Achieving Innovative Corporate Performance Management

Award-winning Sharp HealthCare shows how it continuously improves its performance and how it manages and leverages its knowledge.

By Bob Paladino, CPA

This third article continues our discussion of award-winning Sharp HealthCare, San Diego's largest hospital system, which serves more than 27% of the market. The closest competitor is Scripps Health with a 22% market share. Sharp continuously raises the bar for the competition through comprehensive engagement with customers and patients and by establishing a culture of continuous improvement.

Principle 4: Improve Performance

Let's take a look at what Sharp does to improve its performance.

Patient and Market Knowledge

Sharp's Strategic Planning Process produces a customer- and partner-driven environmental analysis. On an annual and ad hoc basis, Sharp assesses key customer groups, competitor activities, market share distribution, population health indicators, demographic data, customer group feedback, and industry trends data. This assessment provides the foundation for system and entity marketing plans that delineate customer-focused key business and marketing strategies deployed to achieve the organization's short- and long-term goals.

Sharp's marketing plans incorporate situational and strengths, weaknesses, opportunities, and threats (SWOT) analyses; focus group and Awareness, Perception, and Utilization research (a study comparing key healthcare delivery attributes among San Diego's healthcare providers to measure consumer awareness, perception, and utilization); and Solucient's Household View™ life-stage segmentation system (that predicts healthcare utilization based on household factors such as age, marital status, gender, presence or absence of children, and household income). Sharp also assesses customer satisfaction priorities annually and integrates them into the planning process from which it develops goals, strategies, and action plans. Analyses of employer, demographic, discharge, and marketing data identify Sharp's primary target segments.

The Sharp Experience's customer focus facilitates an infrastructure of educating and mentoring Sharp's leaders to use a wide range of methodically selected listening and learning tools to provide different information sets by customer segments: inpatient (IP), outpatient (OP), emergency department (ED), brokers (B), and payors (P). See Table 1 for a list of the tools.

These tools empower employees to identify needs, expectations, and preferences of former, current, and potential customers/partners at the system, entity, department, and individual levels. Then Sharp can tailor its marketing methods based on the diverse needs of its target segments. Also, Sharp differentiates its services from those of its competitors by responding to patient contact requirements, such as allowing patients to pay their bills and request an appointment online and providing same-day and next-day access to their primary care physician.

Listening and learning methods are kept current by ensuring accuracy of data, improving efficiency, cross-validating data sources, comparing past predictions to actual performance, validating against industry benchmarks, conducting annual Executive Steering Committee assessments of key strategic challenges, and having the Strategic Planning Department perform industry analyses and migration studies regarding population shifts and demographic changes.

Patient and Customer Satisfaction

Strategically, Sharp is committed to achieving long-term loyalty from its customers/partners across the continuum of care. In support of this strategy, Sharp provides extensive education and tools to its leaders and staff on the fundamentals of service excellence and uses patient satisfaction survey data and accompanying Priority Indices to focus satisfaction and loyalty improvement efforts. Sharp leaders determine key contact requirements for patient and customer access. Key customer access mechanisms include:

1. Face-to-face contact,
2. Customer contact centers,
3. 82-SHARP (to find doctors affiliated with Sharp),
4. Sharp.com (Web),
5. SharpEnEspañol.com (Web),
6. SRS Call Center (physician appointment scheduling),
7. Sharp Nurse Connection® (offering 24-hour telephone medical triage),
8. Health fairs,
9. Community events,
10. Written materials,
11. Letter/fax/e-mail,
12. Conferences, and
13. Community education classes.

Sharp believes in ongoing learning for continuous improvement and uses a variety of proactive tools to solicit formal and informal feedback. The process includes aggregating feedback and complaints by type, analyzing what is learned from the feedback, and instituting process changes if necessary. The lessons are then

