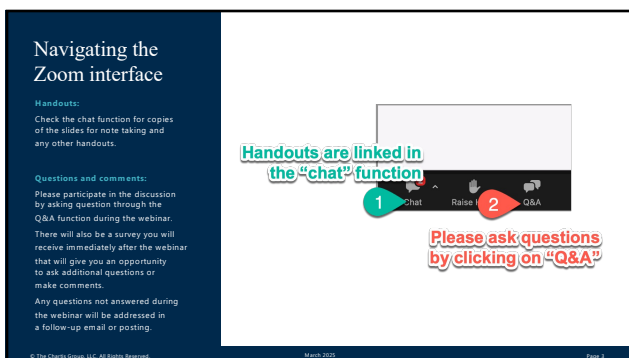




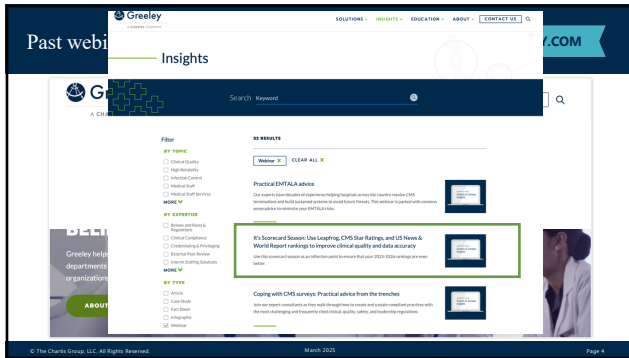
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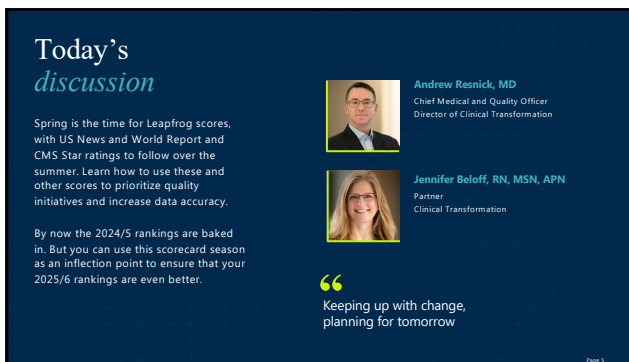
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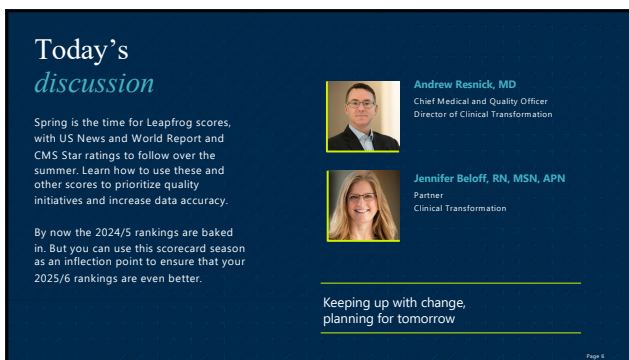
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6

As the nation's largest independent healthcare advisory firm, we work with healthcare organizations to *materially improve care delivery*

We work with health systems, medical groups, payers, investors, technology innovators, and retail companies to **develop transformative strategies, operating models, and approaches to care.**



- STRATEGIC TRANSFORMATION**
 - Strategic Planning
 - Partnerships/M&A
 - Private Equity Advisory
 - Academic Alignment
 - Value-Based Care
 - Operational Solutions
- DIGITAL & TECHNOLOGY TRANSFORMATION**
 - Business Optimization & Technology
 - Care Delivery Innovation & Technology
 - Consumer Experience
 - Digital & Technology Operating Models
 - Analytics & Architecture
 - Innovation & AI
- CLINICAL TRANSFORMATION**
 - Care Delivery
 - Consumer Access
 - High Reliability Care
 - High Performing Medical Group
 - Workforce Solutions
 - Change Center for Business Solutions
 - Medical Staff Services Optimization
- FINANCIAL TRANSFORMATION**
 - Financial Performance Improvement
 - Margins & Integration
 - Revenue Cycle Transformation
 - Shared Services Optimization
- COMMUNICATION & CHANGE MANAGEMENT**
 - Strategic Positioning
 - Stakeholder Advocacy
 - Change Management
 - Digital and Creative Services
- PAYER TRANSFORMATION**
 - Total Cost of Care
 - Provider Network Management
 - Health Plan Membership Growth
 - Value-Based Care
 - Social Determinants of Health
 - Technology Enablement

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7

Leader in high reliability care
Uniquely positioned to support your clinical outcomes improvement goals



A track record of success
We bring proprietary models and a proven approach that has helped many organizations **get to top-tier clinical performance** in publicly reported hospital quality, safety, and experience metrics and ranking systems as well as in specialty specific registries.

