

Learning Moments Case Study Template

ORGANIZATION INFORMATION

- Novant Health, Inc.
- Locations: North Carolina, South Carolina, Virginia, and Georgia
- # beds: 2,795
- # annual discharges: 122,000
- # annual emergency visits: 542,000
- # annual surgical procedures: 122,000
- Not-For-Profit
- Health System: Novant Health has 14 medical centers, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital, Novant Health Rowan Medical Center, Novant Health Thomasville Medical Center, Novant Health Kernersville Medical Center, Novant Health Clemmons Medical Center, Novant Health Presbyterian Medical Center, Novant Health Matthews Medical Center, Novant Health Charlotte Orthopedic Hospital, Novant Health Huntersville Medical Center, Novant Health Brunswick Medical Center, Novant Health Franklin Medical Center, Novant Health Gaffney Medical Center, Novant Health Prince William Medical Center; has more than 1,100 physicians at more than 350 physician practices that make up the medical group stretching from northern Virginia to South Carolina; and has MedQuest Diagnostic Imaging Centers--75 outpatient diagnostic imaging centers in the eastern United States.
- Website: <http://www.novanthealth.org/>

About Novant Health

Novant Health is a four-state integrated network of physician practices, outpatient centers and hospitals that deliver a seamless and convenient healthcare experience to our communities. The Novant Health network consists of more than 1,100 physicians and 24,000 employees who make healthcare remarkable at more than 450 locations including 14 medical centers, three hospitals, and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, NC, Novant Health is committed to making healthcare remarkable for our patients and our communities serving over four million patients annually. In 2012, Novant Health provided more than \$545 million in community benefit including charity care and services. Novant Health is one of the top 25 integrated health systems in the United States and was named a top 50 Best Places for Diverse & Women Managers to Work by Diversity MBA Magazine.

TEAM MEMBERS (team members instrumental in process improvement)

Diversity Structure Leaders
(Executive Diversity Council, System Diversity Council, Diversity Action Committee,
Business Resource Groups)

President & CEO – Carl Armato

- Jesse Cureton
EVP & Chief Consumer Officer
- Fred Hargett
EVP & Chief Financial Officer
- John Phipps, MD
EVP & Pres. of Novant Health Phys. Clinics Exec.
- Jeffery T. Lindsay
Pres. of Novant Health Forsyth Medical Center &
Pres. for the Greater Winston-Salem and Eastern Mkts.
- Melissa Robson
Pres. of Novant Health Prince William Med. Ctr.
& Chief Operating Officer for the Northern VA Mkt.
- Harry Smith
Pres. of Novant Health, Greater Charlotte Mkt.
- Shelbourn Stevens
Pres. NHBMC
- Gloria Willis
Business Analyst – Intermediate
- Jim Lederer, MD
VP Clinical Improvement
- Ray Feaster, MD
Inpatient Physician
- Tammy Wright
Dir. Voice of the Customer
- Tom Zweng, MD
SVP Medical Affairs
- Ophelia Garmon- Brown, MD
SVP Physician Services
- Denise Mihal
SVP & COO NHFMC & GWM
- Jacque Daniels
EVP & Chief Administrative Officer
- Sallye Liner, RN
EVP & Chief Clinical Officer
- Stephen Wallenhaupt, MD
EVP & Chief Medical Officer
- Diana Best
SVP Clinical & Operation Improvement
- Amy Vance
SVP & COO NHPMC
- Bruce Walley, MD
SVP Medical Affairs
- Chere Gregory, MD
Medical Director
- Jesse Medrano
Mgr. Patient Rel/Voice of the Customer
- Wendy Renedo
Business Analyst
- Heather McNatt
Sr. Dir. Marketing & Public Relations
- Tom Bauer
Trans. Distinctive Care Coach
- Jamie Hayes
Dir. Development
- Andrea McDonald
Dir. Community Partnership
- Harry Burns
Health Educator (Non-RN)

(ctd.)