LISTENING AND LEARNING TOOLS (including Processes)	RATE	PRIMARY USERS	USE	CUSTOMER		
				IP	OP	ED
FORMER AND CURRENT PATIENTS AND FAMILIES						
Patient Satisfaction Surveys (Press Ganey) for IP, OP, ED, urgent care, home health, hospice, skilled nursing, mental health, rehabilitation, and physician office visits.	Real-time surveys monthly	Hospital/Medical Group, PFS, Managers, Staff	P, OP, ED/PI	▲	▲	▲
Primary/Secondary Market Research. (Includes awareness/perception/ utilization research, focus groups, mystery shopping, predictive health-care segmentation.) Secondary Data: OSHPD, Solucient, JC. Primary data collected by Sharp agents and employees via interviews (available for analysis at any time).	Annually, Quarterly, Ad Hoc	Strategic Planning and Business Development, Marketing and Communications	P, OP, ED/ Planning Services, Marketing	▲	▲	▲
Encounter and Enrollment Data. Data from ambulatory, inpatient, and outpatient electronic records are uploaded to the CRM database.	Monthly	Finance, IT, System Marketing, Business Development	IP, OP, ED, P/ Business/ Planning Services	▲	▲	▲
Customer Contact Centers (82-SHARP, Sharp Nurse Connection®, Web Center). Call Center and Web Center data are uploaded monthly into the CRM database. Demographics are collected for target marketing and campaign effectiveness measurement.	Monthly	Call and Web Center, Marketing and Communications	All Customers/ Planning Services, Marketing	▲	▲	▲
Other key elements include: AIDET, 12 Behavior Standards, Five "Must-Haves," and Key Words At Key Times.	Ongoing	Leaders, Staff	IP, OP, ED	▲	▲	▲
Rounding with Reason/Rounding Logs. Managers are trained and accountable via performance standards, action plans, accountability grids, and rounding logs. Information is shared at LDS and Employee Forums or Communication Expos.	Ongoing	Leaders	IP, OP, ED/PI	▲	▲	▲
Comment Cards and Interdepartmental Surveys. Data is aggregated by unit managers and shared at staff meetings.	Ongoing	Leaders, Staff	All Customers/PI	▲	▲	▲
Complaint System and Informal Feedback. Most complaints are responded to immediately at point of service with empowered staff performing service recovery. Information is shared at unit meetings. Data is rolled up across the system for trending and action.	Ongoing	Leaders	IP, OP, ED/ Planning Services, PI	▲	▲	▲
Selected Patient Follow-up Calls. Post-discharge and post-office-visit telephone calls are made to assess outcomes and satisfaction.	Ongoing	Leaders, Staff	IP, OP, ED/PI	▲	▲	▲
SHP Member Surveys. Consumer Assessment Health Plan Surveys mailed to random member sample to assess satisfaction/needs. Brokers and employer groups are surveyed.	Annually	SHP Leaders, Risk/Quality Mgmt., SHP Staff	B, P/ Planning Services, Marketing, PI	B, P		
POTENTIAL PATIENTS AND FUTURE MARKETS						
Primary/Secondary Market Research (awareness, perception, and utilization research; quantitative/qualitative/predictive healthcare segmentation). Sharp applies Solucient's Household View™ life-stage segmentation system and other research methods when planning marketing campaigns. Primary data is collected by Sharp employees and agents via interviews.	Annually and focused, Ongoing	Marketing/Communications, Business Development, Sharp Leaders	IP, OP, ED/ Business/ Planning Services	▲	▲	▲
Customer Contact Centers (e.g., 82-SHARP, Sharp Nurse Connection®) Data uploaded monthly into the CRM database.	Ongoing	Call/Web Center, Marketing and Communications	IP, OP, ED/ Business/Planning Services	▲	▲	▲
Brokers/Payors. Dedicated Web page and annual meetings.	Ongoing	Medical Groups and Contracts	B, P/Business/ Planning Services	B, P		

Courtesy of Sharp HealthCare

Table 2: Sharp Patient and Customer Satisfaction Methods

	PATIENTS	PHYSICIANS	EMPLOYERS, BROKERS, PAYORS	KEY COMMUNITY SEGMENTS
Key Business Strategy	Increase overall market share across profitable service lines.	Recruit and retain affiliated physicians.	Increase referrals from brokers, and retain employer clients.	Increase overall market share and utilization across profitable service lines.
Key Marketing Strategy	Increase physician-referral transactions.	Achieve target physician satisfaction score.	Maintain and enhance broker and employer relations.	Sharp.com, 82-SHARP, Call Center, Sharp Nurse Connection®.
Listening and Learning Methods	Press Ganey patient satisfaction survey, comment cards, mystery shopping and feedback from rounding logs, 82-SHARP calls, and e-mail via Sharp.com.	Press Ganey physician satisfaction survey and Annual All-Staff Assembly.	Interactive meetings, issues/feedback surveys, Sharp.com content survey, and informal polling.	Community-based interactions, focus groups, evaluations, community forums, and awareness, perception, and utilization research.
Satisfaction/ Dissatisfaction Metrics	Press Ganey patient satisfaction mean score and percentile ranking, reduce dissatisfiers.	Physician satisfaction mean score and percentile ranking, reduce dissatisfiers.	Attendance at broker meetings, hits to Sharp.com, and payor feedback on written survey.	Awareness, perception, and utilization scores; Press Ganey survey and focus group results; and 82-SHARP usage.
How Deployed	Surveys mailed after service encounters.	Surveys mailed to physicians during the months of July and August each year.	Broker reception, two smaller broker meetings, surveys, and 1:1 informal polling.	Awareness, perception, and utilization research fielded by phone. Sharp leader reports on community activities.