Partnering to complement your teams and help them grow
We work shoulder to shoulder with your teams, providing tools, structures, and leading practices while **positioning them to together achieve sustainable results** long after our engagement ends.

Healthcare people who do consulting rather than consultants who work in healthcare
Our high reliability care team of industry leaders has **built their careers as healthcare system leaders as well as consultants** to achieve an organization's quality, safety, financial, service, and performance improvement goals.

In last 5 years alone 300+ Quality, safety, compliance, and CX engagements	High reliability care transformation ZERO CHARTIS CLARIS and HART in the 4 months after implementation of care facilitation and unit-based teams	Help clients achieve 100% Success in overcoming all federal and state regulatory adverse action	Ratings & rankings optimization 50% Improvement in risk adjustment capture for U.S. News & World Report and immediate improvement in Leapfrog Safety Grade ratings
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Page 2

8

High reliability care solutions
Our integrated solutions support top-tier clinical performance

HIGH RELIABILITY TRANSFORMATION

- High reliability care assessment, roadmap and prioritization
- Patient safety processes and harm reduction
- Quality, value, and performance improvement
- Ratings and rankings improvement
- High fidelity measurement (documentation integrity, improved risk adjustment/ revenue)
- Medical staff governance, bylaws, rules, and regulations, peer review
- Medical director and physician leadership alignment and rationalization

HIGH RELIABILITY RESPONSE

- Adverse event rapid response
- Adverse regulatory action remediation
- Regulatory readiness rehearsal
- External peer review



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9



10



11



12

High reliability transformation improves outcomes and so much more

Moving from HRO in theory to HRO in operations... ...Leading to results in areas that matter most



- Improved patient outcomes and quality ratings
- Financial savings and margin improvement
- Reduced burnout and attrition
- Improved operational stability
- Improved provider engagement
- Better patient experience
- Health disparity reduction
- Improved reputation and market position

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13

LEAPFROG HOSPITAL SAFETY GRADE

Eligibility:
General acute care hospitals with ample publicly reported data*

Data sources:
CMS, NHSN, Leapfrog Hospital Survey

Data time period:
1-4 years ago

*Must have 10 or more discharges per measure
OR 15 outcome measures OR FFS DR

- Hospital rating program focused on patient safety, first launched in 2012
- Consists of publicly reported patient safety process and outcomes measures
- Letter Grades (A, B, C, D, F) released biannually in the Fall and Spring
- Scoring methodology based on comparison to means that can shift each report cycle based on national performance.
- For certain measures, Leapfrog assigns each hospital to a cohort based on urban / rural status, safety net status, number of beds, and teaching status and compares to performance within that cohort.
- Methodology can shift between reporting cycles, which can lead to fluctuations in performance

Page 14

14

BEST HOSPITALS
USNews
rankings

Beginning in 1990 U.S. News & World Report has been annually ranking the top U.S. hospitals

Today rankings are broken down into three lists:

- **The Honor Roll:** Top 20 hospitals that deliver high-quality specialty care
- **Specialty Rankings:** Top 50 hospitals with specialized programs in key specialties
- **Procedures and Conditions Rankings:** Hospital performance in 20 common inpatient procedures and conditions

- **Survival:** 30-day Medicare FFS deaths
- **Discharge to home:** Discharged to non-facility
- **Structure:** AHA survey (e.g., volume, accreditations, nurse staffing, advanced technologies, patient services)
- **Expert opinion:** Physician nominations and public transparency
- **Patient experience:** HCAHPS Overall Rating
- **Specialties:** Cancer, Cardiology & Heart Surgery, Diabetes & Endocrinology, Ear, Nose & Throat, Gastroenterology & GI Surgery, Geriatrics, Obstetrics & Gynecology, Neurology & Neurosurgery, Orthopedics, Pulmonology & Lung Surgery, Rehabilitation, Urology

Page 15

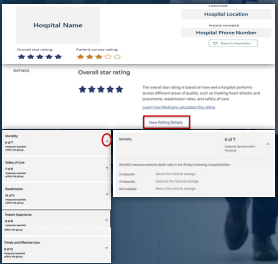
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Five-Star Ratings

CMS has been releasing Star Ratings since July 2016 to provide the public with an overall summary of an organization's quality.

