Editor’s Note: In September 2010, Sharp Rees-Stealy Medical Group was named an honoree of the American Medical Group Foundation’s 2010 Acclaim Award for its initiative “A Journey to Healthcare Excellence.”

Founded in 1923, Sharp Rees-Stealy is one of the largest groups in California and San Diego’s oldest multispecialty medical group. It is nationally known for superior clinical practices and is the recipient of numerous awards and recognitions. Since its inception, Sharp Rees-Stealy has been committed to providing the finest in personal medical care, where the health of patients always comes first. The group provides care at 19 locations staffed by 1,850 employees and 400 physicians representing virtually every medical specialty. In 2009, the medical group had more than 1 million patient visits, with about 65 percent of the population covered by one of several managed care health plans. The group accepts many HMO, PPO, EPO, indemnity and fee-for-service health plans, plus workers’ compensation plans and Medicare. Sharp Rees-Stealy is certified by the Accreditation Association for Ambulatory Health Care, an industry benchmark for quality.

Sharp Rees-Stealy is part of Sharp HealthCare, a 2007 Malcolm Baldrige National Quality Award recipient and San Diego’s most comprehensive healthcare delivery system. It is recognized for clinical excellence for services in cardiac, cancer and multiorgan transplantation, as well as orthopedics, rehabilitation, behavioral health, and women’s health. The Sharp system includes four acute-care hospitals, three specialty hospitals, two affiliated medical groups, and a health plan.

The group’s greatest change has been in organizational culture.

Sharp Rees-Stealy offers patients most of the health care they may need, including primary care, urgent care, and specialty care and laboratory, radiology, physical therapy, optical, and pharmacy services under one roof. Patients may schedule primary care appointments by phone or through an online patient portal. The portal also allows patients to communicate with their doctor’s office, view select lab results, schedule primary care and laboratory appointments, refill prescriptions, and view health information such as allergies and immunizations. In addition to the patient portal, the group offers same-day or next-day primary care appointment availability, urgent care, and after-hours pediatric services. The medical group has also implemented a secure, comprehensive electronic health record (EHR).

In 2001, Sharp HealthCare and Sharp Rees-Stealy set out on a journey to transform the healthcare experience for patients, physicians, and staff through an organization-wide performance improvement initiative called The Sharp Experience. The goal was to transform the organization’s culture and unify the entire workforce to create a best-in-class healthcare system. The results of their efforts are broad, with breakthrough improvements in clinical performance, financial growth, and physician, employee, and patient satisfaction. Although the group’s transformational improvement in reportable measures has gained the most attention, its greatest change has been in organizational culture, a measurement not tallied in national benchmarks. The workforce has been unified around a rededication to patients, using systemic changes to positively impact the lives of others. Sharp Rees-Stealy’s workforce has become the kind of care providers they had hoped to be when they joined the healthcare profession.

To build a medical group that truly delivers on the promise of ideal health care, Sharp Rees-Stealy took the art of caring, demonstrated by the personal touches of the physicians and staff, and added the scientific approaches of measurement, technology, and organizational change. Making changes required a clear vision, united leadership, inspiring messages, hardwired processes, defined physician and staff behavioral expectations, transparent feedback, coaching, skills training, and performance-based incentives. In the process of defining this experience the group reignited in their entire workforce the desire to serve.
Sharp created six Pillars of Excellence representing the strategic focus areas of Quality, Service, People, Finance, Growth, and Community to make targets concrete and ensure execution of its strategic plan. The medical group has achieved breakthrough results in each of the focus areas (see Table 1).

Links to the IOM Aims

Even though Sharp Rees-Stealy’s journey predated the development of the Institute of Medicine (IOM) Aims, the group found clear alignment between its Pillars of Excellence and the IOM Aims. Table 2 shows specific examples of actions and results.

Commonwealth Fund’s Six Attributes of an Ideal Healthcare Delivery System

Sharp Rees-Stealy’s redesign efforts adopted each of the Commonwealth Fund’s six attributes of an ideal health delivery system. These attributes continue to be supported by the methods and processes that are helping the group achieve its vision.

1. EHR Information Access

A state-of-the-art EHR system is used to consolidate data for analysis and feedback, provide decision support, and engage patients in their care. All primary care physicians, specialists, and in-network emergency rooms and hospitals share access to the system. Disease registries with robust data-mining capabilities capture gaps in care for entire populations of patients. This has led to dramatic improvements in the multidisciplinary coordination and integration of personalized care for each patient.

