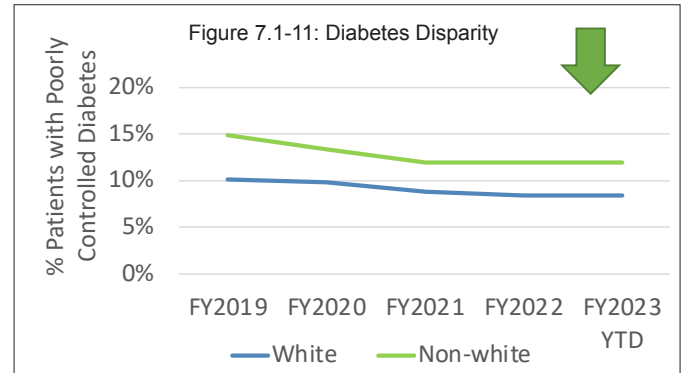
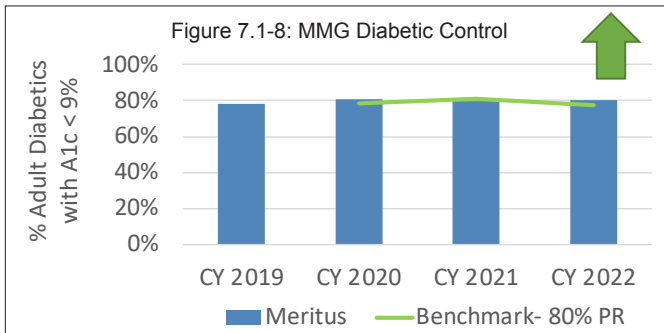
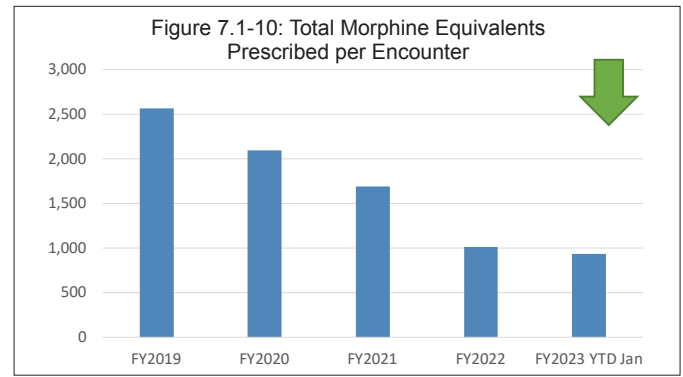
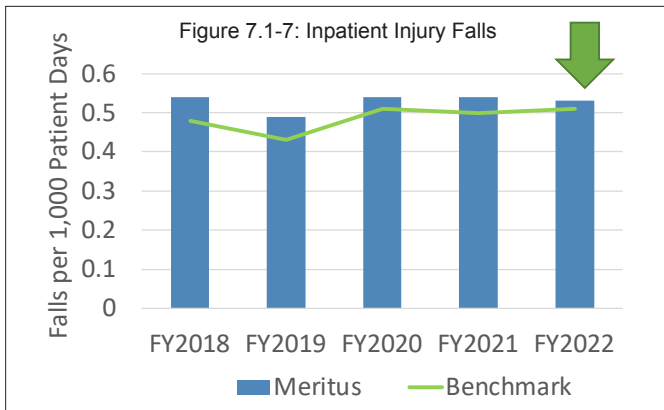


preventing catheter-associated urinary tract infections (CAUTI), sustaining performance much better than the NHSN-predicted rate since FY20 (Figure 7.1-5).

Meritus is focusing on two additional types of harm as FY23 AOP metrics. Though the incidence of HAPIs increased slightly, it has consistently been well below benchmark (Figure 7.1-6), and patient falls with injury show an overall beneficial trend to near the benchmark, which has increased slightly over the past five years (Figure 7.1-7).

Healthcare Services: Ambulatory

With diabetes identified through the CHNA as one of the top community health issues, MMG providers work



with patients to help them manage their disease. The industry standard measure for the effectiveness of this care is hemoglobin A1c (HbA1c) – an indicator of blood sugar levels over the last several months. MMG has been able to keep around 80% of adult diabetic patients within the desired range for HbA1c over the past three years, sustaining performance at or better than the national top 20% (Figure 7.1-8).

The CHNA drives a similar focus on controlling hypertension and Meritus has also sustained performance at or better than the national top 20% (Figure 7.1-9).

To address the community health priority of substance use, MMG has also worked aggressively to decrease opioid prescriptions. Results show significant progress over the past few years, with prescribing rates reduced by more than half since the end of 2018 (Figure 7.1-10).

To ensure delivery of equitable care, Meritus has begun to segment some key clinical data by race. For example, the LEAD Council reviews HbA1C control in white and non-white populations (Figure 7.1-11). Results show Meritus is beginning to narrow the gap. The Council also reviews perinatal core measures for white and non-

white populations (Figure 7.1-12). The percent of infants who are exclusively breastfed is improving in both populations, and the gap between the two is decreasing.

Health Services: Community

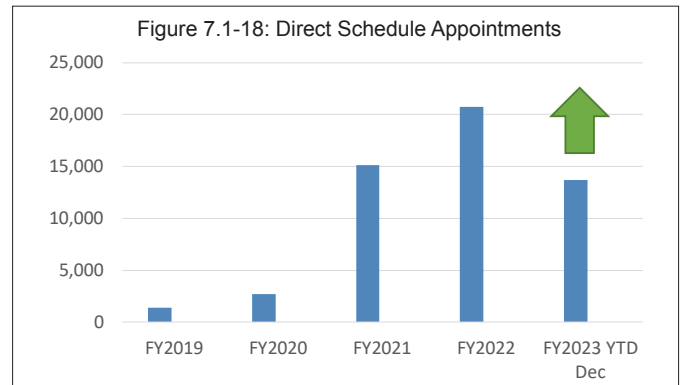
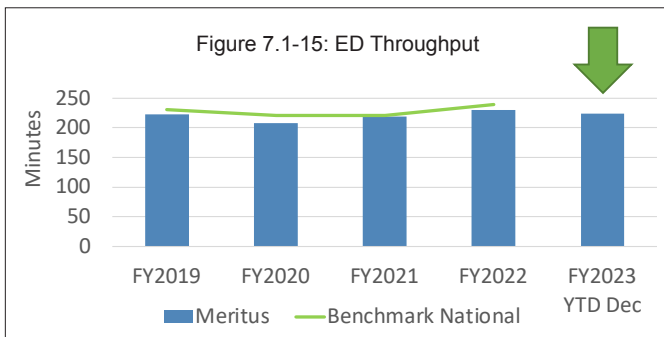
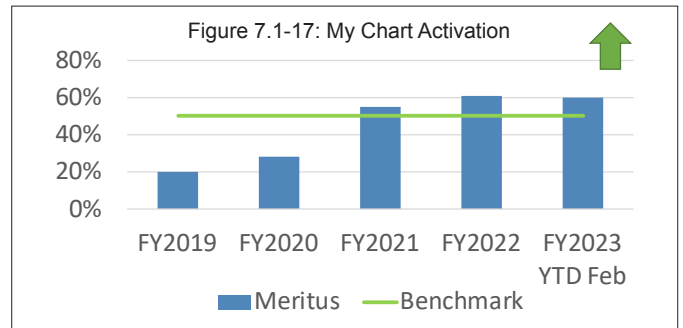
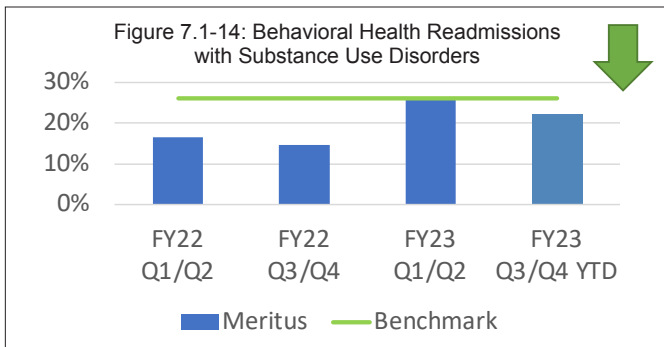
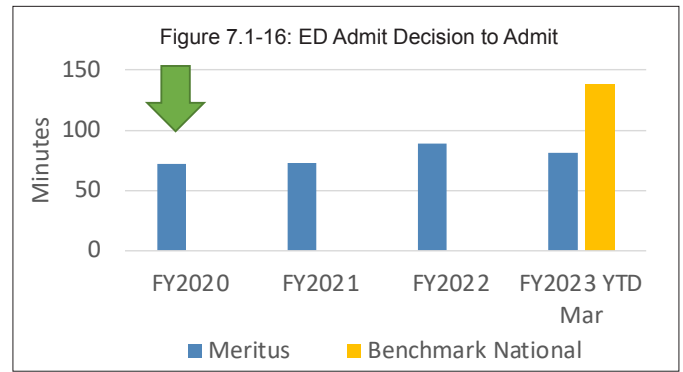
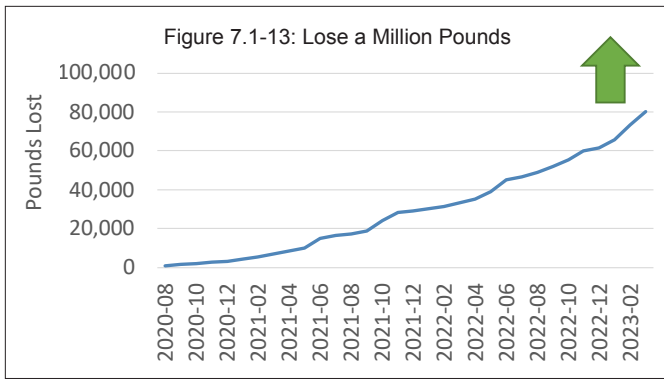
The 2030 Bold Goal for Health is to lose 1 million community pounds, and Meritus tracks this as a True North metric. To date, participants in the Lose a Million Pounds program have logged more than 80,000 pounds (Figure 7.1-13).

To further address substance abuse, Meritus began implementing new strategies for engaging patients with substance abuse disorders following crisis intervention. These strategies have reduced readmission of these patients to levels better than the national benchmark (Figure 7.1-14).

7.1b Work Process Effectiveness Results

7.1b(1) Process Effectiveness and Efficiency

To ensure delivery of services that meet the key patient requirements of being safe, effective, efficient, equitable, patient-centered, and timely, Meritus Health monitors process measures for its key work processes of Access, Care Delivery, Care Coordination and Transition, and Providing Health Services.

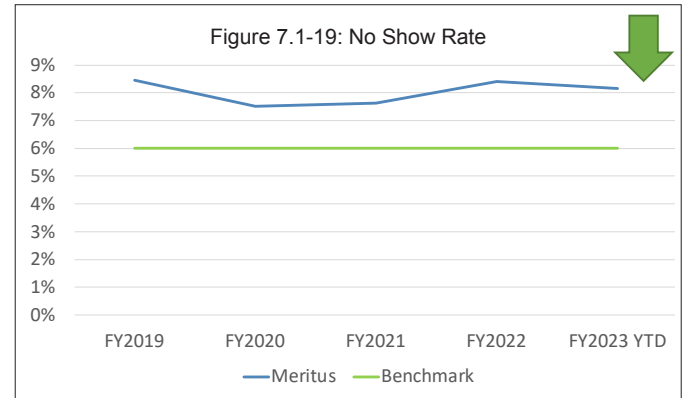


Access to Health and Healthcare Services

As a key indicator of the Access key work process for hospital patients, Meritus monitors ED throughput as a True North metric. The length of time it takes a patient to progress through the ED, from arrival to discharge, impacts how timely, safe, and patient-centered a patient's experience is. Meritus has outperformed the national benchmark each year since FY19 -- right through COVID (Figure 7.1-15). Meritus has also sustained performance significantly better than the national benchmark for the length of time between when ED patients receive a hospital admission order to when they are admitted as inpatients (Figure 7.1-16).