- Results updated annually in July.
- CMS Star Ratings are calculated based on a hospital's performance on 46 eligible measures within 5 categories found on the Care Compare website.
- Star ratings range from 1 to 5 stars.



Page 16

16

POLL QUESTION:

What is your organization's **true north** as it relates to ratings and rankings?

CMS Stars

Leapfrog

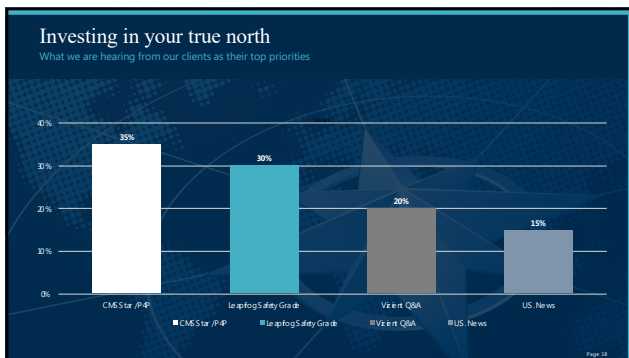
US News

I don't know

Other

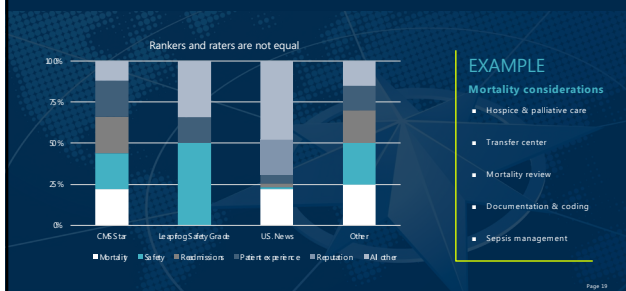
Page 17

17



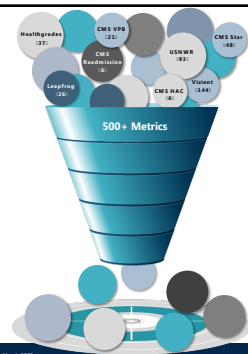
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Depending on the North Star, the focus on metrics will be different



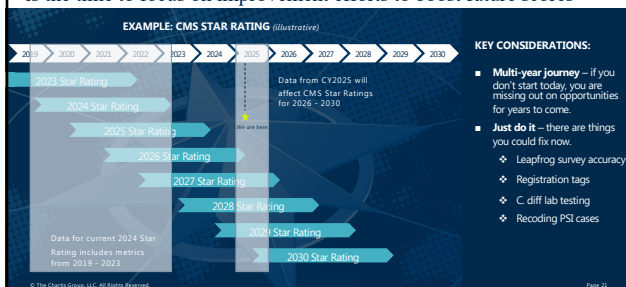
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With hundreds to choose from, we help you decide—focusing on *metrics in the areas that matter most to you.*



20

With most of the publicly reported data already benchmarked, now is the time to focus on improvement efforts to boost future scores



21

Improve ratings and rankings

4 ELEMENTS OF SUCCESSFUL PROGRAMS

- 1 Governance & accountability
- 2 Data & analytics
- 3 CDI & coding
- 4 Clinical processes & outcomes

1

Governance & accountability
Enable your True North (i.e., which ranking mechanisms are important to you) to prioritize efforts from the Board to the bedside

2

Data & analytics
Analyze key metrics driving performance

3

CDI & coding
Optimized clinical documentation and coding to accurately reflect the complexity of care, risk of mortality, severity of illness for all patients including relevant patient comorbidities to maximize capture of key variables used in risk adjustment

4

Clinical processes & outcomes
Infection control (CLABSI, CAUTI, SSI, CDI, MRSA, Hand Hygiene)
Mortality, complications, readmissions, LOS reduction programs
Enhance patient experience

22

4 ELEMENTS OF SUCCESSFUL PROGRAMS

1

Governance & accountability

- 2 Data & analytics
- 3 CDI & coding
- 4 Clinical processes & outcomes

Unified true north vision supported by frontline infrastructure to drive execution and sustain results