2. Coordination of Patient Care

Sharp Rees-Stealy assigns a primary care physician to every patient to ensure a high level of continuity of care. Starting in 2007, the new Continuity of Care Unit has captured integrated EHR data, allowing nurses to monitor all patients’ post-hospital stays and emergency room discharges. Dramatic improvement in patient care resulted from the coordination of this critical transition across care settings. This high level of coordination has helped achieve cross-function accountability that was not possible in the past.

3. Accountability Across the Care Team

The medical group uses consolidated EHR data to report patient outcomes by site, department, and individual physician, allowing for overall and individual review. This accountability and transparency drove the initial, fundamental changes and continues to provide the basis for measuring progress. Shared behavior models, goals, and incentives reinforce the collaborative work environment in which all members of the team unite to provide the best health care.

4. Ease of Access for Patients

A patient portal provides patients online access to lab results, prescriptions, provider e-messaging, and convenient appointment scheduling. An after-hours telephone nurse advice line provides support, and patients have open access for same- or next-day primary care appointments. Diverse staff and physician backgrounds provide multicultural understanding and service in a wide range of languages to meet the needs of the communities served. Positive patient perceptions and use increased dramatically as the group implemented these new, highly visible systems.

5. Accountability for Total Care

The data collection, reporting, and analytics combined with a renewed focus on the patient experience have led to accountability for total patient care. Information systems allow close monitoring of key quality indicators and cost of care drivers. The group received recognition as the top-performing medical group in the state’s pay-for-performance program, which incorporates measures of quality, patient experience, and information technology use. Regardless of funding source or type of insurance, Sharp Rees-Stealy is committed to providing a consistent patient experience. Since 65 percent of the medical group’s revenue is full-risk capitation, business success demands financial accountability for the total cost of care. Physician quality and service are reported with full transparency, institutionalizing peer pressure to improve performance.

<table>
<thead>
<tr>
<th>TABLE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Results by Pillar of Excellence</strong></td>
</tr>
<tr>
<td><strong>Pillar</strong></td>
</tr>
<tr>
<td>Quality</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td>People</td>
</tr>
<tr>
<td>Finance</td>
</tr>
<tr>
<td>Growth</td>
</tr>
<tr>
<td>Community</td>
</tr>
</tbody>
</table>
6. Continuous Innovation and Learning

As more-accurate data is used to analyze which factors achieve results, the medical group has new opportunities to support continuous learning and system innovation. It allocates human and financial resources to leadership development, quality improvement, physician and staff coaching, and team building. As an organization, Sharp Rees-Stealy is now more accountable for quality results using selected Six Sigma methodologies. These same processes are now used for a number of projects that support the Pillars of Excellence. Sharp Rees-Stealy participates in state and national learning collaboratives and exchanges best practices with other leading medical groups. The quarterly leadership institute captures lessons learned and shares successes from other healthcare environments and other industries as well as firsthand experience.

Critical Changes and Ongoing Challenges

The vision's critical changes required modifications of almost every part of the group's business model, the work environment, and the patient experience. The changes impacted every level, every person, and almost every process. Everything came under scrutiny: data that were captured, benchmarks used for performance, words said to a patient.