To improve access to care and information, Meritus continues working to engage patients in using the MyChart patient portal. Since the launch in 2019, registrations have steadily climbed (Figure 7.1-17), giving Meritus the opportunity to communicate with more than 100,000 community members. Logins have grown exponentially, as patients have viewed test results, communicated with providers, and used other functions of the portal to engage in their care.

To improve access, Meritus is also working to get MMG patients to schedule appointments online.

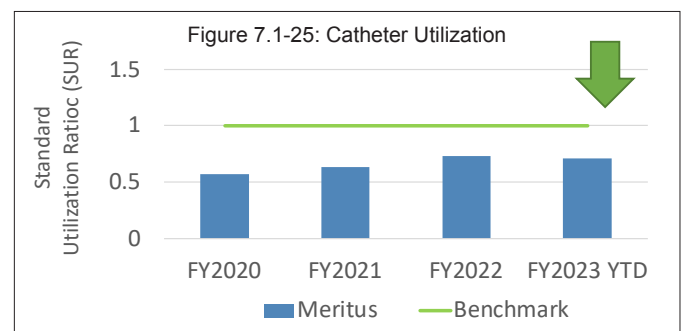
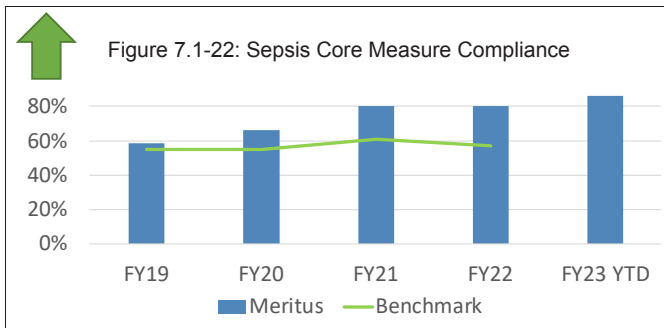
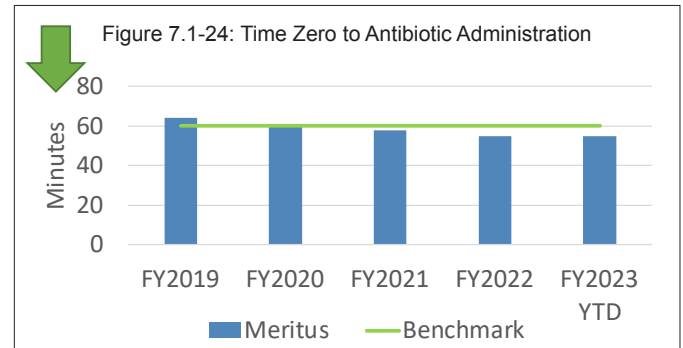
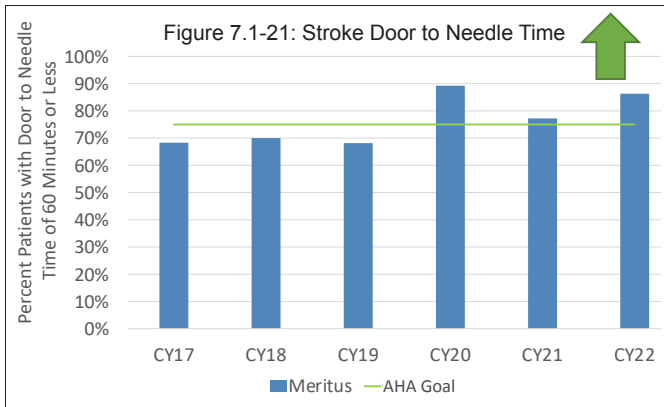
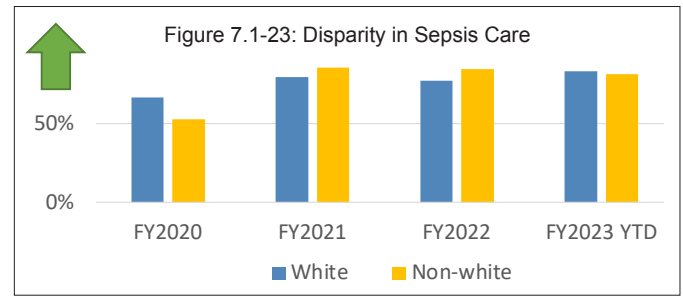
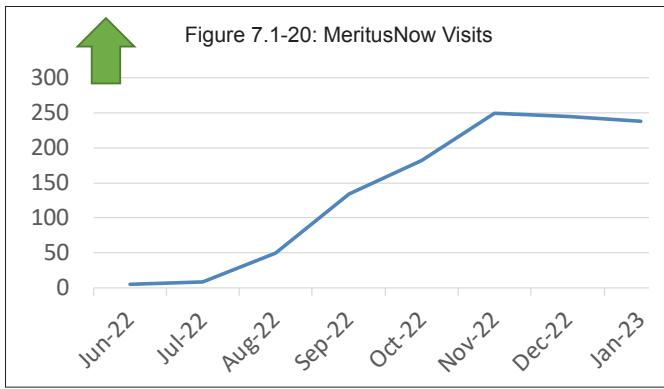


Results for this metric have increased significantly over the past several years (Figure 7.1-18). MMG also continues working to improve its no-show rate, achieving an overall beneficial trend near the nationally recommended rate (Figure 7.1-19).

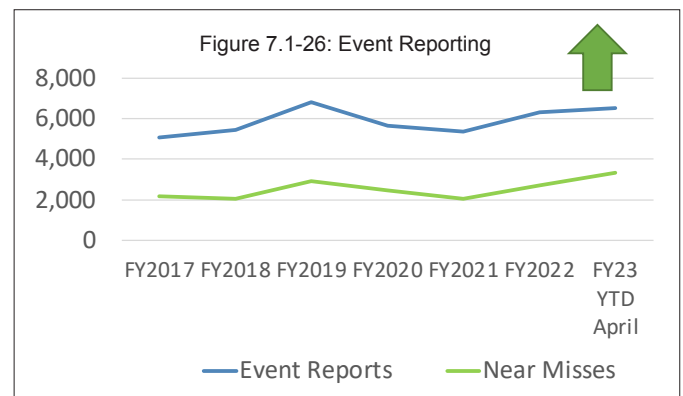
To expand access for the community, Meritus launched MeritusNow virtual urgent care in 2022. Virtual visits have increased each month (Figure 7.1-20)

Care Delivery

Meritus Health uses multiple measures across care settings to manage the Care Delivery key work process.



For example, Meritus Health monitors what percentage of the time caregivers administer tissue plasminogen activator (TPA) to stroke patients within American Heart Association guidelines. Results have shown a beneficial trend since 2017, with performance surpassing the national benchmark in each of the past three years (Figure 7.1-21), earned recognition on the AHA Get With the Guidelines honor roll.



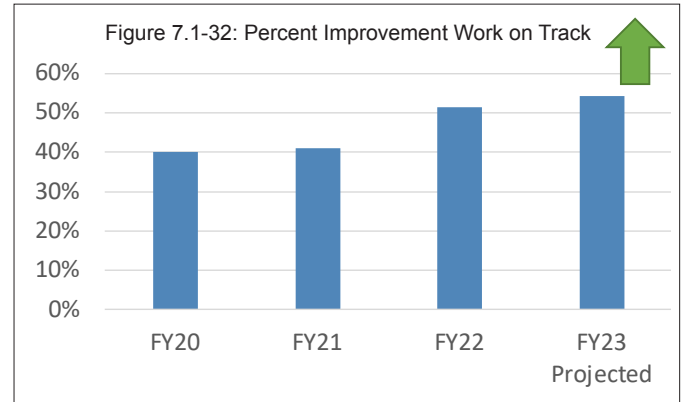
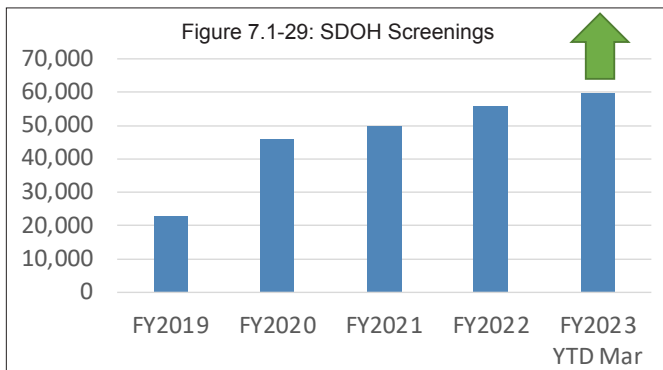
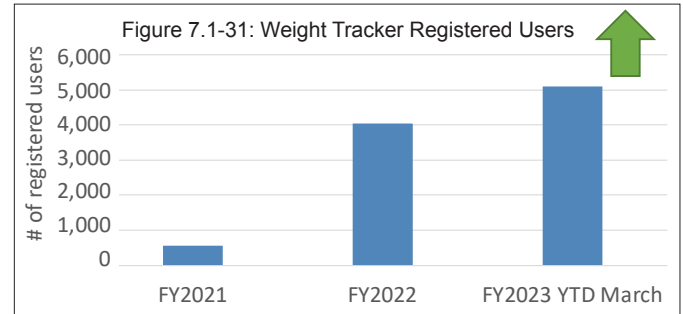
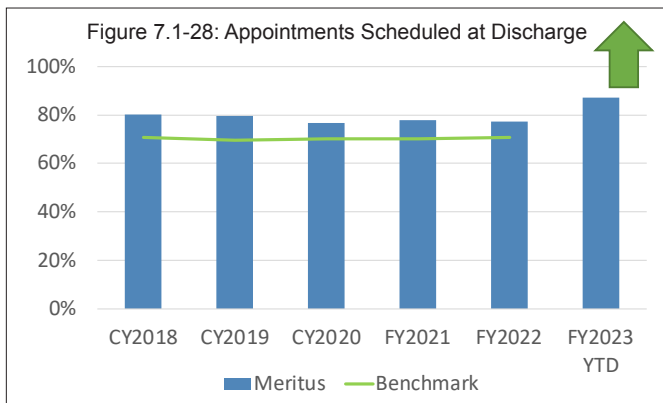
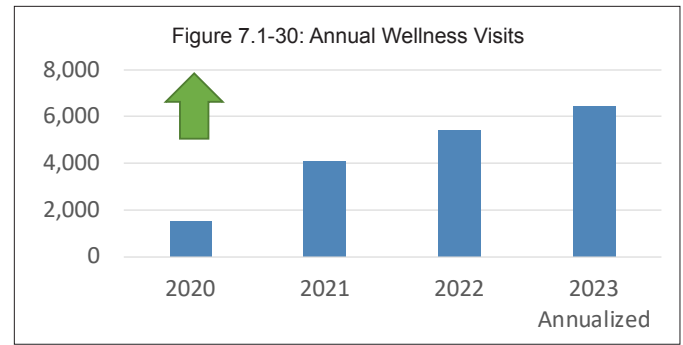
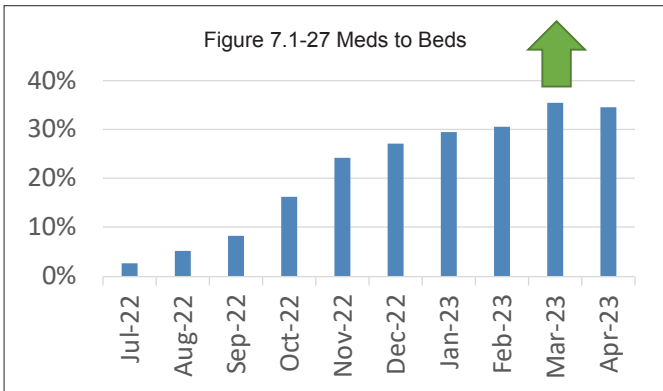
Meritus Health also monitors compliance with evidence-based practices for sepsis care. Compliance with an evidence-based care bundle has demonstrated a beneficial trend since FY19 and outperformed the national benchmark each year (Figure 7.1-22). To ensure delivery of equitable care, Meritus has begun segmenting results to look at different patient populations. With sepsis, compliance with the evidence-based care bundle was higher for white patients than non-white patients in FY20, but Meritus has worked to achieve the same, high compliance levels between the two populations (Figure 7.1-23).

improve its performance each year and surpassed the national benchmark for the past three years (Figure 7.1-24)

Evidence-based care to prevent CAUTIs strives to minimize catheter utilization. Similar to the SIR used to monitor and benchmark infection rates, NHSN uses its national database to calculate a standardized utilization ratio. Meritus has sustained performance well below its predicted utilization rate (Figure 7.1-25).