- Joanna Holder
Dir. Human Resources
- Ken Collins
Dir. Foundation
- Mark Martin
Dir. Community Relations Operations
- Melinda (Mindy) Staley
Sr. Dir. & Assistant General Counsel
- Robyn Hamilton
Dir. Foundation
- Kimberly D. Taylor
VP NMG
- Mike Friesen
Sr. Dir. Prof. & Support Services
- Gwen Guernsey
Dir. Strategic Planning & Dev. NHFMC
- Peter Prendergast, MD
Internist/Hospitalist
- Cynthia Charles
Sr. Dir. Mktg & Public Rel. NHFMC
- Kati Everett
VP Novant Mktg. & Public Relations
- Katie Gillespie
Mgr. Corporate Communication
- Megan Talley
Sr. Public Rel/Mktg. Spec. (Charlotte Mkt)
- Mae Brooks
Dir. Workforce Diversity
- Shelia Lambert
Mgr. Marketing
- Caryn Klebba
Dir. Public Relations
- Janet Smith-Hill
SVP Human Resources
- Carolyn Edmond
Dir. Corporate Employee Relations
- Karen Bentley
Dir. Community Relations
- Jenny Kim
Sr Dir WSHC
- Matthew Molbert
VP Internal Audit & Compliance
- Nicole Martin
Dir. Network Dev. & Corporate Health
- Tanya Blackmon
Pres. NHHMC
- Telly Meadows, MD
Cardiologist
- Thomas Trahey
VP Medical Affairs
- Katrina King
Sr. Dir. Nursing NHHMC
- Sean Sanz
VP Operations GWSM, NHFMC
- Stephen Smith, MD
President-Elect
- Marci Wilding
VP Governmental Relations
- Jeanne Mayer
Mgr. Media/Public Relations
- Preston Smith
Marketing Mgr. Presbyterian Healthcare
- Sharon Harmon
Mgr. Internal Communications
- Sharon Nelson
Pub. Rel/Mktg Spec. (Winston Salem Mkt.)
- Robin Baltimore
Pub. Relations/Media Mgr. (Charlotte Mkt.)
- Marilyn Gilliam
VP Talent Acquisition & Retention
- Debbie Kiser
VP Learning & Development

(ctd.)

- Michael Nnadi, PHARMD
VP Pharmacy Corporate
- Kirsten Royster
VP NMG
- Nan Holland
VP Risk Management
- Wendy Knight
VP Corporate Insurance Operations
- Wayne Morgan
SVP & Chief Investment Officer
- Tony Johnson
SVP Supply Chain/COO Shared Services
- David Park
SVP Real Estate & Construction
- Stephen Motew, MD
Vascular Surgeon PHY
- Mark Billings
Pres. of Novant Health Shared Services
- Todd Latz
CEO, MedQuest Associates
- Per Normark
General Counsel, MedQuest
- Jo Haubenreiser
VP Post-Acute Services NHFMC
- Elizabeth Steger
VP Nursing
- Patrick Healy, MD
VP Clinical Improvement
- Kevin Price
Dir. Supply Diversity & Perf. Analytics
- Mark Welch
VP Strategic Sourcing & Supply Chain
- Dave Garret
SVP Chief Information Officer
- David Cook, MD
SVP Physician Services
- Andrew Mueller, MD
SVP Physician Services NHMG
- Sue Leonard
VP, Mgmt. Svcs/Operations, MedQuest
- Deborah P. Ashton, PhD
VP, Chief Diversity Officer

THE PROBLEM

Novant Health had the idea that remarkable care would be predictably delivered – in every dimension, every time. Novant Health believes that within each of their employees lies the power of the *Remarkable Patient Experience*. The experience entails providing patients with safety, quality, authentic personalized relationships, voice & choice, easy experiences along with affordable care. A goal like that requires focus, attention, discipline and innovation. Novant Health’s approach was instituting system-wide standardized best practice. We are transforming care at the bedside, implementing world-class technology, enabling clinical staff to work at the top of their license and managing the finances of the system to the benefit of the patients and employees.

Just as the remarkable patient experience required focus, attention, discipline and innovation to produce a predictable deliverable, so did diversity and inclusion. It was time to look at the system as a whole, not just by regions or isolated initiatives. A

strategy was needed to institute system-wide standardized best practice for diversity and inclusion.

THE SOLUTION

Six Pillars of Diversity and Inclusion™ were implemented to assist Novant Health fulfill the promise to bring patients and consumers world-class technology, clinicians, and care when and where they need it. Novant Health is reinventing the healthcare experience to be simpler, more convenient, and more affordable, so patients and consumers can focus on getting better and staying healthy.