TABLE 2

<table>
<thead>
<tr>
<th>IOM Aim</th>
<th>Mission Link</th>
<th>Pillar Link</th>
<th>Examples of Implementation and Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>partnership of patients, physicians,</td>
<td>Quality</td>
<td>• Single electronic health record (EHR) accessible to all care providers</td>
</tr>
<tr>
<td></td>
<td>and employees</td>
<td></td>
<td>• Standardized medication reconciliation at every office visit and transition of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• E-prescribing and physician order-entry by all physicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Care transition management by dedicated Continuity of Care unit</td>
</tr>
<tr>
<td>Timely</td>
<td>accessible</td>
<td>Service</td>
<td>• Primary care same-day/next-day access</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Multispecialty group with over 30 specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient portal with patient-physician e-messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Urgent care facilities at five sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Pediatrics after-hours clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 24-hour nurse advice by phone</td>
</tr>
<tr>
<td>Effective</td>
<td>quality services that set community</td>
<td>Quality</td>
<td>• Top-performing group in state's publicly reported P4P program</td>
</tr>
<tr>
<td></td>
<td>standards</td>
<td></td>
<td>• Registries with electronic reminder systems for population management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Frequent individual physician feedback on quality and patient experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Proactive patient outreach for preventive and chronic care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Team-based approach for chronic care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Aligned quality, patient experience, and access incentives</td>
</tr>
<tr>
<td>Efficient</td>
<td>affordable</td>
<td>Growth</td>
<td>• Concurrent review of all hospital admissions and ER visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finance</td>
<td>• Employed hospitalist team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Generic drug use incentive program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient care coordinated by primary care physician</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Disease management programs for priority populations</td>
</tr>
<tr>
<td>Equitable</td>
<td>to improve the health of its community</td>
<td>Service</td>
<td>• Coaching of physicians and staff to improve patient experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community</td>
<td>• Quarterly leadership training institute</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 12 behavior standards; AIDET fundamentals of service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 24/7 translation service availability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Physician and employee community service hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Preferred language and ethnicity data collected and cross-referenced with patient care</td>
</tr>
<tr>
<td>Patient-</td>
<td>caring partnership; exceed expectations</td>
<td>Service</td>
<td>• Physician Pledge</td>
</tr>
<tr>
<td>Centered</td>
<td></td>
<td>People</td>
<td>• Patient self-management with classes and health coaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient portal for lab values, e-messaging, prescription renewals, and online appointment scheduling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient Advisory Committee</td>
</tr>
</tbody>
</table>

Role of Leadership

1. Unite and inspire
2. Set clear goals
3. Enlist physicians
4. Involve everyone
5. Set standards of behavior
6. Provide transparent performance feedback
7. Develop skills
8. Provide incentives and recognition
9. Create a continuous cycle of improvement
Sharp Rees-Stealy involved all levels, viewed needed changes from all perspectives, and took the difficult steps required.

The most significant changes were related to creating a culture of transparency, drastically increasing accountability for results, and engaging everyone in creating new processes to create a better patient experience and a better place to work. The existing IT systems and newly implemented EHR system formed the backbone of the processes. Enhanced measurement and sharing of results provided the rationale for change. Training taught how to change, and reward and recognition, coupled with ongoing feedback and results, encouraged ongoing commitment to change. Momentum has been maintained by tapping into the energy and passion of each member of the team, led by an equally dedicated leadership team, as well as ongoing investment of financial and human resources to sustain change. Many of the initial obstacles that stemmed from resisting change have diminished over time. As employees have adopted the vision, new hires just consider it the way Sharp Rees-Stealy works.

**Measurements of Success**

A diverse set of measurements are at the heart of the accountability that has made the group’s vision a reality. External benchmarks were used extensively to measure progress. In addition, internal measurements tracked progress in areas beyond what other medical groups typically measure, including patient satisfaction down to the desk level, employee satisfaction, and individual physician quality performance. Transparent reporting systems were leveraged and hard numbers formed the basis of frequent individual and group feedback. Breaking targets into easily measurable units according to strategic focus area, or pillar, clarified measurable expectations. The organization, groups, and individuals were
able to clearly track their progress.

The Role of Leadership

Sharp Rees-Stealy realized that change needed to start from the top. Research with other top organizations indicated that engagement by top leaders would pave the way for others to join the journey. The group’s leaders needed to fully accept the vision of what could be, and then create and hardwire the infrastructure to realize the vision. Included in their best practice research were the following questions:

- How do you ignite the desire to change?
- How do you tap into the authentic desire to serve that brought people to our profession?
- How do you address human resistance to change?
- How do you build momentum to change when good enough is comfortable?
- How do you keep the momentum going to become the best?

Leading a culture change required courage to commence, and has required persistence to maintain.

Leadership provided the initial spark that ignited change. Leading by example, demonstrating, coaching, and reinforcing employee training were critical to fanning the flame. Uniting physician and administrative leadership gave the initiative credibility. Leadership addressed resistance to change by involving people at every level, giving consistent feedback and reports, sharing stories of success, and recognizing each successful step along the way (see “Role of Leadership”). Over time the comfort of good was not good enough and has transformed into a commitment to be great and created a continuous cycle of change. Continued transparency and accountability ensure continuous progress toward providing ideal health care.
Step-By-Step Implementation Plan
1999–2000: Conducted more than 100 focus groups with patients, physicians, and employees. Researched best practices throughout industry and conducted site visits to successful companies to determine best practices for culture change.