A key aspect of evidence-based care for sepsis is timely administration of antibiotics. Meritus continues to

Since event reporting is a key aspect of safety culture, Meritus Health tracks the number of reports entered into the safety system, as well as the number of near misses – an FY23 Healthcare Aim metric (Figure 7.1-26). No comparative data is available for this metric.



Care Coordination and Transition

Meritus Health tracks measures to ensure that the key work process of Care Coordination and Transition is coordinated, timely, and equitable.

As a new FY23 Healthcare Aim measure, Meritus tracks the percentage of discharged patients who receive their medications prior to discharge (Figure 7.1-27). Results have increased each month since inception of the initiative.

To streamline care transitions and prevent readmissions, Meritus Health strives to schedule a follow-up provider appointment before patients are discharged from the hospital. Scheduling dipped slightly during COVID but since then has increased to almost 90% (Figure 7.1-28).

To ensure equitable, coordinated care across service offerings, Meritus screens patients for social determinants of health (SDOH) that may impact their care and their health (Figure 7.1-29). Screenings have increased each year.

Providing Health Services

A measure of the key work process, delivering health services, is completion of MMG annual wellness visits. Results for this measure on the Health Aim dashboard continue to increase significantly (Figure 7.1-30), giving Meritus Health the opportunity to manage the health of a growing number of Washington County residents.

An additional Health process measure is the number of users who have registered for the Lose 1 Million Pounds initiative. To date, results for this Health Aims dashboard measure have surpassed 5,000 (Figure 7.1-31).

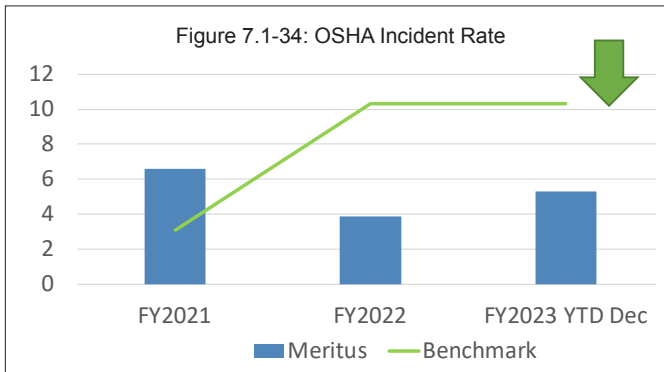
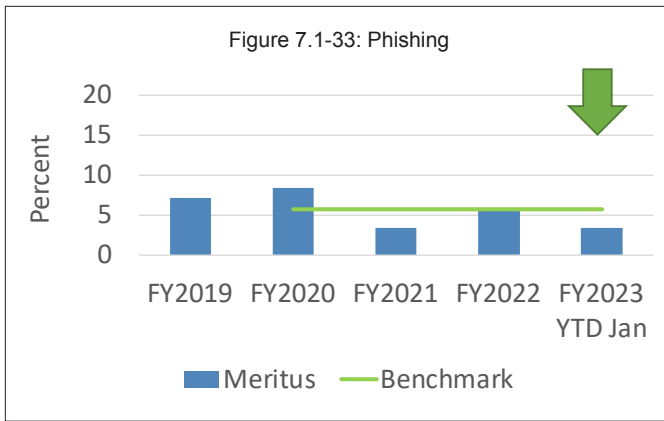
Key Support Processes

Measures used to manage key support processes are presented throughout Category 7, as indicated in Figure 6.1-1.

As an indicator of the key support process of performance improvement, Meritus monitors what percentage of projects in the Performance Excellence Plan have achieved target. That number has increased each of the past three years (Figure 7.1-32).

Security/Cybersecurity

Meritus tracks the percentage of phishing emails opened by the workforce as an indicator of cybersecurity prevention and preparedness. Phishing attempts have



shown an overall beneficial trend since FY20 (Figure 7.1-33).

As an additional indicator of data and information security, Meritus monitors HIPAA breaches (Figure 7.4-7). Detection of intentional breaches increased in CY2021 with implementation of the new Protenus artificial intelligence system.

7.1b(2) Safety and Emergency Preparedness

A key indicator of the effectiveness of Meritus Health’s workplace safety system is the OSHA recordable incident rate, which captures team member injuries (Figure 7.1-34). The rate shows an overall beneficial trend and significantly outperforms the U.S. Bureau of Labor Statistics benchmark for health care. Ongoing Kata initiatives are aimed at improving workplace safety.

To support emergency preparedness, Meritus has completed 100% of planned drills for the past five years (Figure 7.1-35). Also, Meritus continues to ensure that designated incident command staff, as well as directors and administrators on call, complete FEMA training, and as a learning from COVID, Meritus has increased its days of inventory on hand for critical supplies.

Figure 7.1-35: Emergency Preparedness

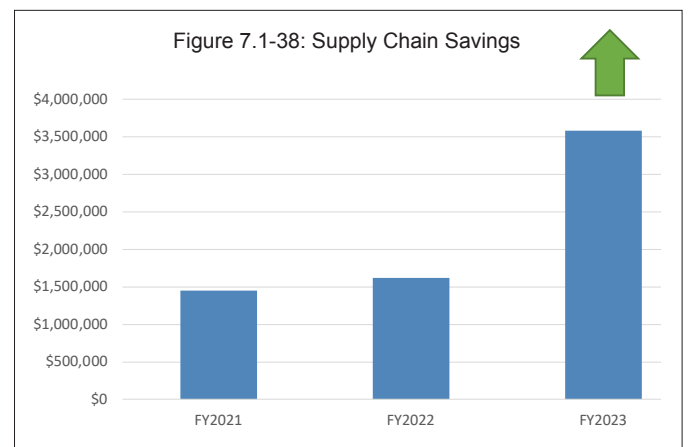
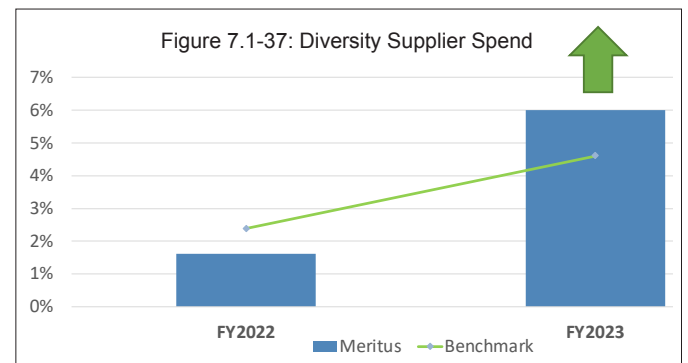
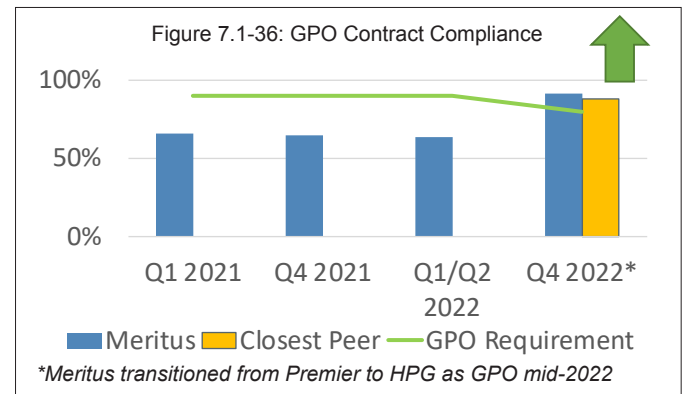
	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 YTD
Completion of Planned Drills	100%	100%	100%	100%	100%
Days Inventory on Hand	30	35	78	79	80
FEMA Training	100%	100%	100%	100%	100%
Annual Learning	100%	100%	100%	100%	100%

7.1c Supply-Network Management Results

To support delivery of timely, safe care, Meritus Health manages its supply chain to ensure availability of needed supplies. A key part of that strategy is channeling purchases through its group purchasing organization. Since transitioning to a new GPO in mid-2022, Meritus has outperformed its closest peer and the GPO requirement (Figure 7.1-36).

One of the measures Meritus added to monitor HealthTrust’s performance is how much of the spend goes to diverse suppliers (Figure 7.1-37). To support Meritus goals, HealthTrust increased its spend from FY22 to FY23, outperforming a national benchmark.

With a 2030 Bold Goal to be the lowest-cost provider in the state, Meritus continues working to reduce supply chain expense. The organization has achieved contract savings each year, with more than \$3.5 million in savings so far in FY23 (Figure 7.1-38).



7.2 Customer Results

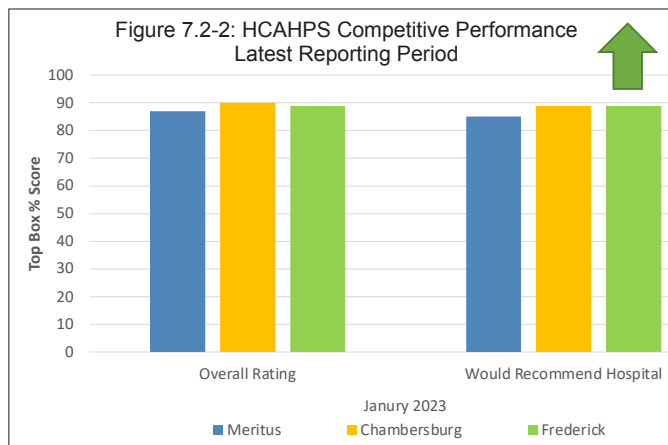
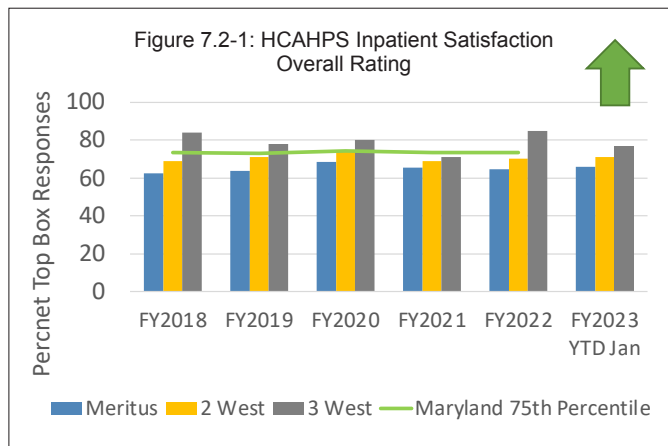
7.2a Patient and Other Customer-Focused Results

7.2a(1) Patient and Other Customer Satisfaction

The True North metrics focus Meritus on exceeding patient expectations, as measured by survey results. Meritus contracts with survey vendor PG to administer surveys across patient groups. Meritus uses the Maryland benchmark as a comparison, since that is the cohort that participates in the state's unique payment model. Area-specific surveys allow segmentation of results at the unit or clinic level, as appropriate. Sample segmentation is included here, with additional segmentation AOS.

The nationally standardized HCAHPS survey provides key indicators of satisfaction and engagement for hospital patients receiving inpatient care. To measure inpatient satisfaction, Meritus monitors results for the patients who rate the hospital 9 or 10. Results for this indicator have shown an overall favorable trend since FY18 (Figure 7.2-1). Results for two hospital units – 2 West and 3 West – are shown here as sample segmentation.

PG does not provide comparative data for individual hospitals. However, publicly reported HCAHPS results are available online through CMS. Meritus results for overall rating are near key competitors Frederick and Chambersburg, according to the latest-available reporting period (Figure 7.2-2).