Clear accountability structure for improving key ratings and rankings domains

Reliable data validation to ensure accuracy and integrity

Performance transparency, oversight, and data-driven decision making

23

4 ELEMENTS OF SUCCESSFUL PROGRAMS

2

Data & analytics

- 1 CDI & coding
- 3 Clinical processes & outcomes

Routine measurement and reporting (clinical processes, bundle compliance, outcomes)

Advanced analytic infrastructure with proactive and predictive modeling

Real-time benchmarking and comparative analysis

24

8

4 ELEMENTS OF SUCCESSFUL PROGRAMS

3

CDI & coding

Clinical processes & outcomes

Robust CDI/coding workflows and tools identify and mitigate key outcome metrics (e.g., PSIs, HACs) pre-bill	2nd level reviews with clinical leaders to ensure accurate capture of risk-adjustment variables (e.g., mortality, LOS)
CDI/coding teams understand key risk adjustment factors (e.g., Elixhauser, POA, admit source)	CDI/coding teams track and report their impact on quality risk adjustment and ratings & rankings performance

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March 2025

Page 25

25

4 ELEMENTS OF SUCCESSFUL PROGRAMS

4

Clinical processes & outcomes

Robust strategies and interventions to ensure sustained performance on key structural measures	Reduce hospital-acquired infections with comprehensive prevention and management approaches.	Improve mortality outcomes through robust strategies for sepsis management, end-of-life care, hospice, and multidisciplinary mortality reviews.
Identify and prevent harm events through coordinated efforts to address HACs, PSIs, and complications	Patient experience plan and action-oriented tactics to ensure increased HCAHPS response rates and favorable survey results	Reduce readmissions and LOS with a comprehensive, data-driven intervention program

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March 2025

Page 26

26

Example results – rankings and ratings improvement

LEAPFROG RATING

Letter grade jump

In Leapfrog for AMC clients

Several immediately prior to survey submission

D → C

C → B

OTHER NATIONAL RANKINGS

Improved from #12 → #4 In one year

Improved from #70 → #35 In two years

Improved from #5 → #4 In two years

SUSTAINED OVERALL RATING/RANKING IMPROVEMENT

Achieved and sustained

Leapfrog “A” + US News and World Report Honor Roll + CMS 5 Star

For several health systems

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Page 27

27

Summary

Define your True North and build a deep understanding of rating methodologies and the metrics that matter most.

Establish a strong foundation through four essential elements:

- 1 Governance & accountability
- 2 Data & analytics
- 3 CDI & coding
- 4 Clinical processes & outcomes

Align teams and capabilities to drive performance across each domain, ensuring accuracy, transparency, and sustained improvement

Leverage ratings and rankings as a catalyst to accelerate measurable improvement in clinical quality and elevate your organization's reputation for quality and safety

28

Questions/concerns?



29

Thank *you*



30

Remove

ALIGNMENT & ACCOUNTABILITY

CLINICAL & OPERATIONAL PROCESSES

LEADERSHIP, PEOPLE, CULTURE

MEASUREMENT & TECHNOLOGY

Determine your "True North"

Create unit-based interprofessional teams

Link existing Quality and Safety structures to the unit-based frontline team

Redesign, refocus efforts, and evaluate resource requirements

Establish an interprofessional oversight committee

Develop measurement and improvement plans, and monitoring

Redesign the monthly PSI review process

Develop a comprehensive strategy for Hospice and Palliative Care

Eliminate CLARIS, CAUTI, CDIIF & SSI

Establish a robust Readmission Reduction program

Develop a MRSA reduction program

Develop a structured, multidisciplinary Mortality review process

Develop a unit-level role and associated job description for unit physician leaders

Develop and require annual education on RL reporting

Establish a Just Culture oversight committee

Establish an enterprise-wide tiered huddle program with reporting criteria, scripting, and escalation criteria

Evaluate the organization's approach to transparency of adverse events and quality vulnerabilities

Formalize safety/leader walk-rounds, standard scripting and a data collection process

Establish a program for Safety/Reliability coaches & champions

Affirm roles and responsibilities of executive sponsors of RCAs

Create aligned, simplified, cascading balanced scorecard dashboard from "Board to Bedside"

Share, rate-based safety metrics including SSIR, employee harm and event reporting

Develop a CDI Steering Committee with service line leadership, finance, Quality, CDI Coding, case management, and providers

Develop predictive model to assess Leapfrog, CMS Stars, and US News performance and measure and report key risk adjustment metrics

Design a formal governance structure for the RL system, including a dedicated program administrator

Consider utilizing an electronic application (e.g., Qualaris, REDCap, etc.) for process audits