2001: Launched The Sharp Experience to help become the best place to work, the best place to practice medicine, and the best place to receive care. Created buy-in by involving employees at all levels. Employee action teams developed 12 behavior standards and employee reward and recognition programs. People had a voice in what changes to make and how.

2002: To implement the 12 behavior standards, the first employee action team created posters and online materials and recommended integrating the standards into performance reviews. The second employee action team developed the Center for Recognized Excellence (CORE) awards to honor exceptional performance by individuals and sites.

Sharp Rees-Stealy implemented a diabetes registry and appointed a physician leader for service excellence to coach and train physicians. Press Ganey was used to conduct regular patient satisfaction surveys. The pay-for-performance program was created at the statewide level, and the medical group began the process of quality data analysis. Quarterly leadership development meetings began.

2003: The Physician Advisory Committee was created in late fall to evaluate all quality measures and give additional direction on point-of-care needs relating to clinical quality. Service programs continued with implementation of the 12 behavior standards and staff training. Action tool kits were distributed to managers to help implement the behavior standards via meetings, group exercises, and handouts.

2004: Quality: Point-of-care alerts were created and sent to physicians to identify patients due for service. The call center started to make outbound calls to patients who had not come in for recommended tests. The physician leader for clinical quality was hired. Cervical cancer screening and breast cancer screening feedback reports were generated so physicians could see how their rates compared to those of their colleagues. The first physician quality incentives were announced. Service: Training in the five AIDET fundamentals of service was started. Access: Open access project for primary care was launched to reduce wait times for appointments.

2005: Quality: Two dedicated multidisciplinary committees were created: one to focus on quality and one on service measures, with an emphasis on standardizing processes to achieve annual performance goals. Standing laboratory orders were developed for all patients with diabetes and other chronic conditions, enabling them to have lab tests done without having to schedule a doctor’s appointment first. Diabetes care managers were hired and diabetes planned visits were launched at one site to reduce the number of patients in poor control. A remote monitoring program with home scales was launched for patients with heart failure. Service: Discharge phone calls after office visits were introduced, requiring all nurses to follow up with the five patients they were most concerned about one to two days after visits. One-on-one physician coaching began to help doctors who scored low on the Press Ganey surveys learn how to improve their service scores. Access: The open access project for primary care was expanded to more sites. EHR: The EHR system was purchased and implementation planning began.

2006: Quality: The Mammogram Task Force was created to improve access and service for breast cancer screening. The LDL cholesterol goal for diabetics was made part of the strategic plan. Diabetes
planned visits were expanded to two additional sites. **Service:** Physician service feedback reports were created and distributed, giving doctors their patient satisfaction scores on a quarterly basis. One-on-one physician coaching was expanded to include more physicians. Site-by-site physician training sessions were conducted to improve physician communication with patients. *The Physician’s Guide to Service Excellence* was written, published, and distributed to every member of the medical group to provide guidance on improving the patient experience. All physicians were coached on service commitment and signed the Physician Pledge. **Access:** The access initiative was expanded to involve specialties. **EHR:** Lab and radiology results were integrated into the EHR.

**2007:** **Quality:** Colorectal Cancer Screening Task Force was created to improve compliance rates. The point-of-care alert process was redesigned so that physicians received the alerts concurrent with patients’ visits. IT created a sophisticated web-based tool to track monthly quality outcomes, giving physicians and administrators easy access to all data. Diabetes planned visits expanded to all sites, and a physician leader in diabetes was selected at each site. To enhance patient safety, the continuity of care unit was created to manage the transition from emergency room or hospital to home. **Service:** The board of directors doubled physician incentives for patient satisfaction. **EHR:** Electronic prescribing and tasking were adopted to improve communication and patient safety.

**2008:** **Quality:** Automated phone call outreach was implemented for diabetes care, patients at high risk of flu and requiring vaccination, and patients overdue for labs and colorectal cancer screening. Business analytics software was purchased and a web-based tool was created for additional quality metrics. A hypertension improvement project began. The transitions end-of-life program was initiated for patients with heart failure, COPD, and Alzheimer’s disease. **Access:** Physician incentives for access were initiated. Five specialties (pulmonary, GI, podiatry, orthopedics, and urology) were targeted for improved access to appointments. **EHR:** EHR use was expanded to hospitalists and urgent care facilities.