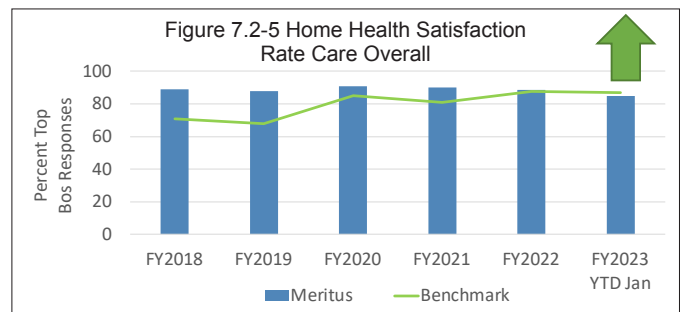
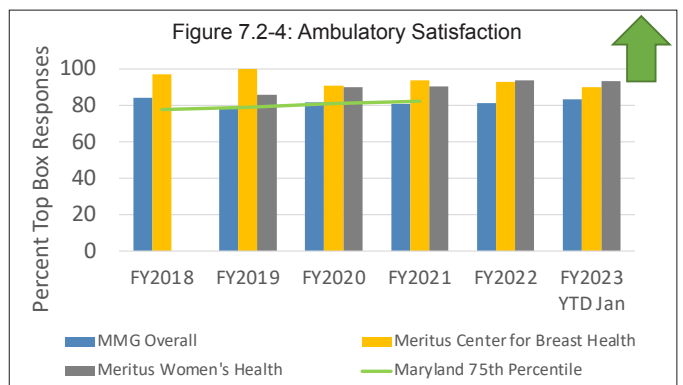
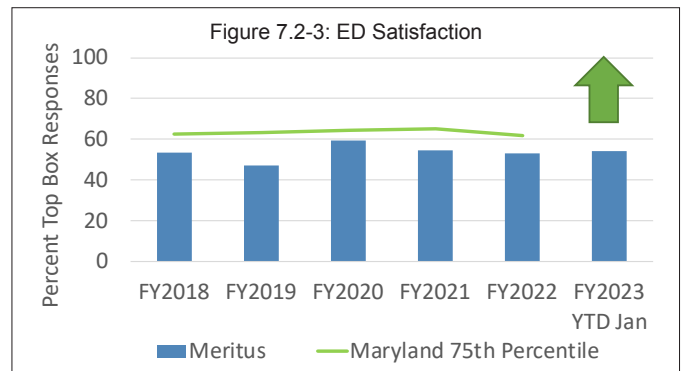


PG administers a separate survey to patients who have received care in the MMC ED. Results for ED overall care rating have mirrored the Maryland database since FY18, with some fluctuation during COVID (Figure 7.2-3).

Another version of the PG survey goes out to MMG patients to measure satisfaction of the ambulatory patient group. MMG results for the overall rating question have been at or better than the Maryland benchmark since FY18 (Figure 7.2-4). Since Meritus transitioned to a custom survey, benchmark data is no longer available. Results for two MMG clinics – one located in the Robinwood Professional Center (Breast Health) and one in the Meritus Medical Plaza (Women's Care) – are shown here as sample segmentation.

Both clinics outperformed the benchmark. Additional segmentation is AOS.

Meritus monitors patient satisfaction with home health services. Results for overall rating of care have consistently outperformed the state of Maryland in the PG database (Figure 7.2-5).



benchmark, but 100% of respondents gave their service top marks in March (Figure 7.2-6)

As part of understanding patient satisfaction, Meritus measures how well it is meeting key patient requirements (Figure P.1-5). Measures presented in 7.1 address the requirements of safe, timely, effective, efficient, and equitable care. Additionally, survey results mapped to PG questions related to both patient-centered care and timely care show sustained performance near the Maryland benchmark since FY18 (Figures 7.2-7,8).

The primary way Meritus Health measures dissatisfaction is through complaints and grievances. Since FY18, the number of complaints captured each year has increased slightly. However, the number of unresolved complaints that proceed to grievance status has decreased by a third (Figure 7.2-9). No comparative data is available for these metrics.

As an indicator of satisfaction for the key stakeholder group of community, Meritus Health monitors results for

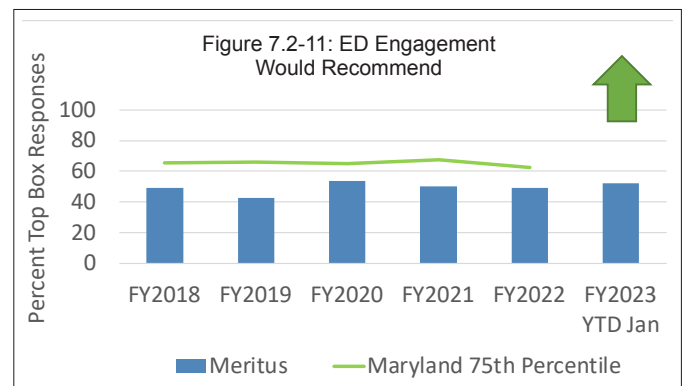
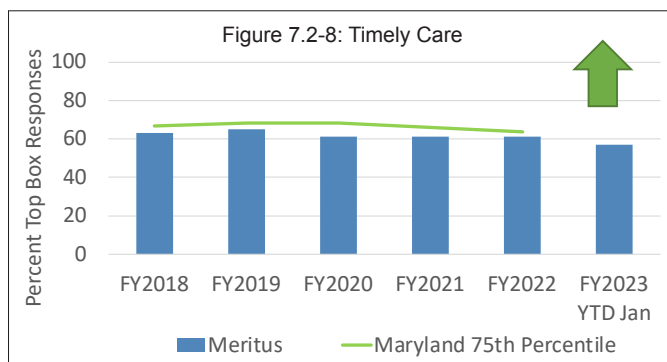
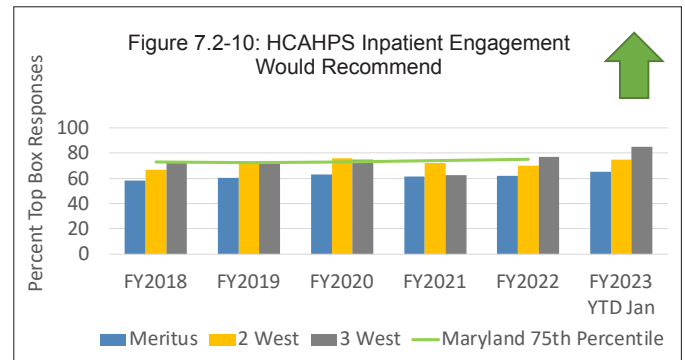
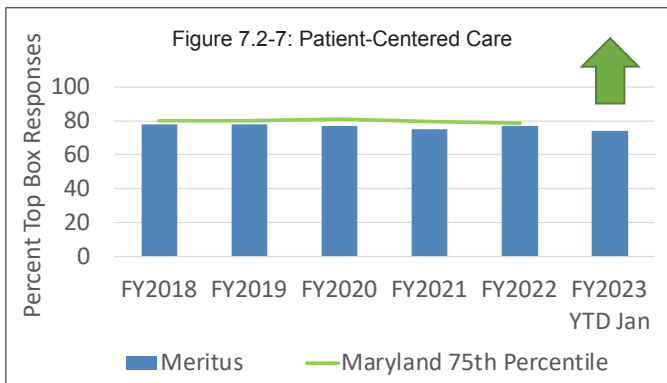
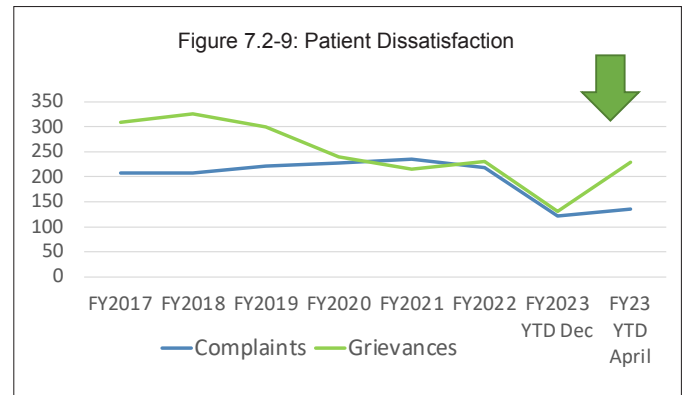
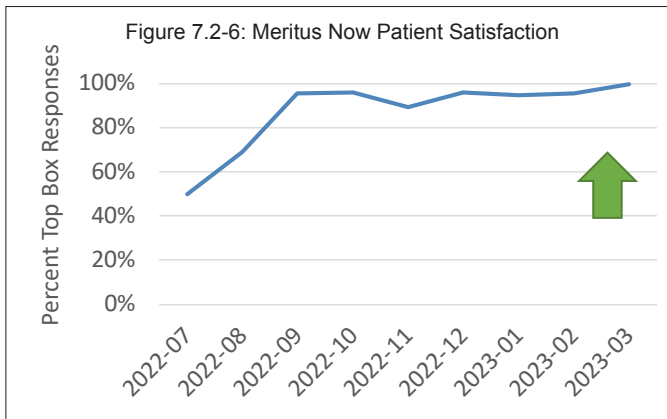
key programs and initiatives that address the priorities identified in the CHNA (Figure 7.4-11).

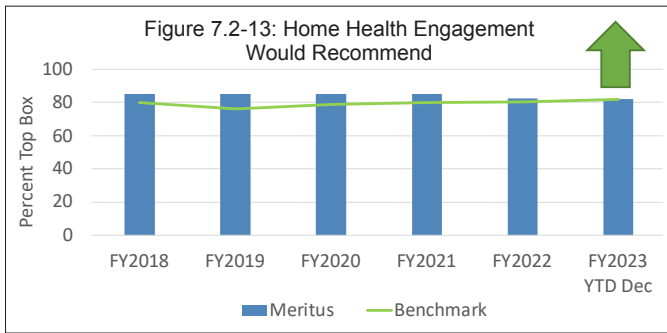
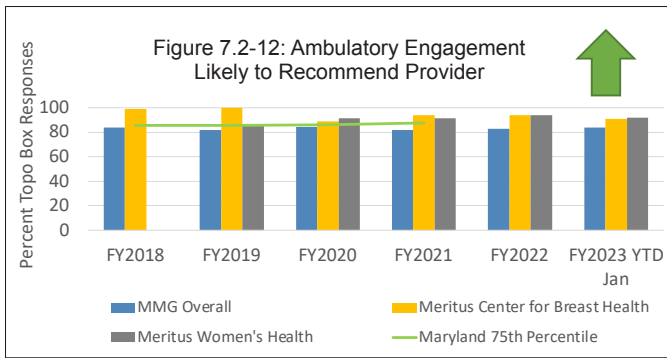
7.2a(2) Patient and Other Customer Engagement

To measure patient engagement, Meritus Health relies on Press Ganey survey questions related to a patient's likelihood to recommend the provider or service. For hospital patients, the HCAHPS "would recommend" score has shown a beneficial trend since FY18 (Figure 7.2-10). Results for 3 West outperformed the benchmark each year but one.

As with inpatient satisfaction, Meritus relies on publicly reported HCHAPS results to understand competitor engagement. MMC's patient engagement results are right on par with key competitors, according to data for the latest-available reporting period (Figure 7.2-2).

Results for ED "would recommend" have shown sustained performance since FY18, except for one dip during COVID (Figure 7.2-11). In FY23, results have improved as the database has declined.





For the ambulatory service offering and patient group, results for “likely to recommend provider” have achieved levels at or better than Press Ganey’s Maryland database for the Breast Health and Women’s Health clinics (Figure 7.2-12). Additional segmentation is available on site.

Meritus Home Health has sustained engagement results at or better than the benchmark for each of the past six years (Figure 7.2-13).

Social media is becoming an increasingly important part of Meritus’ strategy to build and maintain relationships with patients and community members. The methodology for measuring this engagement changed in FY23, so only limited results are presented here to show the continued growth in Meritus followers (Figure 7.2-14).