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Page 34

34

Remove

4 Prioritization & design session

Example recommendations and high-level prioritization

1 True North

2 Unit-Level Teams

3 Q/A Team Alignment

4 Q/A Infrastructure & Staffing

5 Ratings & Rankings Oversight

6 Measurement & Monitoring

7 PSI Pre-Bill Process

8 Hospice & Palliative Care

9 HAC Reduction

10 Readmission Reduction

11 MRSA Reduction

12 Mortality Review Process

13 Unit-Level Physician Role/JDA

14 RL Reporting Education

15 Just Culture Oversight

16 Tiered Huddles

17 Transparency Efforts

18 Safety/Leaders Walking Rounds

19 Safety/Reliability Coaches

20 RCA Exec Sponsor Training

21 Actionable Data

22 Rate-Based Safety Metrics

23 CDI Steering Committee

24 Predictive Model

25 RL Governance & Administrator

26 Electronic Applications

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March 2025

Page 35

35

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4 Prioritization & design session

Example prioritization and implementation roadmap

High

Medium

Low

Suggested Launch Prioritization

#	Value	Effort	Recommendation	By Who	By When	By Who	By When	By Who	By When
1	H	M	Communicate a clear "True North" with collaborative and associated quality and safety goals for all clinical and operational structures that are cascaded to all levels of leadership (senior to frontline) to promote coordinated alignment and hold teams accountable for performance.						
2	H	M	Redesign, refocus efforts, and evaluate resource complement (benchmarked based) of the Quality and Safety team (incorporate and local to enable more active partnership with unit-level frontline teams to ensure performance improvement plans are co-developed and executed as in a timely, efficient, and supportive manner to promote accountability and sustained improvement)						
3	H	M	Create unit-based interprofessional teams tasked with overseeing key quality, safety, and clinical operations priorities at the unit level (e.g., Unit-Based Team with Medical Director, Nurse Leader, and operations/quality partner)						
4	H	M	Develop a unit-level role and associated job description for unit physician leaders with clearly defined role expectations and job responsibilities with metrics to ensure accountability as well as a huddle plan to support						
5	H	M	Establish an interprofessional oversight committee (or optimize existing) that meets on a consistent basis with clear responsibility and accountability for understanding key ratings and rankings methods/highs, tracking key metrics (Board to Frontline on methodology, resources across all platforms), and developing measurement and improvement plans, with clear milestones, targets, and routine assessment and monitoring of progress against plan						
6	H	M	Link existing Quality and Safety structure (e.g., Clinical Councils, Service Line, Nursing Shared Governance) to the unit-based frontline team structure once established to facilitate bidirectional communication and execution of key quality, safety, and clinical operational priorities						
7	H	M	Design a formal governance structure for the RL system, including a dedicated program administrator such to optimize the utilization of the system and its various modules with a goal to reduce redundant duplicate or external documentation needs. Form a governance team and/or process to consider requests for modifications to forms and data field in RL, include a process to annually evaluate existing forms and tools and consider adding elements to capture potential barriers/bottlenecks as a contributing factor to adverse events						
8	H	M	Develop a CDI Steering Committee with representation from service line leadership, finance, Quality, CDI Coding, case management, and provider teams to facilitate collaboration on risk adjustment, LOS, readmissions, mortality, and PSI reduction						
9	H	M	Establish a Just Culture oversight committee to ensure consistent adoption and establish objective criteria to guide ongoing education						
10	H	M	Establish an enterprise-wide tiered huddle program with objective criteria for reporting at each tier, standardized scripting, and clear escalation criteria that balance operations and quality/safety content. Include and track metrics.						

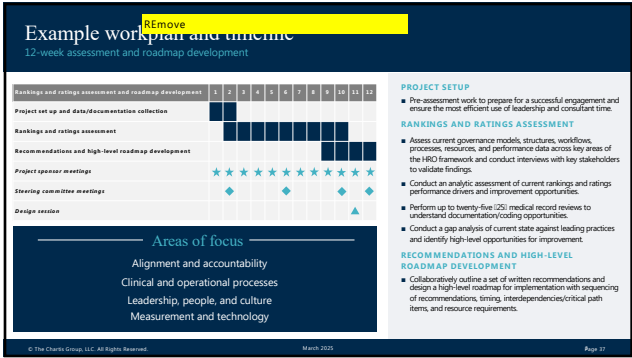
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March 2025

Page 36

36

11




37

Chartis clinical transformation leadership team


Our Quality, Safety, High Reliability, and Care Delivery team has 100+ years of combined experience working as operators in leading Academic Medical Centers and with clients throughout the country optimizing value-based performance and rankings and ratings programs such as Leapfrog, CMS Stars, and U.S. News and World Report.