Courtesy of Sharp HealthCare

integrated into the patient relationship system. Employees are trained to use a four-step service recovery process—**A**pologize, **C**orrect the situation, **T**rack, and **T**ake action (ACTT)—immediately upon identifying a service gap to ensure the customer service issue doesn't happen again.

Determining Patient/Customer Satisfaction

Table 2 describes processes used to determine patient and other customer satisfaction and dissatisfaction. The processes and listening methods are linked to customer segments and their respective strategies.

Sharp usually mails satisfaction surveys to patients one week after they are discharged from the hospital or visit a

physician. It uses several service-specific types of patient satisfaction surveys and shares respondent comments across the entire Sharp system. Mean scores and percentile rankings are posted monthly on Sharp's "Patient Satisfaction" intranet site and Press Ganey's (Sharp's patient and physician satisfaction research vendor) website, where a process flow for patient and customer satisfaction is available. Patient comments are shared frequently at staff meetings and used as mechanisms for reward and recognition, as well as learning tools for improvement. Press Ganey's detailed quarterly reports feature key drivers of patient satisfaction through a correlation analysis.

The next sections link prior customer processes to

ongoing process improvement methods and processes used to improve the business performance and achieve key clinical outcomes.

Process Quality-Improvement Methods

Sharp HealthCare uses Six Sigma tools to improve quality and to achieve excellence as part of The Sharp Experience. These tools include:

DMAIC: DMAIC (define, measure, analyze, improve, and control) is a systematic problem-solving approach to quality improvement.

Lean Six Sigma (LSS): A set of tools that helps identify and eliminate waste in a process in order to achieve a high level of efficiency.

Change Acceleration Process (CAP): An organizational change method designed to accelerate progress of the human side of change.

Work-Out™: An improvement method that uses a concentrated (six- to 16-hour) decision-making session in which the people who do the work solve the problems.

Sharp is constantly looking for ways to improve patient care. As well as the four Six Sigma methods just mentioned, Sharp uses SIPOC (suppliers, inputs, process, outputs, and customers)/COPIS (customers, outputs, process, inputs, and suppliers), a method for designing processes. It also employs Root Cause Analysis, a tool that helps find the root causes of errors. Depending on problem complexity and the amount and type of engagement needed, projects are managed using the rigorous measurement of Six Sigma (usually six to eight months) or a Rapid Action Project method (usually 30-90 days) or Kaizen Bursts (intense improvement, usually over several weeks of planning).

When senior leaders determine that strategy demands breakthrough change, they use a combination of approaches and often form multiple project teams. For example, they examine supplier relationships through the DMAIC process. Also, there are numerous structures and processes set up to collaborate with IT vendors when changes in IT functionality are needed. CAP and performance improvement (PI) training, provided by LSS experts, equip and empower Sharp leaders to solve everyday problems and inspire a culture of continuous improvement.

Table 3: Sharp Key Core and Support Processes

PROCESS	KEY REQUIREMENTS	PROCESS MEASURES
Manage Healthcare		
Screening	Safe, timely	Blood sugar, cholesterol, cancer screening, and glucose levels
Admission/Registration	Safe, timely	Patient satisfaction, accredited, privacy, and door to doctor
Assessment and Diagnosis	Safe, evidenced-based, efficient, timely	Patient satisfaction, skin care, stroke care
Treatment	Safe, evidence-based, efficient, timely, patient-centered, equitable	Glycemic control, AMI (heart attack), beta blockers, CAP antibiotics, cancer treatment measures
Discharge/Education	Safe, patient-centered, timely	AHRQ patient safety, AMI mortality, bariatric program, smoking cessation
Manage Business and Support		
Revenue Cycle	Timely, accurate	EBITDA, days in A/R, billing cost, payment
Strategic Planning	Timely, accurate	Net revenue, market share, growth
Knowledge Management	Timely, safe, accurate	Internal promotion, training expenditure, out of network, critical values
Supply Chain Management	Timely, accurate, efficient, safe	Pharmacy turnaround, sales outstanding, automated orders
Key Suppliers and Partners Management	Efficient, accurate, timely, satisfaction	Provider survey, denials

Courtesy of Sharp HealthCare

Process Improvement Prioritization Process

Translating performance review findings into continuous and breakthrough improvement and innovation is accomplished through the PI Prioritization Process. The performance measures are regularly reviewed, and the Accountability Team sets the annual Report Card targets. When performance gaps are noted throughout the year, Executive Steering, the CEO Council, and quality councils determine the need for mid-course corrections and propose Lean Six Sigma projects. The LSS Department scopes projects and places them into the project funnel.

When resources are available, Executive Steering scores PI projects using the weighted project selection criteria (i.e., alignment with strategy, resource availability, data complexity, scope/change management complexity).