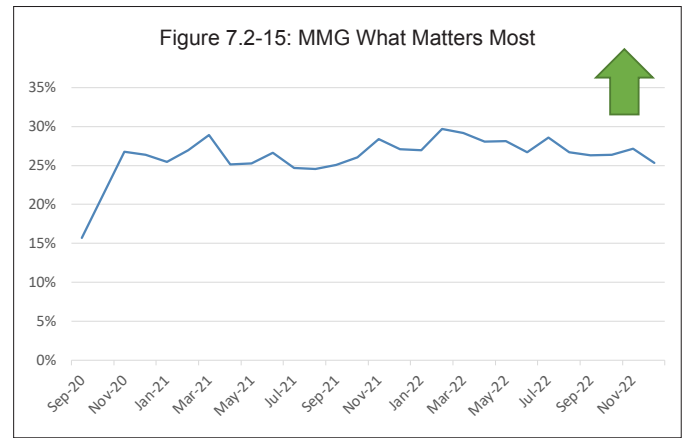
Figure 7.2-14: Social Media

	FY22	Q1 FY23	Q2 FY23
Monthly LinkedIn Followers	5,555	5,739	6,096
Monthly Facebook Followers	16,119	16,163	16,228

A key way that Meritus Health caregivers are beginning to engage patients and build relationships with them is through age-friendly care. As this IHI initiative rolls out across the organization, Meritus tracks compliance with key evidence-based practices such as documenting “what matters” in each patient’s chart. In the latest phase of implementation, deployment has begun in MMG (Figure 7.2-15).

Figure 7.2-16: In-Network Referral Capture

	FY 2022	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Cardio	75.00%	59.90%	62.20%	61.10%	62.60%	66.30%	80.87%	79.00%	80.40%
Ortho	64.00%	62.60%	71.00%	71.20%	72.40%	65.60%	74.40%	66.70%	67.90%
PT	13.00%	36.20%	36.00%	38.40%	41.60%	34.60%	34.30%	40.00%	44.10%



Meritus’ ability to continue building relationships with patients is dependent on keeping them within the Meritus network. As an FY23 Affordability goal, Meritus is focusing on specific referrals, achieving a beneficial trend for in-network referrals for each area (Figure 7.2-16).

Results for ways Meritus Health engages and builds relationships with its community stakeholder are presented in 7.4a(5).

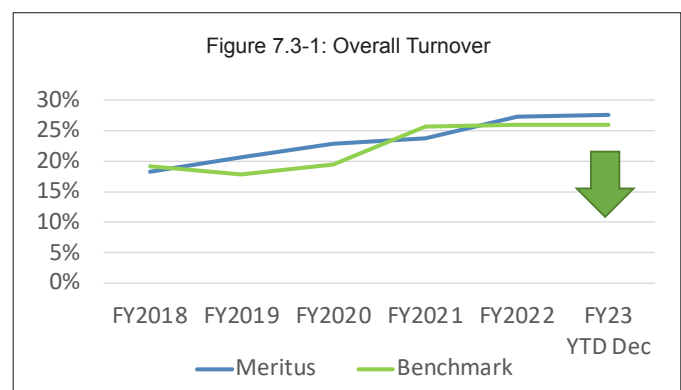
7.3 Workforce Results

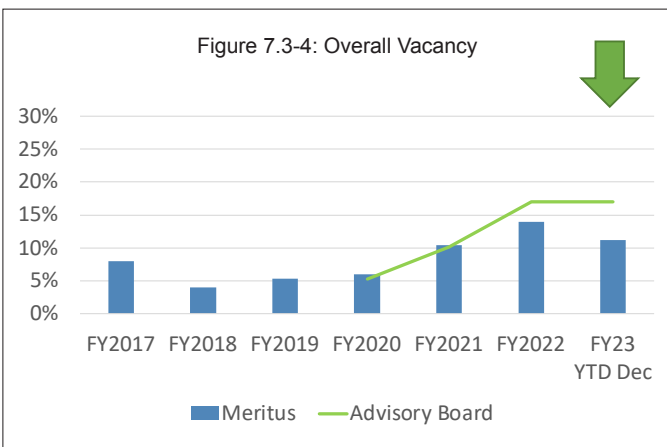
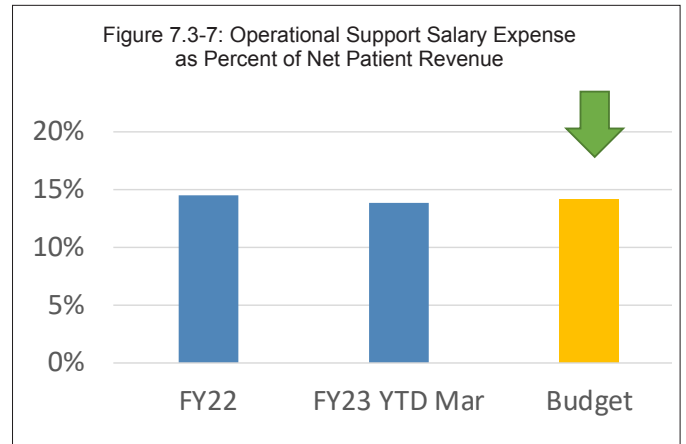
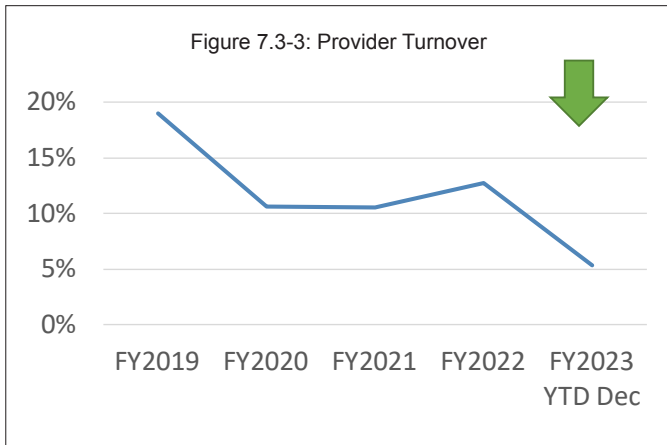
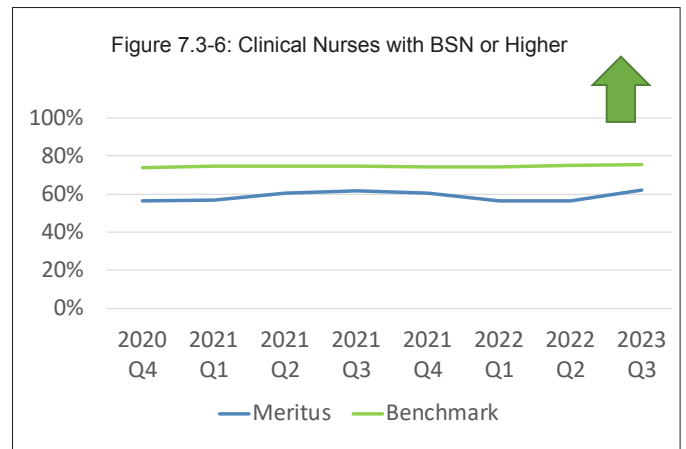
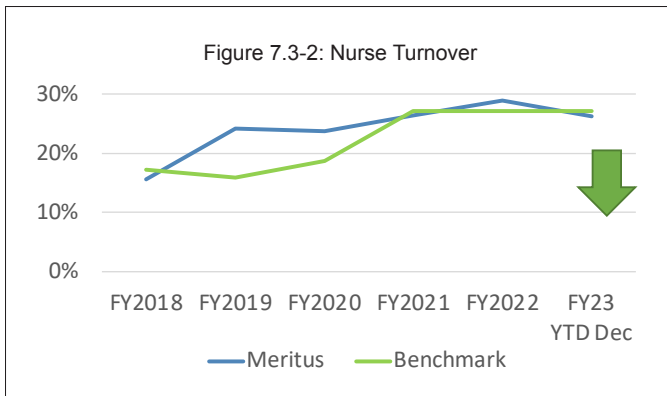
7.3a Workforce-Focused Results

7.3a(1) Workforce Capability and Capacity

With a strategic challenge of recruitment and retention, Meritus Health has established Joy at Work Aim metrics to improve employee turnover and vacancy rates. Meritus, like the rest of the nation, has experienced increasing turnover through the COVID pandemic, but its performance has paralleled the national benchmark and leveled out in FY23 (Figure 7.3-1).

Meritus can segment turnover data many ways to understand where to focus engagement work. Nurse turnover, which has outperformed the national benchmark in FY23, is shown here as an example





(Figure 7.3-2). Meritus also closely monitors provider turnover, which has improved significantly since FY19 (Figure 7.3-3). Additional segmentation is AOS.

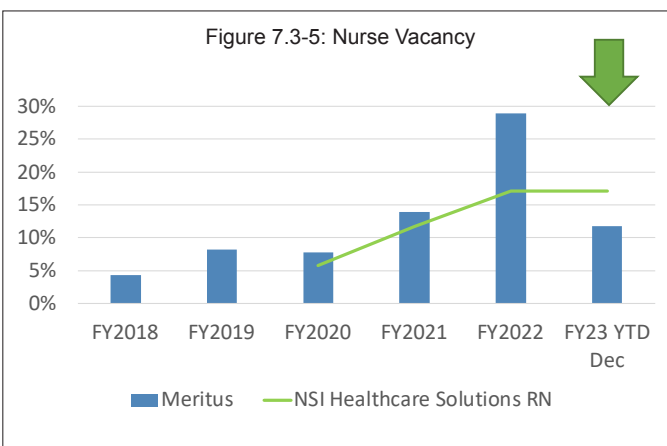
The vacancy rate followed the national trend and increased during COVID but has outperformed the national benchmark in FY22 and FY23 (Figure 7.3-4). Nurse vacancy also outperforms the national benchmark in FY23 (Figure 7.3-5).

As an additional indicator of nursing capability and capacity, Meritus monitors the percent of clinical nurses with a BSN or higher (Figure 7.3-6).

To maintain a workforce balance between clinical and administrative positions, Meritus monitors the percent of net patient revenue that is spent on operational support salaries (Figure 7.3-7). Results for this new measure show a reduction in administrative costs from FY22 to FY23.

Meritus uses key productivity metrics to manage workforce capability and capacity (Figure 7.3-8). Patient days per FTE and worked RVUs – an indicator of provider productivity – have shown a beneficial trend.

Meritus also monitors volunteer hours as an indicator of volunteer capacity (Figure 7.3-9). Volunteer hours declined during the initial Covid pandemic and again with a regional resurgence.



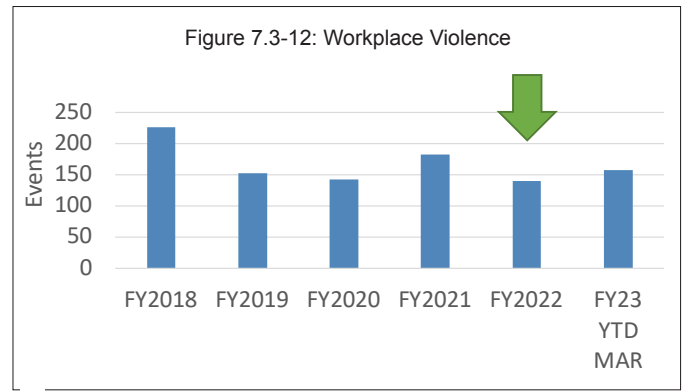
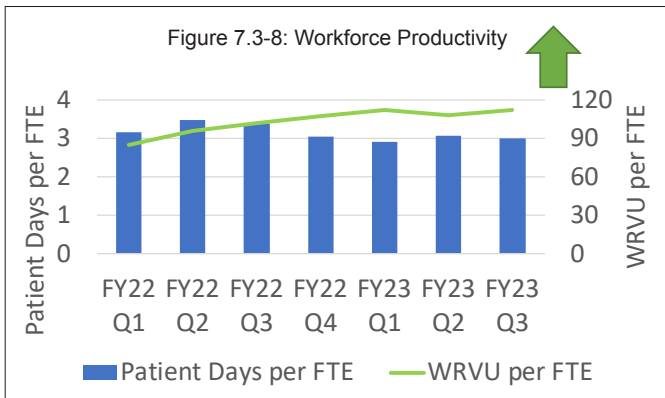