Andrew Rensick, MD, MBA
Chief Medical and Quality Officer, Senior Partner, Clinical Transformation and High Reliability Care




Aman Sabharwal, MD, MHA, CPHM
Managing Partner, Senior Partner, Clinical Transformation




Tomas Villanueva, DO, MBA, FACP, SFHM
Senior Partner, Clinical Transformation




Eric Burch, RN, MBA, FACHE
Senior Partner, Clinical Transformation



Christian Dankers, MD
Partner, Clinical Transformation and High Reliability Care



Jennifer Beloff, RN, APN
Partner, Clinical Transformation and High Reliability Care



Steve Mrozowski, MHA, CPPS, FACHE
Partner, Clinical Transformation and High Reliability Care



Katie Sklarsky
Partner, Clinical Transformation and Care Delivery

38

Appendix
National rankings and ratings

38

39

Remove

Quality and safety framework for transformation

The key to a high-performing organization is creating a high reliability foundation that spans sites of care, from ambulatory to post-acute and everything in between.

We take a comprehensive, phased approach to organizational quality and high reliability focused on four key dimensions—structure, process, people, and technology. Improving quality lifts patient outcomes and the bottom line.

Ad approach that organizes provider, quality, patient safety, and clinical operations structure to foster communication, alignment, and accountability from the Board to the front line

Leverage best practice tools to support risk stratification, performance and clinical decision-making, improvement, point of care decision-making, data collection, reporting, and incident management

Promote reliability and resilience through efficient care design, measurement, harm detection, and strategic information and data improvement across sites of care

Attain optimal performance through model leadership behavior, training and development strategies, and interventions that support psychological safety, culture, and engagement

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40

Remove

Areas of focus for each HRO dimension

A systematic, comprehensive, data-driven analysis

ALIGNMENT & ACCOUNTABILITY	CLINICAL & OPERATIONAL PROCESSES	LEADERSHIP, PEOPLE & CULTURE	MEASUREMENT & TECHNOLOGY
<ul style="list-style-type: none">Corporate and local organizational structure, division of scopes of work, reporting structure, and appropriate staffing levels for key Quality Improvement programs and procedures (e.g., regulatory, performance improvement, peer/case review, public reporting, value-based, etc.)Structural and collaborative alignment between the current quality and patient experience infrastructure and the following departments/divisions:<ul style="list-style-type: none">Performance ImprovementPatient Safety and RiskMedical Staff Structures and CommitteesNursing Quality/PIJoint Commission PreparednessPatient RelationsData and AnalyticsCDI	<ul style="list-style-type: none">Quality reporting and improvement processes (e.g., mortality, HAI, readmissions, patient experience, etc.)Patient safety processes (e.g., adverse event reporting, identification, investigation, patient grievance)Collaboration and communication between Patient Safety, Risk, and Patient RelationsCase review processes (e.g., internal/external peer review, mortality review, regulatory review, etc.)Policy and procedure evaluationJoint Commission Survey Preparation (e.g., certifications, DFFS/PFS, etc.)	<ul style="list-style-type: none">Leadership and management participation in and support of the quality, safety, and patient experience programsReview employee engagement and culture of safety survey resultsUse of Just Culture to achieve a balanced approach to managing accountability for behaviors and performanceProcesses related to Employment Contracts with respect to Quality Performance Reporting	<ul style="list-style-type: none">Data and analytics processes, procedures, and reporting capabilitiesHigh-level assessment of how utilization of EHR drives quality improvementEvaluation of Clinical Documentation Integrity program(s); role of CDI in ensuring both financial and quality outcome coding accuracyAnalysis of rankings and ratings program scores and opportunities for client hospitals and clinics (Leapfrog, CMS Inpatient and outpatient quality incentive programs, commercial payer programs, etc.)Utilization of demographics in analytics and scorecards

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41

Remove

Representative tools and processes

Proven, pragmatic tools and processes to promote ACTION and sustainability

Analytics and modeling

Assessment

Recommendations and roadmap development

Sample: Quarterly Analysis

Sample: Modeling/Forecasting Performance

Sample: Detailed Assessment Findings

Sample: Priority Solutions

Sample: High-Level Roadmap

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42