Strategic Links to Ongoing Process Improvement

Sharp's core competency is transforming the healthcare experience through The Sharp Experience, which drives the activities of the organization from strategic planning down to individual goal setting along the Six Pillars. Directly related to Sharp's Vision, the core competency is
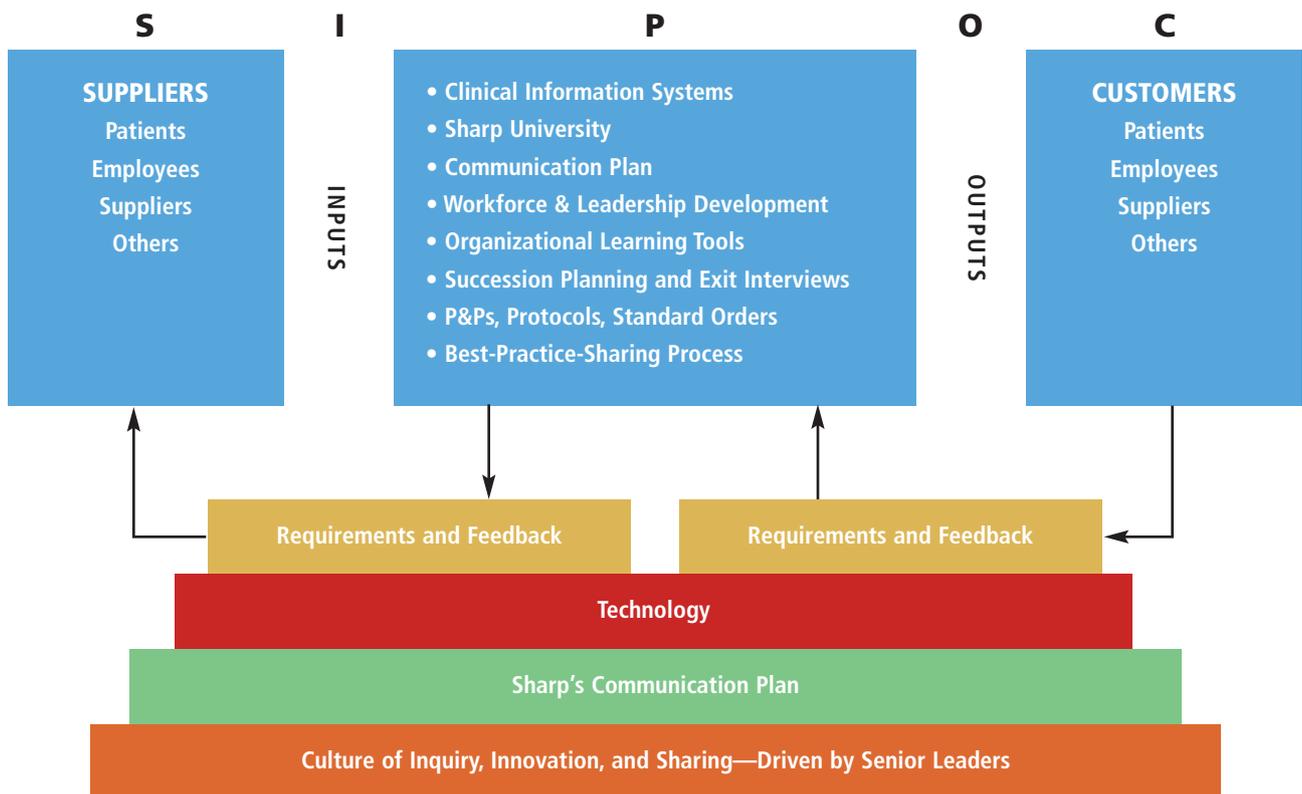
the strategy that enables Sharp to be the best place to work, practice medicine, and receive care. Sharp designs and innovates its work systems through its Value Creation Process. The work systems connect the healthcare services delivered and the management and support processes, providing the resources, supplies, and support to enable successful healthcare delivery.

Sharp's key work processes, listed in Table 3, comprise the essential elements of the product Sharp delivers—healthcare—along with business and support processes required to provide healthcare.