Figure 7.3-9: Volunteer Hours

CY2019	CY2020	CY2021	CY2022
35,396.17	27,385.22	33,203.31	27,212.67

7.3a(2) Workplace Climate

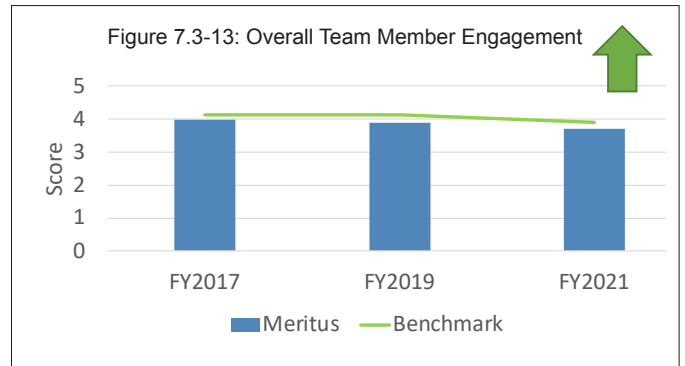
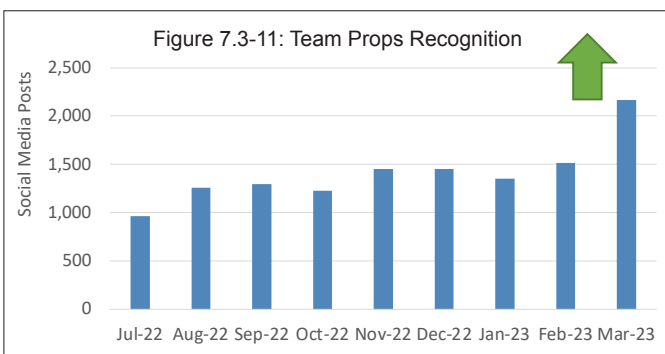
Meritus monitors results for key measures of workplace climate. With a strategic Aim of Joy at Work, Meritus takes a holistic approach to workforce wellness. The wellness program gives insurance premium credits for wellness activities (Figure 7.3-10), including participation in the Lose a Million Pounds campaign (Figure 7.1-13). Meritus also offers non-traditional wellness benefits, such as financial wellness seminars in FY21 and team building activities to enhance joy at work in FY22 and FY23 (Figure 7.3-10). To ensure visibility and emphasize the importance of these wellness opportunities, Meritus tracks them on the Aim dashboard.

Figure 7.3-10: Workforce Wellness

	FY21	FY22	FY23YTD
Department Well-Being Events	42%	84%	95%
Wellness Credit	78%	68%	75%

As a recent cycle of learning Meritus rolled out Team Props, a social media platform for peer recognition. The number of posts – tracked on the Joy at Work Aim dashboard – continues to grow and has surpassed 2,000 a month (Figure 7.3-11).

As part of the organizational focus on safety, Meritus Health maintains a security dashboard. Workplace violence events – a key metric on that dashboard – continue to decrease (Figure 7.3-12), despite the increasing violence reported in healthcare institutes across the country. Workplace safety results, including



the OSHA recordable incident rate (Figure 7.1-34), are presented in 7.1b(2).

As a key indicator of workplace accessibility, Meritus has been fully ADA compliant with no violations for the past six years (Figure 7.4-5).

7.3a(3) Workforce Engagement

Meritus Health measures workforce engagement through biannual surveys administered by Press Ganey to team members and providers. The most recent surveys were in 2021, but new results will be AOS. Meritus has sustained overall team member engagement near the national benchmark (Figure 7.3-13) and is working to improve key team member engagement drivers (Figure 7.3-14). Team member segmentation by department is AOS.

Figure 7.3-14: Employee Engagement Drivers

	2021	Press Ganey
This organization provides high-quality care and service.	3.89	4.25
Patient safety is a priority in this organization.	4.06	4.36

As a cycle of learning, Team Member Services added the Employer of Choice survey to take an engagement pulse between the biannual PG surveys. The net promoter score demonstrates a beneficial trend (Figure 7.3-15).

Overall provider engagement increased significantly with the 2021 survey to approach the national benchmark (Figure 7.3-16), and Meritus has achieved significant strides relative to physician engagement drivers (Figure 7.3-17).

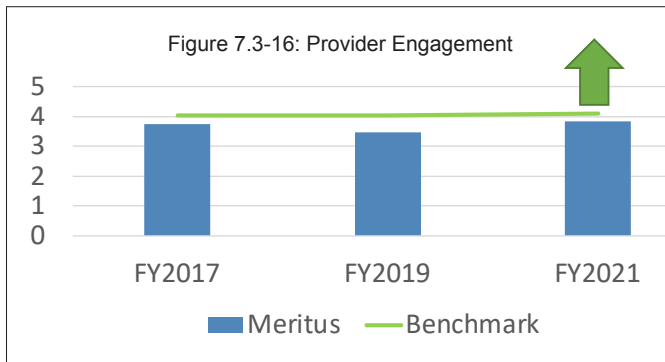
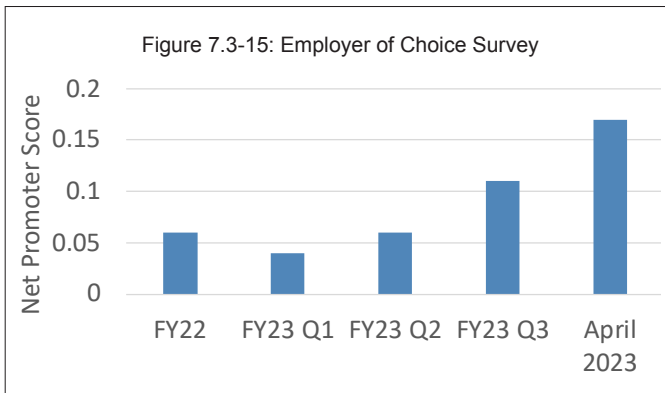


Figure 7.3-17: Physician Engagement Drivers

	2017	2019	2021	Press Ganey
This organization provides high-quality care and service.	3.77	3.55	4.01	4.29
This hospital makes every effort to deliver safe, error-free care to patients.	3.94	3.69	4.05	4.33

Meritus administers an internal survey for volunteers. Responses highlight what volunteers enjoy most about volunteering at Meritus, other ways they would like to get involved, and any training they need, but do not currently provide quantitative results.

7.3a(4) Workforce Development

Meritus Health’s team member engagement survey provides a measure of workforce and leader development. Specifically, one of the questions asks team members to score the statement, “This organization provides development opportunities.” Scores increased and surpassed benchmark performance with each of the past two surveys (Figure 7.3-18).

Meritus also monitors completion of strategically important learning and development offerings (Figure 7.3-19). To promote equity and inclusion for a diverse workforce, the LEAD Council launched training on unconscious bias and cultural competency, and the organization began systematically applying the Rooney Rule to increase the number of diverse individuals in leadership positions. This FY23 Joy at Work dashboard measure tracks whether diverse candidates are interviewed for external leadership hires (Figure 7.3-20).

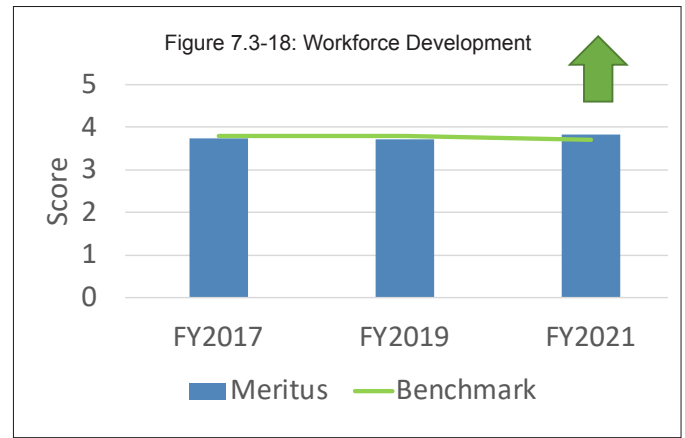
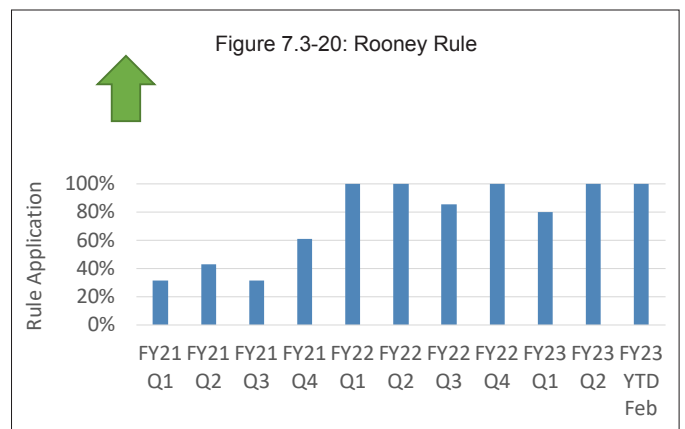


Figure 7.3-19: Workforce Development

COURSE	FY18	FY19	FY20	FY21	FY22	FY23 YTD
TeamSTEPPS Training		323	215	779	3,123	759
Just Culture Training	209	187	273	903	1,183	807
Quality Improvement Courses	28	52	119	154	45	47
Unconscious Bias or Cultural Competency training				288	5,853	1,294
Process Improvement Courses					178	163
Annual Coaches Camp					294	207

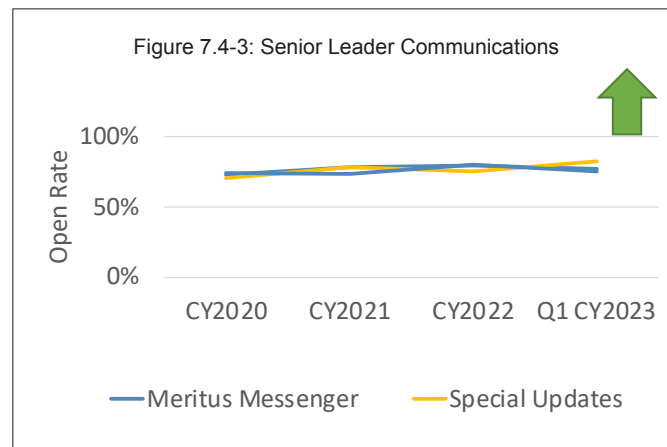
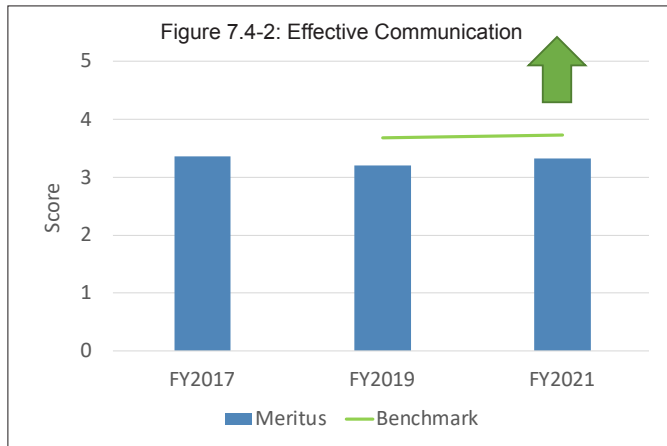
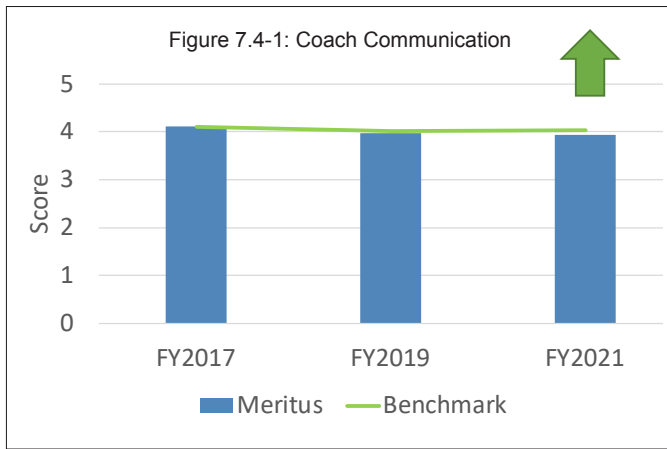


7.4 Leadership and Governance Results

7.4a Leadership, Governance and Societal Contribution Results

7.4a(1) Leadership

Meritus senior leaders recognize the important role they play in ensuring, promoting, and facilitating communication across the organization and monitor results of workforce engagement surveys as key indicators of the culture they have created. Workforce satisfaction with coach communication has declined slightly across the three most recent surveys; however, Meritus mirrors the national trend and continues to sustain performance near the benchmark (Figure 7.4-1).



