



Using the Baldrige Criteria to Move Faster Towards Our Vision

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The United States has the best trained physicians, nurses, and other clinicians in the world, however, they work in a system that is not well designed to generate the maximum value for the American people.

The GBMC HealthCare System is a community-based, not-for-profit, true system of care. It consists of three work systems: Greater Baltimore Medical Center, our hospital; Gilchrist, our eldercare company; and GBMC HealthPartners, our multispecialty group practice.

The Board of Directors set a new vision for our organization in late 2010. They had been relying on the hard work and good intentions of the GBMC staff to maximize the health and care experience of those being served. The Board realized that the staff were working in a sub-optimal system, especially in caring for those with chronic disease. The new vision was to create the infra-structure and support for teams, led by physicians, to be held accountable for treating every patient, every time, the way they wanted their own loved ones treated. Through many conversations with staff and patients we arrived at the definition of this care: our four aims.

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The four aims are: the best care outcome with the best care experience and the least waste of resources with the most joy for those providing the care.

We realized as we were adopting this new vision that we had a lot of work to do to move from a focus on individual health care services to the creation of a system that could be held accountable for managing the health of a population and delivering on our

four aims. It was this realization that moved us to begin implementing the Baldrige criteria. We needed a management structure that would drive us faster towards our vision. Since we had been relying on hard work and good intentions alone, very little of our work was systematic and highly reliable. The Baldrige criteria would help us create systems that could be deployed, studied, continually improved, and integrated with other systems to achieve our aims.

GBMC chose the patient-centered medical home as a fundamental building block of the system of care. We redesigned our existing primary care offices to be able to manage and be accountable for the health of the patients they each served. We added capabilities in palliative medicine and in-home primary care to Gilchrist, which was already an award-winning hospice.

We became students of the criteria and completed our first application for our statewide award. Looking back on our initial submission, we now realize that it takes time for even the most well-intentioned student to understand the criteria and the concept of integration. An example of this was in our first attempt at describing our leadership system. It essentially was a dissertation on the personal characteristics of good leaders rather than a description of a system that answered the question “How do your leaders lead?”

GBMC made good progress with our second local submission, and we attained the penultimate level award. Our responses were better at describing our systems and less about giving examples of good work, but we still had much design work to do.

After the closing of our local performance excellence chapter, we received permission to submit a national application. It was through this application and the feedback we received, that we truly began to understand the criteria more deeply in each of the



Innovation has become a driving force for excellence at GBMC HealthCare.

categories. By our second national submission in 2019, our leadership team understood the need to integrate systems across categories. As an example, we began to see the value in integrating our leadership system, our performance review process, and our performance management system to achieve the biggest improvement in our results. We were chosen for a site visit and on the strength of our leadership system and our strategic planning process we achieved best practice recognition in the Leadership category.

We had arrived at the conclusion that our core competency was in redesigning care. To achieve our vision, it was critical that we standardized our care around the best evidence to achieve the best possible health outcomes. Our core competency was precisely what we needed, especially on the arrival of the pandemic, when so much had to be redesigned to keep our patients safe.

We were very excited to be chosen again for a site visit in 2020 and we were dancing on air when we received the news that we had achieved the national award in performance excellence!

GBMC's primary stakeholders, our patients, have truly benefited from our use of the Baldrige criteria

to drive higher reliability in our care. An example of this is in our management of the diabetic patient. Prior to our implementation of the patient-centered medical home and the use of the Baldrige criteria, we did not even know how many diabetic patients we were caring for. Now, not only do we know how many we have (5,930), we have driven the percentage of diabetic patients with HgbA1c levels greater than nine (a measure of blood sugar control with levels greater than nine meaning good control) to a best in class 18.6 percent, when the national 90th percentile is 31.4 percent!

Our staff members have also truly benefited from our use of the Baldrige criteria. Their work has become easier with our zeal for system design. They are now much more likely than before to volunteer for a redesign initiative as they can see and feel the fruits of their labor.

We in the GBMC HealthCare System are grateful for the existence of the criteria and to those who have helped us understand them and implement them. We move towards our vision much faster by using them and we will continue to do so.