Sharp's Six Pillars ensure strategic, customer-focused performance improvement. Key work processes are based on patients' and stakeholders' satisfaction and positive patient outcomes that are managed using the performance measurement system and improved using the quality-improvement methodologies described.
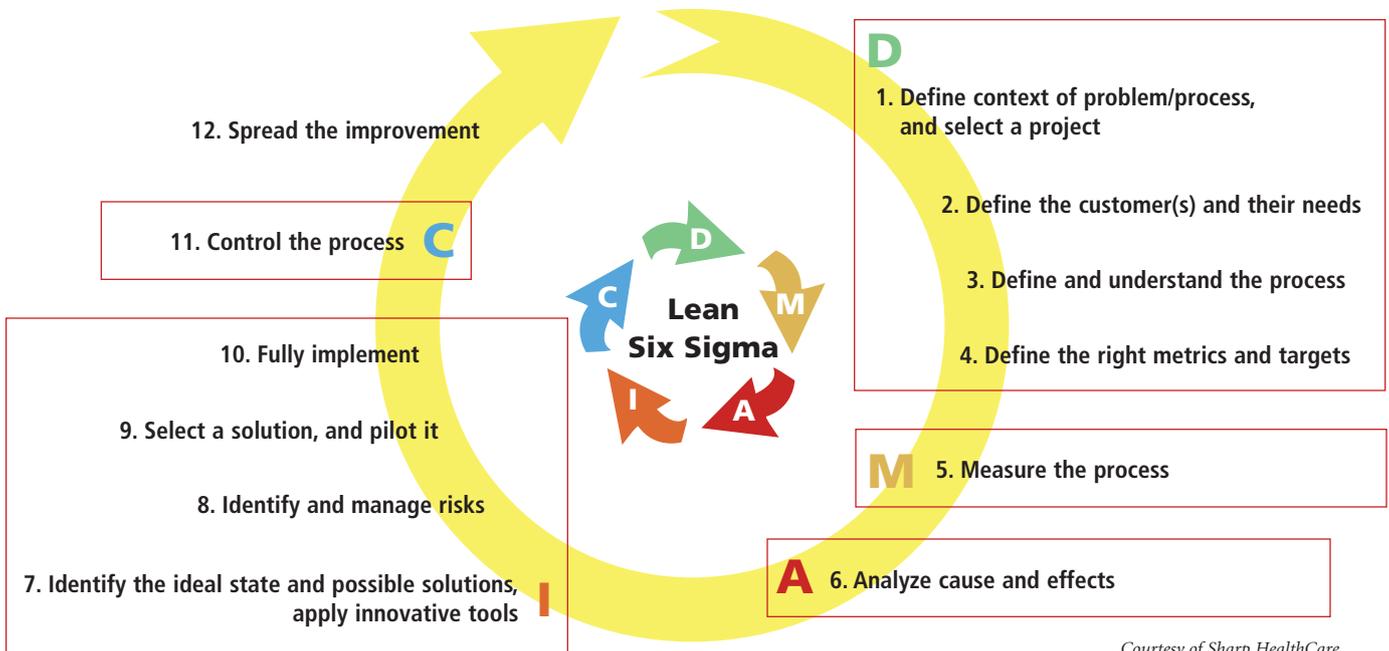
The key requirements of Sharp's work processes are that they are safe, evidenced-based, accurate, patient-/customer-centered, timely, efficient, and equitable. Sharp identifies these requirements through the Strategic Planning Process and derives them from incorporating cus-

Figure 1: Sharp Process Design and Management Approaches

Courtesy of Sharp HealthCare

Figure 2: Sharp 12-Step DMAIC Process

12. Spread the improvement

11. Control the process **C**

10. Fully implement

9. Select a solution, and pilot it

8. Identify and manage risks

7. Identify the ideal state and possible solutions, apply innovative tools **I**

Lean Six Sigma

D
1. Define context of problem/process, and select a project

2. Define the customer(s) and their needs

3. Define and understand the process

4. Define the right metrics and targets

M 5. Measure the process

A 6. Analyze cause and effects

Courtesy of Sharp HealthCare

tomer, supplier, partner, and regulatory feedback using listening and learning tools, as well as best practices and benchmarked performance.

The process management approach (read left to right in Figure 1) uses suppliers, inputs, processes, outputs, and customers (SIPOC). The process design approach (right to left in Figure 1) uses COPIS.

Process requirements are communicated to multidisciplinary cross-functional teams for review and compliance regarding:

◆ Available/new technology,
◆ Equipment needs,
◆ Regulatory issues,
◆ Reimbursement,
◆ Patient safety,
◆ Accreditation,
◆ Coordination of care,
◆ Payor restrictions, and
◆ Anticipated legislative, regulatory, business, or technology changes.

The process team determines outputs based on customer requirements and maps a process flow from which inputs and suppliers are determined. Then a process pilot is launched (Step 9 of DMAIC in Figure 2) and measured against metrics to evaluate the effective-

ness and efficiency of the process and its results. Feedback is solicited from customers and partners and incorporated in the final design and implementation. Throughout the design, the project team communicates and examines customer/partner requirements to ensure quality and compliance outcomes.

The design process, including the use of multidisciplinary, cross-functional teams for designing, deploying, evaluating, and improving a process, is applied across the Sharp system for new services and technologies (e.g., Diabetes Data Mart). Once processes are fully launched, they are monitored systematically through in-process metrics and evaluation of results. Sharp employs a shared technology platform and *common dictionaries* across the system to collect and aggregate performance data. It uses LSS techniques and other quality-improvement tools to define measure, analyze, improve, control, and explain these results. Process improvement efforts, in turn, incorporate these data into the design of solutions. At regular meetings throughout process implementation, Action Teams, cross-functional committees, and entity quality councils validate and adjust improvement actions to ensure design compliance and success.