Communication results from the physician engagement survey dipped slightly in FY19 but went back up in FY21 (Figure 7.4-2). Results of FY23 surveys will be AOS.

SET also monitors the effectiveness of specific senior leader communication mechanisms. Meritus Messenger and Special Updates continue to see an increase in readership (Figure 7.4-3).

7.4a(2) Governance

The Meritus Health Board has historically performed periodic self-assessments using a tool recognized as national best practice by the Governance Institute. The COVID pandemic interrupted the regular cycle so there is a gap between the last self-assessment and the one planned for this year. With the last two surveys, high-

performing Board members scored themselves critically compared to the rest of the national database but documented improvement in key areas of oversight and accountability (Figure 7.4-4).

Figure 7.4-4: Governance

	2014	2017
Overall Score		
Meritus	6.8	6.7
Governance Institute	8.1	8.3
Financial Oversight		
Meritus	31%	44%
Governance Institute	56%	58%
Quality Oversight		
Meritus	17%	30%
Governance Institute	45%	46%
Management Oversight		
Meritus	14%	26%
Governance	43%	47%

7.4a(3) Law, Regulation and Accreditation

Results for key measures of meeting and surpassing regulatory, legal and accreditation requirements are presented in Figure 7.4-5. Results are measured for the Meritus Health system as a whole and do not vary by organizational unit. Aside from implementation of the internal audit work plan, which was impacted by COVID, Meritus has sustained perfect performance across its key indicators over the past six years.

Specific areas across the organization have achieved additional voluntary accreditations, such as Level III trauma center by the American Trauma Society, Community Health Accreditation Partner, and cancer center accreditation by the Commission on Cancer.

7.4a(4) Ethics

Demonstrating the organizational value of integrity, Meritus has also sustained perfect performance over the past six years for results of key processes that promote an ethical environment (Figure 7.4-6). These processes are deployed across all organizational units.

Meritus Health captures and immediately addresses any ethical breaches. To better understand risk and cause, Compliance segments out intentional breaches from unintentional ones (Figure 7.4-7). With implementation of the new Protenus artificial intelligence system in CY2021, Meritus is able to detect and address more intentional breaches. Comparative data is not available for these indicators.

Another element of Meritus Health's ethical environment is a just culture that encourages people to report safety concerns. For the engagement survey question, "I can report patient safety mistakes without fear of punishment," results for providers (Figure 7.4-8) are near the national benchmark.

Figure 7.4-5: Accreditation and Compliance

	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023 YTD Dec
ACCREDITATION/LICENSURE						
TJC tracer completion & closure	100%	100%	100%	100%	100%	100%
TJC accreditation	100%	100%	100%	100%	100%	100%
State/local health department licensure	100%	100%	100%	100%	100%	100%
COMPLIANCE/LEGAL						
OSHA violations	0	0	0	0	0	0
ADA violation citations	0	0	0	0	0	0
OIG screening	100%	100%	100%	100%	100%	100%
OIG sanctions	0	0	0	0	0	0
EPA violations	0	0	0	0	0	0
Contract review	100%	100%	100%	100%	100%	100%
Compliance Work Plan implementation	100%	100%	100%	100%	100%	100%
Internal Audit Work Plan implementation	98%	98%	89%	88%	-	-
Compliance Education Plan implementation	100%	100%	100%	100%	100%	100%
Workforce completion of annual training	100%	100%	100%	100%	100%	100%

Figure 7.4-6: Ethical Behavior

PROCESSES	CY2017	CY2018	CY2019	CY2020	CY2021	CY2022
Code of Conduct Training/Acknowledgment	100%	100%	100%	100%	100%	100%
Conflict of Interest Disclosure	100%	100%	100%	100%	100%	100%
Compliance Hotline Resolution	100%	100%	100%	100%	100%	100%
CMS Sanctions Monthly Checking	100%	100%	100%	100%	100%	100%
Criminal Background Checks	100%	100%	100%	100%	100%	100%
Annual HHS Breach Reporting	100%	100%	100%	100%	100%	100%

Figure 7.4-7: Ethical Behavior

	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
HIPAA breaches	20	19	15	16	18	21
HIPAA intentional violations	5	9	10	3	23	13

7.4a(5) Society

With the community as a key stakeholder and health as both a main service offering and a 2030 Bold Goal, Meritus monitors results for societal well-being and community support. Community benefits is an overall indicator of Meritus support for the community. This measure is an aggregate of all the ways the organization supports the community, including charity care, community health services, and mission-driven healthcare services. Meritus has contributed more than \$230 million in community benefit over the past five years, and despite COVID, the annual contribution almost doubled from FY18 to FY22 (Figure 7.4-9).

One way that Meritus Health actively engages and supports the community is through its parish nursing program. This program brings health screenings, health education, and transitional care support into

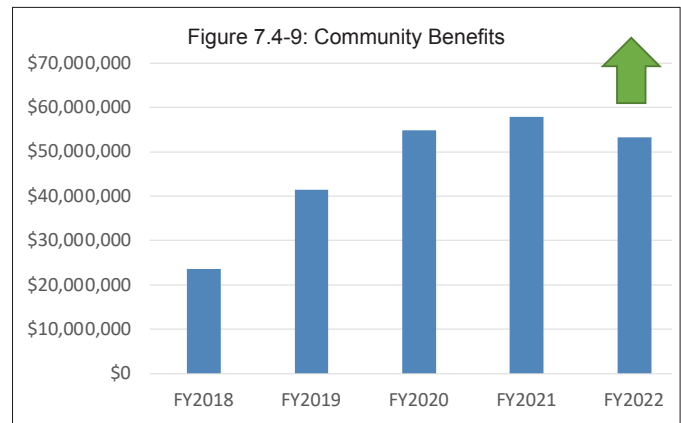
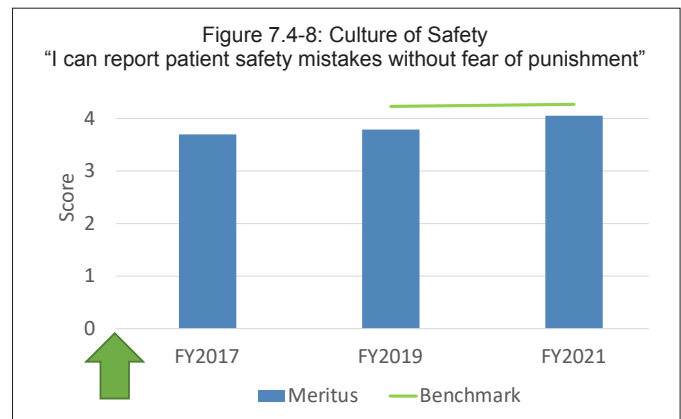


Figure 7.4-10: Parish Nursing

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023 YTD
Hypertension Management							
Number of Blood Pressures Taken	3,617	2,977	3,328	Covid	Covid	502	708
Abnormal Blood Pressure	816	458	494	Covid	Covid	64	102
Percentage of Abnormal Blood Pressures	23%	15%	14%	Covid	Covid	12%	14%
Transition Care							
Faith Community Members Not Readmitted to MMC	92%	91%	93%	Covid	Covid	93%	n/a

Figure 7.4-11: Health Services and Community Support

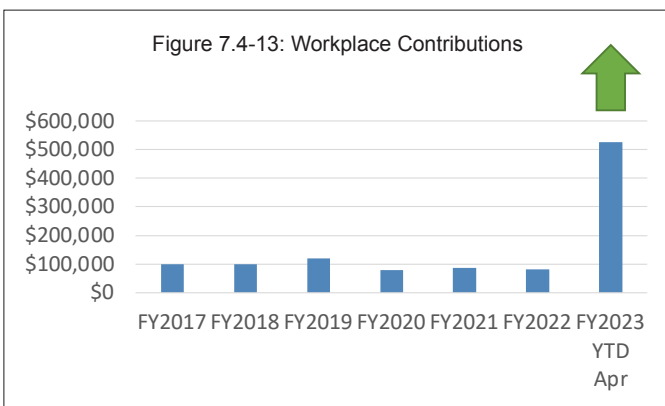
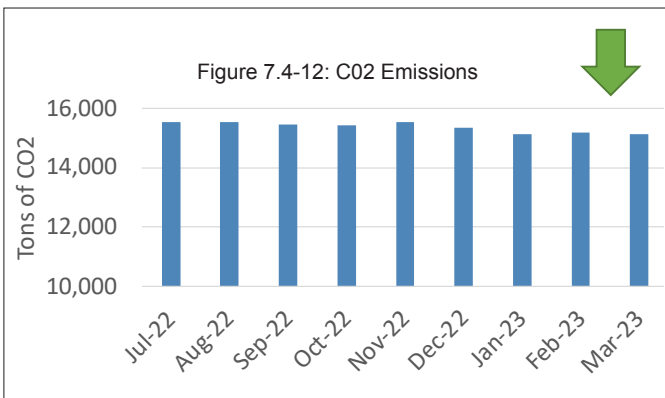
Priority Area	Process/Program	Figure
Behavioral Health	Readmissions for Substance Abuse	7.1-14
Wellness & Prevention	Annual wellness visits	7.1-36
Health Equity	Disparities in diabetic care	7.1-11
	Disparities in women's care	7.1-12
	SDOH screening	7.1-29
	What Matters Most	7.2-15
	Rooney Rule	7.3-20
Obesity Reduction	Lose a Million Pounds	7.1-13
Management of Diabetes & Hypertension	Diabetic management	7.1-8
	Controlled hypertension	7.1-9

faith communities (Figure 7.4-10). COVID significantly impacted parish access, but the program continues to improve hypertension management and prevent hospital readmissions.

Additional measures of community support are presented elsewhere in Category 7 as indicated in Figure 7.4-11.

With a broad definition of community health, Meritus also works to address its environmental footprint. A green plan implemented in FY23 is already decreasing carbon dioxide emissions (Figure 7.4-12).

Meritus engages the workforce in charitable contributions that support community health. Over the past seven years, employees and physicians have donated more than \$650,000 (Figure 7.4-13). During COVID, members of the workforce also contributed hundreds of hours to provide community access to testing and vaccines.