**2009:** **Quality:** With seed money from a state foundation, a pilot project was launched to improve patient self-management. The project has identified strategies to provide patients with chronic conditions with the knowledge, skills, and confidence to better manage their conditions. The ischemic vascular disease registry was developed. The readmissions task force commenced. **Service:** The patient portal launched at one site. **EHR:** EHR automation of diabetes planned visits facilitated communication of key processes. Point-of-care alerts were seamlessly integrated into the EHR.

**2010:** **Quality:** The hypertension project was expanded to all sites and physician site leaders in hypertension were identified. Diabetes bundle (“perfect care”) was adopted as a system and entity strategic target. **Service:** The patient portal was launched at all site locations and was quickly adopted by more than 20 percent of patients. Patients reported high satisfaction as patients were offered the ability to manage the health care of loved ones via the patient portal, mySharp, any time of the day or night. Access to lab results quickly became the most visited sec-
tion of the portal. Communications training to promote patient self-management began at one site.

**Results**

Sharp Rees-Stealy used a comprehensive set of measurements at individual, site, and group levels of performance benchmarked against state and national standards for accountability. Their results showed transformational improvements in clinical care, patient satisfaction, employee satisfaction, physician satisfaction, and cost of care.

Soaring objective measures on every front brought the group national acclaim, yet the greatest change was not tallied on the performance scorecard. The greatest change came from a fundamental shift in the organization’s identity and how its people did their work. The medical group kept patients informed of wait times, called patients after their visits, took people where they needed to go if they lost their way, greeted patients with a smile and hello, made treatment plans together, explained medications and diagnoses, listened to patients as long as needed, and made everyone who touched the patient a critical member of the team. Pride, unified effort, and a focus on changing patients’ lives ignited the workforce. Sharp Rees-Stealy became a caring organization built for the patient.

**Quality: The Best Place to Receive Care**

**Preventive Care**

Consistent, high-quality performance is the foundation for creating the best place to receive care. The group’s ability to increase evidence-based population screening is at the heart of this effort. The results in increasing chlamydia (Figure 1), breast cancer (Figure 2), and cervical cancer screening (Figure 3) rates are dramatic; now consistently surpassing the national HEDIS 90th percentile.

**Chronic Care**

A comprehensive improvement
strategy including planned care visits, automated patient outreach efforts, and team-based care has led to breakthrough outcomes in chronic care management. Chronic care measures have consistently shown improvements with quality indicators above the national 90th percentile. Patients with diabetes and cardiovascular conditions have achieved better outcomes from an integrated, systematic approach (see Figures 4-6).

**Acute Care**

Sharp Rees-Stealy developed internal clinical guidelines and protocols based on national guidelines to better manage common acute clinical conditions including antibiotic use, imaging for acute back pain, and Group A Strep testing for children with pharyngitis (see Figures 7-9). The group transitioned from autonomous clinical decision making by individual physicians to evidenced-based care, to managing acute conditions, which made it easy for physicians to do the right thing for patients.

**Service: Best Place to Receive Care**

Patient satisfaction measures became the group's call to action. Performance feedback was used to create urgency. Overall patient satisfaction using Press Ganey’s national database increased from the 12th to the 81st percentile, while patient rating of overall health care exceeded the 90th percentile in the statewide patient assessment survey. The group also considers patient loyalty a key reflection of the patient’s experience. Sharp Rees-Stealy’s likelihood to recommend rating consistently surpasses the 90th percentile in the national Press Ganey database.

**People: The Best Place to Work and Practice Medicine**

To encourage physicians and staff to carry out the organization’s mission, the group had to create loyalty to the organization. It was felt that staff would treat patients as leadership treated them. Staff and physician satisfaction was a key focus area and has increased every year since the inception of the culture change, realizing the vision of creating the best place to work. In 2009, employee engagement showing commitment to the organization exceeded the national 99th percentile for all healthcare organizations (see Figures 10-12).

**Finance**

The ability to manage costs provides increased value for patients and purchasers. Providing cost-effective health care for a defined patient population is vital to the business model. Disease management programs, continuity of care for transitioning patients, and strategic use of information technology, including use of EHR templates, have lowered costs (see Figures 13-15). Reduced admissions for high-risk heart failure patients save the medical group over $1.5 million annually.

**Growth**

Advanced access, standardization of physician visit templates, and 365-day urgent care availability improved visit capacity and efficiency of scheduling. An electronic portal gave patients the ability to schedule appointments online and view lab results at their convenience. E-messaging empowered patients to communicate with their physicians in their own words. Access to care coupled with a laser focus on service led to patient retention and growth in market share (see Figures 16-18).