Sharp's customers, partners, leaders, and the community demand effective and efficient work processes to

ensure continued attainment of Sharp's Mission and Vision. Sharp determines its key work processes based on these needs, aligns them with system goals through the annual Strategic Planning Process, and reviews them through the performance measurement system and system quality-improvement efforts. Design and implementation requirements are ensured with COPIS (Figure 1) and the rigorous 12-step DMAIC process (Figure 2).

Action Teams and quality councils design performance improvement plans using DMAIC to address each goal. They review these plans at least monthly and identify the day-to-day changes needed to improve a process that isn't meeting the requirements.

Best-Practice Highlights

Here are Sharp's best practices for Principle 4: Improve Performance. Practices 6–9 are new, innovative best practices.

1. Prioritize improvement projects. Identify and prioritize strategic and operational initiatives projects to improve the organization's performance along financial, customer or constituent, process, and people dimensions.

2. Leverage customer-facing processes. Develop and use customer- and constituent-facing processes to understand and recalibrate them around changing customer needs. Gather customer and competitor intelligence using regular customer surveys, focus groups, call centers, and related methods and approaches.

3. Leverage process improvement methods. Design and maintain ongoing process improvement and problem-solving methods to identify and eliminate root causes of issues.

4. Realize value from benchmarking. Leverage benchmarking and other comparative methods to identify and regularly improve core and support processes.

5. Create a performance culture. Create a virtual community of practitioners to coordinate completion of initiatives.

6. Sharp leverages customer survey processes and listening and learning tools clearly linked to "each" customer segment to determine patient and other customer satisfaction and dissatisfaction levels. This is more advanced than most companies.

7. Sharp has leveraged a portfolio of quality tools (LSS, DMAIC, CAP, Work-Out, etc.) to address differences in the scale, scope, and timing of process and business improvement needs. This is far more advanced than most quality-driven companies that use a single method for all process improvement issues.

8. Sharp uses SIPOC and COPIS approaches to design, improve, and manage its processes. Both are disciplined approaches to viewing core and support processes. This is an innovative approach to leveraging the traditional SIPOC approach.

9. Sharp has fully integrated its measurement approach, including a shared technology platform and common dictionaries across the system to collect and aggregate performance data, and its process improvement methodology. The technology is far more pervasive than in most companies.

Principle 5: Manage and Leverage Knowledge

Now let's look at how Sharp manages and leverages its knowledge.

Culture of Best Practices

Sharp performs a variety of activities to create a culture of best practices. It sponsors the Nursing Leadership Academy for nursing leadership education; educational activities for physician partners, vendor partners, and all professional staff; and an annual $1,000 educational fund per employee for external education. The system's annual Patient Safety Symposium shares best practices and teaches use of quality-improvement tools. Finally, employee-led Action Teams present tested solutions at Executive Steering meetings, Leadership Development Sessions (LDS), and Employee Forums (held regularly at each entity for all staff). These teams share different approaches to achieve Pillar goals with Trailblazer of Excellence presentations. Action Teams deploy monthly Behavior Standard tool kits to facilitate teaching and learning among staff and to tackle PI initiatives. Sharp and its senior leaders actively participate with focused learning organizations, such as the Advisory Board, Premier (Premier's Supply Chain Breakthrough Series), the Scottsdale Institute, the Center for Health Management Research (CHMR), and SG2, to spark *innovation*. Sharp's Institutional Review Board (IRB) supports and manages more than 320 research studies through which physicians and clinicians advance patient care.

Data, Information, and Knowledge

In support of patient-focused excellence, Sharp ensures data, information, and knowledge quality through centralized responsibilities and technologies and defined system and technical standards. To ensure confidentiality and security, Sharp assigns leaders responsibilities for

Table 4: Workforce Knowledge Management Processes

PILLAR	KNOWLEDGE REGARDING
Quality	Patient information processes (e.g., Information Systems)
	How care is delivered (e.g., P&Ps, Standard Orders)
	How we are doing (e.g., Clinical Outcomes)
Service	How we treat customers (e.g., AIDET, ACTT, Patient Satisfaction Surveys)
People	How I do my job, lead, and grow (e.g., Performance Evaluation System, LDS, Training, EOS)
Finance	How operations run (e.g., P&Ps, Financial Outcomes)
Growth	How we are progressing (e.g., market knowledge)
Community	How we are improving community health (e.g., Listening and Learning Tools)

Courtesy of Sharp HealthCare

these functions, requires workforce training, and implements technical tools. Needed technology is recommended and approved as part of the Five-Year Plan process. Accuracy and integrity are ensured with controls, such as error and audit logs, application "checkouts," and internal audits. IT staff monitor the logs and promptly investigate any suspicious activities.