For Novant Health, the six pillars are six functional diversity action committees (DACs): workforce, care/operations, service line planning, community involvement, supplier, and marketing and government relations. The DACs are led by the top executive for that function and consists of eight to 12 direct reports and key influencers for that function. The Chief Diversity Officer (CDO) serves as a member of each DAC and all DACs have at least one to two additional members that sever on intersecting DACs to ensure continuity, smooth communication, cooperation and hand off.

In addition, a diversity council structure was developed to support Novant Health's mission, values and the DACs. The mission is to improve the health of communities, one person at a time and the values--compassion, diversity, personal excellence and teamwork--are supported by the analysis performed and goals set by the DACs. The overall structure created included an Executive Diversity Council (EDC), chaired by the CEO, Carl Armato, the System Diversity Council (SDC) chaired by the CDO, and Business Resource Groups (BRGs), chaired by management level employees. Novant Health has seven BRGs: Women's, Generational, Asian, Black/African American, Hispanic/Latino, LGBTA and Veterans & Individuals with Disabilities.

THE RESULTS

For 2012, each DAC developed goals and metrics. For 2013, some DACs tied bonuses to those goals--what gets measured gets done; what gets rewarded gets repeated.

- The Workforce DAC instituted effectiveness clauses in search firm contracts and established representation goals to:
 - Retain people of color and the underrepresented gender at the same rate as the rest of the workforce for all levels of responsibility.
 - Hire at availability.
- The Care/Operations DAC analyzed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and clinical outcome data across demographic and disease groups to better determine patient needs. The results were:
 - Hand offs were made to the Marketing and the Community Involvement DACs to address health equity issues that existed before patients arrived

- at the facilities, e.g., diet and recognition and screening for diabetes and calling 911 immediately if there are symptoms of stroke.
- For patients above age 55:
 - HCAHPS percentile scores are monitored specifically.
 - Training has been established focusing on caring for the older patient.
 - Mid-level management bonuses have been tied to results.
 - The Service Line Planning DAC focus is equitable and relevant service--right access, right care, right time. This DAC works with existing Emergency Department (ED) and Urgent Care work teams to reduce low acuity visits to overall ED visits. The results:
 - Have been mixed depending on the facility and outside variables, for instance, the closing of free clinics in a particular area.
 - High low-acuity visits can be tracked to zip codes that have higher poverty levels.
 - Hand offs are made to Community Involvement DAC to address access to care and to provide education to patients about hospital/community resource alternatives to the ED.
 - The Community Involvement DAC works in unison with the Care/Operations and the Service Line Planning DACs to implement strategies and tactics for awareness, screening, prevention and a getting better and staying healthy lifestyle. Existing business teams target health fairs and congregations to help patients and consumers find the right access, right care, right time and tracks awareness and education success through the Congregational Health Promotion Program.
 - The Marketing/Government Relations DAC works in with the Care/Operations and the Service Line Planning DACs to implement strategies and tactics for awareness, screening and preventive care. Their success is measured by increased market share by demographic breakdown by markets/regions. They have implemented an ad campaign for the Hispanic market and a direct mail campaign for the Black/ African American market.
 - The Supplier DAC monitors percent of spend for major spend groups at Novant Health, e.g., shared services, real estate and construction, IT, etc. For 2012, the goal was 11% diversity spend for opportunity spend; the actual diversity spend was 21%. For 2013, goals are connected to bonuses for the executives in the major spend group. The 2013 results are outpacing the 2012 results.

PRINCIPLES OF PERFORMANCE EXCELLENCE

Ultimately, this strategic framework allows Novant Health to leverage across the system an ecosystem to fulfill the mission and the promise to patients and consumers. Diversity is no longer isolated initiatives or projects. This guarantees the left hand knows what the right hand is doing. The DACs act as the think tank that ensures the ecosystem remains balanced.

CONTINUAL IMPROVEMENT

Given the DACs are connected to the mission and business objectives of providing simpler, more convenient and more affordable healthcare, so that consumers can focus on getting better and staying healthy, the DACs re-evaluate goals at the end of each year to ensure that they are aligned with the business strategy and are establishing and monitoring relevant metrics. Some metrics, such as medical outcomes by demographics and workforce representation, will be staples. Other may be added or modified based on the data analysis and business direction. In addition, the BRGs will assist the DACs promote wellness, health, and prevention in the communities served and having a welcoming environment for all Novant Health's stakeholders.

CONTACT INFORMATION

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