**Community**

Medical group employees and physicians serve their communities in projects as diverse as the community food bank, serving homeless veterans through Operation Stand Down, and working with the YWCA domestic violence program, the Special Olympics, and Habitat for Humanity. In 2007, more than 31,365 volunteer hours were logged by medical group employees and physicians, averaging 16 hours per person. The group’s volunteerism continues to support local communities and connect employees to the needs of their patients.

**Lessons Learned and Recommendations**

Throughout the past 10 years
## TABLE 3
### Lessons Learned

<table>
<thead>
<tr>
<th>Lessons Learned and Recommendations</th>
<th>How to Create and Maintain Momentum</th>
</tr>
</thead>
</table>
| 1. Stay focused on desired goals as other priorities emerge | - Consistent, resonant messaging of clear, bold vision  
- Annual strategic goals by pillar  
- Unequivocal leadership that does not waiver in support of change  
- Publicly announce expectations and have patients hold you accountable for performance |
| 2. Sustain passion and enthusiasm | - Tell inspiring patient stories which remind you of the purpose and meaning of your work  
- Rituals and events keep the fire burning among physicians, employees, and patients  
- Celebrate and reward innovations and continued improvements  
- Daily reminders such as CORE awards, Catch Me Caring Cards, thank you notes, badges, screensavers, and posters |
| 3. Hardwire the processes to ensure execution | - Make expectations clear at every step and incorporate into standard work  
- Create consistent hiring process and orientation  
- Measure competencies  
- Train consistently  
- Perform annual reviews  
- Use leader rounding  
- Use peer coaching |
| 4. Provide frequent, transparent feedback | - Initiate regular internal reporting of key results and progress towards goals  
- Share dashboard summarized by overall, site, and individual outcomes throughout the organization  
- Report outcomes publicly |
| 5. Leverage robust data capabilities | - Use exacting methods for capturing, combining, and sharing data for monitoring progress  
- Leverage EHR to create structured, impactful data  
- Use visual representations to create urgency |
| 6. Harness peer pressure to motivate change | - Develop local physician and administrative leaders willing to have the tough conversations about behaviors and performance  
- Create new norms where peers hold peers accountable  
- Have experienced peers coach other team members |
| 7. Use rewards and recognition | - Foster an attitude of gratitude by celebrating individual and team accomplishments  
- Share best practices across units  
- Make heroes out of those who achieve success  
- Align pay and incentive programs with key goals and messages |
| 8. Create real accountability | - Hold leaders at each site accountable for meeting and exceeding goals  
- Define roles and expectations clearly  
- Implement measurable systems that link organizational goals to individual performance |
| 9. Unite around creating an exceptional patient experience | - Commit to creating an exceptional patient experience as a core competency for the organization  
- Make every patient, every time the norm  
- Understand that physician leadership and engagement drive success |
Sharp Rees-Stealy has documented and shared significant lessons both within the organization and with other healthcare groups interested in changing their cultures. Table 3 offers a summary of lessons and guidelines to maintaining ongoing focus and growth.

Sharp Rees-Stealy Medical Group is proud of what it has become. Performance, transparency, and accountability are now integrated into the culture. Physicians, healthcare administrators, nurses, allied health professionals, and staff have come together, work together, and help and support each other to care more effectively for patients and their families. This journey continues as the group finds new and innovative ways to create the best place to work, the best place to practice medicine, and the best place to receive care.

Adapted from the 2010 Acclaim Award Application of Sharp Rees-Stealy Medical Group submitted by Jerry Penso, M.D., M.B.A., medical director, continuum of care; and Stephen Beeson, M.D., physician champion for the Sharp Experience.

**INCREASE MONTHLY REVENUE with HealthWave™**

PhoneTree® automated patient messaging via phone, email, and text can reduce patient no-shows and improve collection rates.

HealthWave can fulfill all your communication needs:
- Appointment reminders
- Annual visits
- Special Announcements
- Overdue accounts
- Recalls for missing appointments
- Lab Results

Call today to review your needs and decrease no-shows to an average of 5%!

PhoneTree.com/proven
800.951.8733

Cutting your no-show rate by at least 1 person per day will generate $18,000 per year of revenue.* This will pay for your system in no time!

PhoneTree is an industry leader in health care patient messaging for 20+ years.

* $75 per visit x 20 working days per month x 12 months.