Organizational Knowledge Management

Sharp has identified key Workforce Knowledge Management Processes aligned with the Six Pillars (see Table 4).

Senior leaders inspire a culture of inquiry, *innovation*, and knowledge sharing through the Customer Knowledge System; design knowledge transfer processes using SIPOC/COPIS; and systematically evaluate the effectiveness of processes in meeting customer requirements via listening and learning tools and feedback from leaders, employees, suppliers, partners, and collaborators. Sharp's information system provides the infrastructure for the successful transfer of relevant knowledge from and to patients and other customers, suppliers, partners, and collaborators. Employees use listening and learning methods to understand what the relevant and appropriate knowledge requirements are based on role responsibilities, privacy standards, and contractual agreements. Sharp systematically promotes the rapid identification, sharing, and implementation of best practices, promising practices, and lessons learned throughout the system.

Each senior vice president owns the process of best-practice sharing and uses several methods to identify, verify, and share the practice or lesson learned. Projects charted with spreading best practices across the system a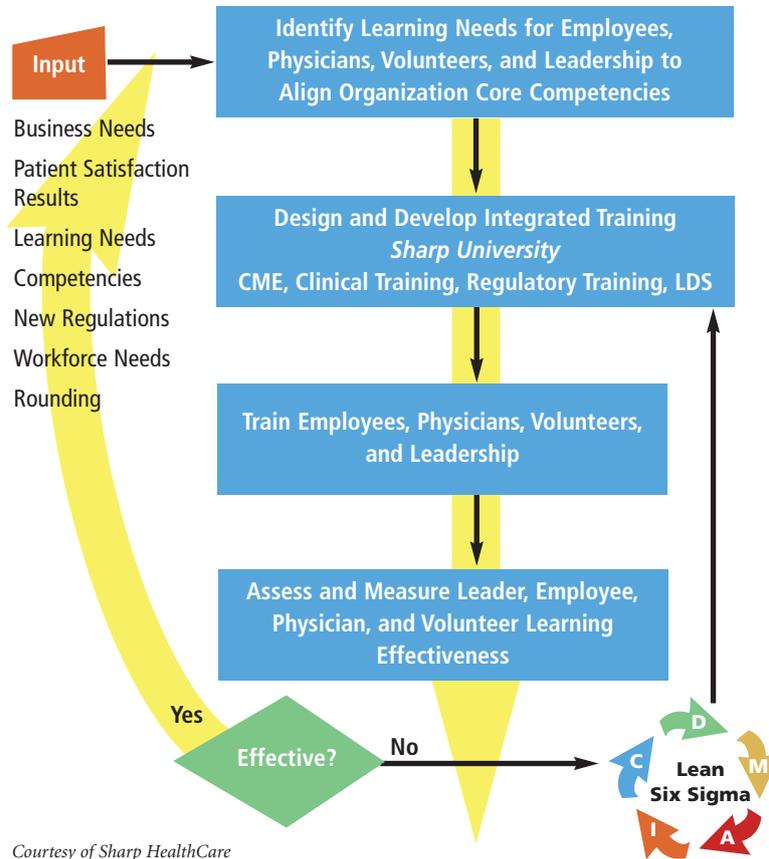re tracked, and opportunities are continuously identified and monitored. In order to systematically scan for best-practice-sharing opportunities, Sharp uses the 12th step of DMAIC (spread the improvement) to verify a best or promising practice and then uses CAP to translate the improvement strategy. It then reviews the internal results of the projects and practices and transfers relevant knowledge to use in the Strategic Planning Process.

Sharing Best Practices

Best-practice sharing is prevalent within the organization and includes cross-functional, departmental, and inter-disciplinary sharing within member companies and the business community. For example:

1. A public relations (PR) department meeting shared best practices from human resources (HR) and PR that illustrated approaches to individual scorecard initiatives and tracking results.

2. An HR department meeting reviewed examples from the local "Best Places to Work" competition as possibilities for its employees to pursue.

3. Employees participate in meetings, conferences, and networking opportunities through such organizations as the Society of Human Resource Managers (SHRM), the American Society for Training and Development (ASTD), and the Employee Benefits Planning Association (EBPA).

4. The Learn.com national users' conference featured a knowledge management system (KMS) presentation by the Delta Dental of Kansas (DDKS) employee development specialist. External presentations provide opportunities to exchange ideas and best practices and to further organizational development.