7.5 Financial, Market, Strategy Results

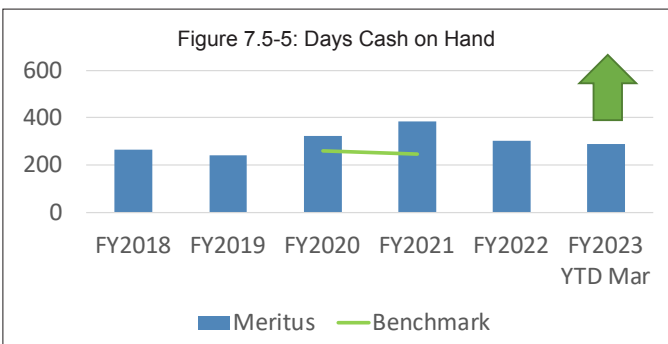
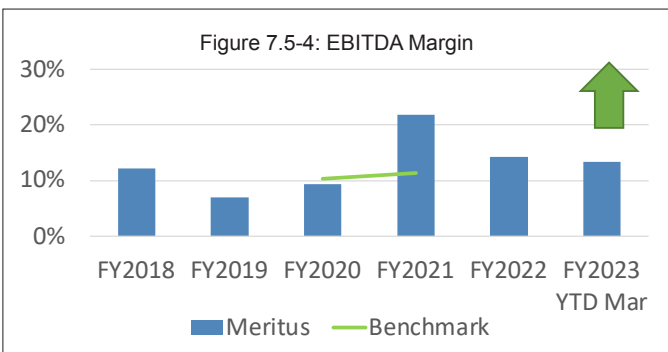
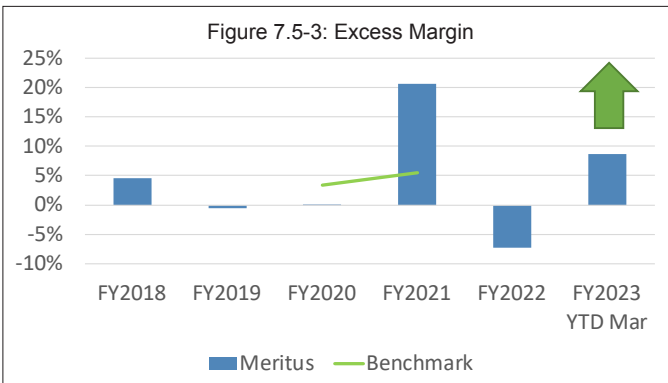
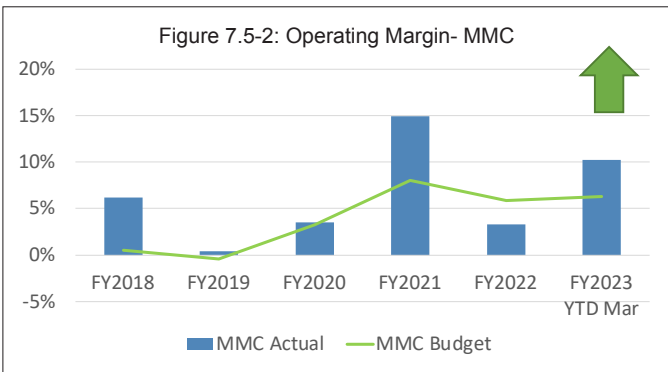
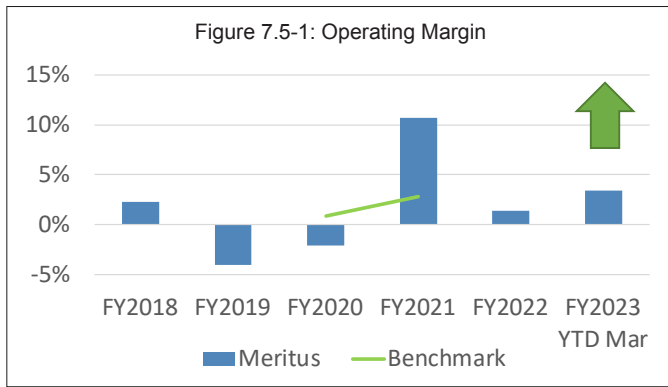
7.5a Financial and Market Results

7.5a(1) Financial Performance

To achieve the 2030 Bold Goal of Affordability and maintain the strategic advantage of independence, Meritus Health closely monitors its financial performance. Whenever possible, Meritus compares its results to national benchmarks from the Fitch credit rating agency for organizations with strong financial performance. Availability of Fitch benchmarks lags; the latest-available results are presented here.

For operating margin – a True North metric and a universal indicator of financial return – Meritus has seen favorable performance each of the past three years as it rebounds from the economic hardships of COVID (Figure 7.5-1). Meritus can segment results for operating margin to evaluate performance for patient groups and service offerings (Figure 7.5-2 and AOS). For example, MMC (hospital patient segment) achieved a positive margin for each of the past six years, even through COVID, and outperformed the budget five of those six years.

Since FY18, excess margin outperformed the national Fitch benchmark two of the four years for which comparative data is available (Figure 7.5-3), and EBITDA outperformed the benchmark every year but one (Figure 7.5-4). Both financial dashboard measures declined in FY22 due to unfavorable market investment returns.



Meritus Health also monitors key indicators of financial viability, which is critical to maintaining independence. Days cash on hand (Figure 7.5-5) increased through COVID and outperformed the national benchmark all years for which comparative data is available. Performance decreased slightly in FY22 when Meritus made some strategic investments but remained above the latest-available benchmark.

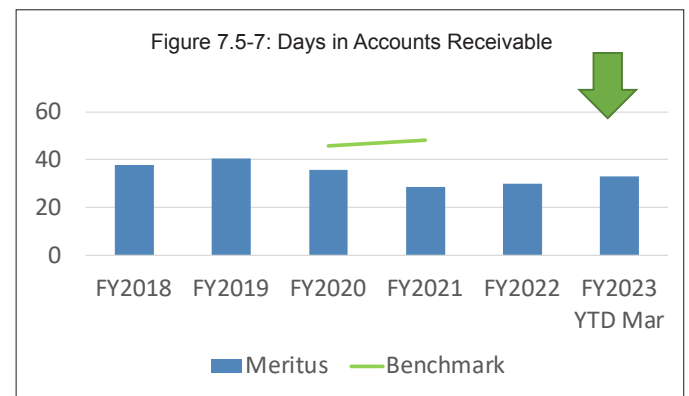
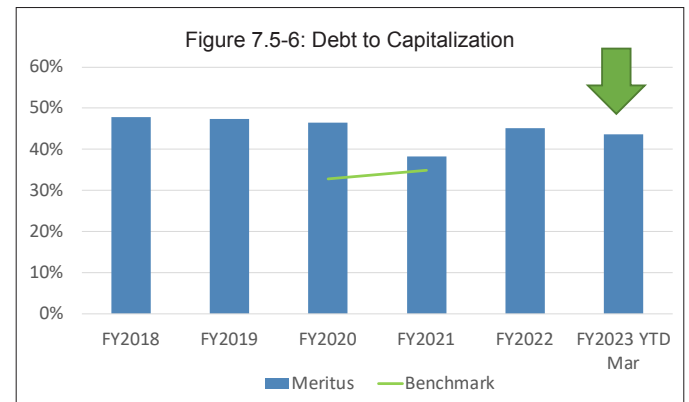
Meritus also outperforms the Fitch benchmark for debt to capitalization (Figure 7.5-6) – another indicator of financial viability – and has demonstrated an overall beneficial trend since FY18. Results increased slightly in FY22 when Meritus took advantage of favorable interest rates and issued a \$60M bond.

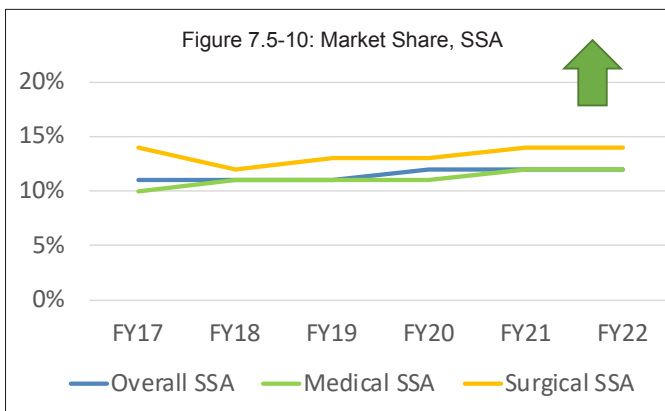
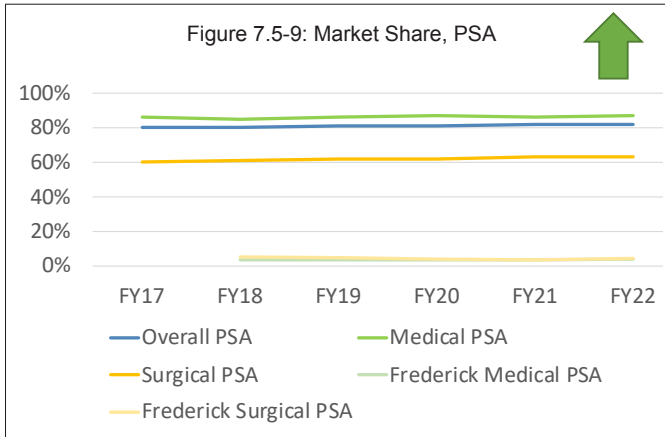
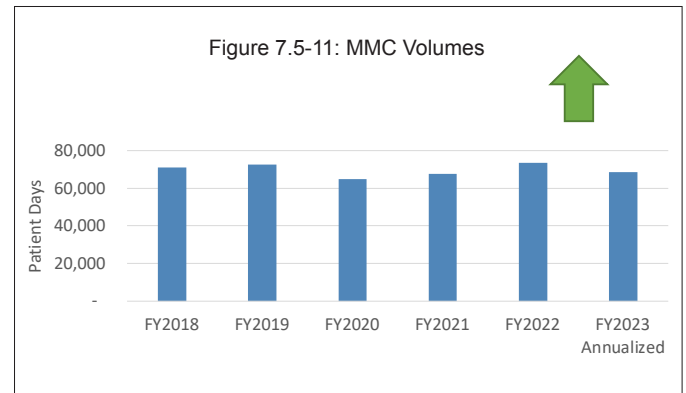
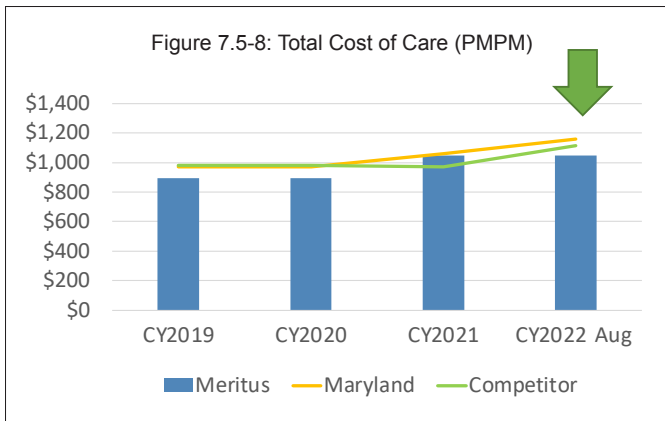
Days in accounts receivable – a key support process measure – has demonstrated an overall beneficial trend since FY18, outperforming the national benchmark and improving performance when the national cohort increased (Figure 7.5-7).

With a Bold Goal to be the lowest total cost of care provider in the state, Meritus monitors this key indicator of operational effectiveness and efficiency. Meritus has outperformed the state benchmark for the four latest-available years and outperformed a key competitor three of those years (Figure 7.5-8).

7.5a(2) Marketplace Performance

With a strategic challenge of increasing competition, Meritus also closely monitors marketplace performance. Overall, medical and surgical market share in its primary service areas increased over the last five years (Figure 7.5-9,10). Meritus is not able to get market share for





its key competitor Wellspan because it is located in a different state.

In addition to market share, Meritus also monitors inpatient days (Figure 7.5-11). Aside from a decrease in FY20, when many elective or non-emergent surgeries were postponed due to Covid, hospital volumes have remained steady since FY18. (Figure 7.5-11)

In the Meritus service area, market share is available only for inpatient services so Meritus tracks volumes for ED and ambulatory services as indicators of marketplace performance (Figure 7.5-12). Many areas declined due to COVID, but Meritus has been able to grow lab procedures and MMG visits for primary care, specialty care, and the cancer center. Independent of Covid, ED volumes have decreased as Meritus has improved access to more appropriate care settings, such as primary care and urgent care. Volumes for key competitors are not available.

7.5b Strategy Implementation Results

The True North metrics are indicators of achievement of organizational strategy (Figure 7.5-13). The organization sets aggressive goals to drive high performance.

An indicator of innovation and support for strategy implementation is the percent of Kata improvement work on track. This result is presented in Figure 7.1-32.

Figure 7.5-12: ED & Ambulatory Marketplace Performance

	CY2018	CY2019	CY2020	CY2021	CY2022	FY2023 YTD Annualized
ED Visits	71,621	66,618	58,895	55,406	58,458	57,489
Lab Procedures	1,748,628	1,693,041	1,643,136	1,944,525	2,070,725	1,747,004
DIS Procedures	96,204	93,299	84,234	86,069	93,170	89,821
MMG Primary Care Visits	139,240	138,100	123,006	119,135	144,622	138,287
MMG Specialty Care Visits	73,160	76,005	69,233	69,658	127,044	168,295
Cancer Center Visits	19,104	20,736	18,205	19,301	21,290	22,087

Figure 7.5-13: Strategy Implementation

	FY21	FY22	FY23 YTD Apr
AOP Goals Achieved	60%	61%	50%