5. Sharp provides weekly dashboard updates to all employees and the board of directors, in addition to for-

Figure 3: Sharp Workforce and Leadership Development Process

Input

Business Needs
Patient Satisfaction Results
Learning Needs
Competencies
New Regulations
Workforce Needs
Rounding

Identify Learning Needs for Employees, Physicians, Volunteers, and Leadership to Align Organization Core Competencies

Design and Develop Integrated Training
Sharp University
CME, Clinical Training, Regulatory Training, LDS

Train Employees, Physicians, Volunteers, and Leadership

Assess and Measure Leader, Employee, Physician, and Volunteer Learning Effectiveness

Yes **Effective?** No

D C M I A
Lean Six Sigma

Courtesy of Sharp HealthCare

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mal quarterly reviews at all levels and leadership team/management discussion. Best-practice sharing has played an important role in the organization.

6. The system's annual Patient Safety Symposium is designed to share best practices and foster use of quality-improvement tools.

Workforce and Leader Development

Educational curricula and training tools are developed and implemented as part of Sharp's Workforce and Leadership Development Process as shown in Figure 3.

Sharp uses mechanisms such as formal assessment competencies, system performance measures, and patient satisfaction to assess and measure performance. Identifying staff licensure and recredentialing requirements and the skills/competencies needed to meet strategic challenges, accomplish action plans, and implement system process improvements and new technologies are part of

the overall annual educational evaluation process. Sharp's organizational learning system consists of clinical education and Sharp University. Staff members have opportunities for coaching, mentoring, and work-related experiences that are reinforced through skill-based competency assessments, evaluations, and return demonstrations. In clinical areas, all units have a specialist or educator who's responsible for competency-based education, coaching staff, mentoring, and providing opportunities for staff to learn new skills.

To ensure the transfer of knowledge from departing workers, each department uses formal methods, including defined protocols, well-documented policies and procedures, operating manuals, information systems, intranet/Internet, communications tools, meeting minutes, electronic medical record (EMR) documentation, and trained replacement staff. To reinforce new knowledge and skills, competency assessment begins at the ori-

entation for a new hire and is conducted regularly thereafter by educators to teach new procedures, equipment, and technology. Employees attest to their proficiency through demonstrations, written tests, chart audits, and competency evaluations.

Sharp educators offer multiple classes with hundreds of continuing education unit (CEU) credits for clinical practice to ensure that employees stay abreast of clinical, regulatory, licensure, technological, and business changes through continual learning. The LDS track includes *innovative* coursework that enables leaders to develop personal leadership attributes, increase organizational knowledge, and ensure ethical healthcare and business practices. Key learning is integrated throughout the system using accountability grids, tools that report a person's accomplishment of specific tasks or new information learned for the previous 90 days. Leaders are equipped with a tool kit to deliver the information to staff in a consistent fashion. At each session, Sharp's CEO presents a system update covering strategic direction, priority projects, system financials, and progress toward performance goals in the system Report Card.

To manage effective career progression for the entire workforce, Sharp uses a three-tiered approach that provides: (1) advancement and growth opportunities, (2) training and education for certification and licensure, and (3) educational assistance and professional development. At the system and entity levels, key positions and potential candidates are identified through applicant sourcing. Once candidates are identified, career development plans, growth opportunities, and key assignments are established for them.

Best-Practice Highlights

Here are Sharp's best practices for Principle 5: Manage and Leverage Knowledge. Practices 7–10 are new, innovative best practices.

1. Develop knowledge management (KM) processes. Establish and leverage best-practices identification, gathering, and sharing processes and technology solutions.

2. Leverage technology. Partner with the information technology (IT) function to launch and maintain knowledge management systems.

3. Develop expert locater systems. Design and use expert locater systems to capture employee skills within the enterprise to accelerate problem solving in Principle 4 and to optimize human capital.

4. Link KM with improved process performance. Link best-practice or knowledge management processes with Principle 4 processes to capture solutions and innovations.

5. Share best practices. Share best practices for strategic planning processes to better understand core competencies and possible strategic advantages.

6. Maintain a virtual KM network. Establish and maintain a virtual network of knowledge management experts throughout the enterprise to optimize results.

7. Sharp has identified key Workforce Knowledge Management Processes aligned with each of its Pillars. This goes further than a more general KM system to integrate strategic Pillars and targeted workforce knowledge sets.

8. In a more sophisticated link between process and KM, senior leaders inspire a culture of inquiry, innovation, and knowledge sharing through the Customer Knowledge System; design knowledge transfer processes using SIPOC/COPIS; and systematically evaluate the effectiveness of processes in meeting customer requirements via listening and learning tools and feedback from leaders, employees, suppliers, partners, and collaborators.

9. The scope of Sharp's KM information system surpasses that of many award-winning enterprises. It provides the infrastructure for the successful transfer of relevant knowledge from and to patients and other customers, suppliers, partners, and collaborators.

10. Sharp workforce and leadership development and Sharp University have required skills development that includes mandatory review of best practices. **SF**

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