

## Establishing a Culture of Quality Care with David Dill – Hospitals In Focus Transcript

Chip Khan ([00:11](#)):

Hello and welcome to Hospitals and Focus. I'm your host Chip Kahn. Over two decades ago, a report from the Institute of Medicine refocused hospitals on quality care and patient safety. We've come a long way since then and I think it will be clear from our conversation today that LifePoint Health is one of the leaders when it comes to working with physicians and nurses to ensure patients receive the high quality care they expect and deserve in a safe hospital environment. Joining us to talk about that today is the company's president and CEO David Dill. Welcome David.

David Dill ([00:52](#)):

Thank you Chip. It is an honor to be here with you.

Chip Khan ([00:55](#)):

Oh, we're so glad to have you. So David to get started, before we focus on your quality programs, would you describe LifePoint and share your vision for the company?

David Dill ([01:06](#)):

Absolutely. LifePoint Health is a leading healthcare company, not just a hospital company, but a leading healthcare company dedicated to making communities healthier. We were founded in 1999 with 23 hospitals in nine states. In May of 1999, these 23 hospitals were part of Hospital Corporation of America. Those hospitals were spun out into a separate entity, they became known as LifePoint. It's been interesting. I've been with the organization for 13 years now. And shortly after I got to the company, as I was preparing for one of my company presentations, I saw a correlation between the growth of my son and the growth of the company. My son was born in April in 1999, this company was founded in May of 1999. And watching this organization develop over time, there were still a lot of things that we were learning as an organization, but now 20 years into the organization.

David Dill ([02:08](#)):

As we go through this discussion today, I'm so proud of the accomplishments of this organization, staying focused on quality and maturing as an organization. It's been fun to watch my son grow up. It's certainly been fun to watch this company grow up and become more developed. We own and operate community hospitals, regional health systems, we manage a significant number of physician practices, outpatient centers and some post-acute facilities as well. At the end of the day, our vision as an organization and it's been the same vision all the way through, is to be the leader in the delivery of community based care.

Chip Khan ([02:47](#)):

That's wonderful David. And we really look forward to learning more today about the story that you've told us. I've heard you say the availability of quality care shouldn't be determined by the zip code someone lives in. How do you ensure your patients receive the same quality, whether they live in a large city or one of the towns or in rural America?

David Dill ([03:12](#)):

We strive Chip, to be a highly reliable organization. And we'll talk more about that. But one of the ways that we ensure that regardless of where you live, high quality care should be available, is by making the appropriate investments. We are making investments every day in our clinical workforce, both nurses

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and physicians. We're making investments in state-of-the-art equipment. So, part of the delivery of care and ensuring that quality doesn't discriminate based on the zip code that you live in is certainly centered around investments, but it's more than just investments that are being made. We strive hard to implement and hard-wire processes in evidence-based quality and patient safety protocols so that they become second nature to our employees, second nature to our providers and our clinical teams.

David Dill ([04:07](#)):

Some very specific examples relates to what we've called our foundational five, where we have briefs, debriefs, huddles, learning boards, and executive patient safety rounds and making sure that that is hardwired in each and every one of our hospitals. So, there's transparency and care with families and patients in each of our hospitals, in each of our units across the system. The results have spoken for themselves through the standardization, and I could go through a lot of these results, but through the standardization of processes, 70% of our hospitals have had zero central line infections for the past 12 consecutive months. It tells you with the right investments being made and hard-wiring in clinical practices that we can ensure high quality care is delivered. Whether you're on the East Coast or the West Coast or anywhere else in between.

Chip Khan ([05:08](#)):

David, what you described is so impressive. LifePoint has been at the forefront of quality innovation in recent years. Can you explain a little about the LifePoint national quality program and how it impacts the company's overall approach to quality improvement and safety for your patients?

David Dill ([05:26](#)):

Absolutely. Innovation is not always high tech. Our national quality program was established in 2014 following our work with CMS as a hospital engagement network contractor. We were awarded that contract as 2011 which inspired a transformation at LifePoint. I shared in an earlier question around how proud I am of this organization. I think our organization changed in probably the most significant way in 2011 when we put a stake in the ground and said, "This is what we'll be known for." We were the only tax paying hospital that was allowed to participate in the program. The National Quality Program that was birthed out of that work, is a structured program for ensuring consistent high standards of quality and patient safety across the organization. It became our foundation for quality improvement.

David Dill ([06:28](#)):

Three main pillars of our national quality program, one leadership that empowers people, two proven systems of performance improvement. And finally, an organizational wide culture of safety. Hospitals are onboarded into this program and work to achieve a designation as a LifePoint national quality leader. Very prestigious designation in their communities. All this work was recognized in 2017 as the organization received the John Eisenberg, Patient Safety and Quality Award.

Chip Khan ([07:09](#)):

David, because of this remarkable success in improving patient outcomes and safety, The National Quality Program was positioned as you described to be the only tax paying health system to win that prestigious John M. Eisenberg, Patient Safety and Quality Award in 2017. What did it mean to you and the company and the patients you serve winning this award?

David Dill ([07:37](#)):

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It was an exciting recognition to say the least. Earning this award is like winning an Academy award or a gold medal in the Olympics. It represents the best of the best in patient safety. I was able to be a part of a small group that received this award up at an event in Washington, D.C. And to meet the family members of John Eisenberg and hear their stories of how important this designation and this award meant to their father on advancing quality and patient safety throughout the healthcare system. It really hit me at that point just how special this award was. We were recognized for our quality achievements including more than... And this is across a large scaled organization, including a more than 60% reduction in harms across the hospitals in our system, not just one of them, but every one of the hospitals that were in our system. And we continue to improve on this. It is a true testament to the hard work and dedication of thousands of employees, providers and leaders across our system.

Chip Khan ([08:50](#)):

David, the Federal Accountability Office, GAO, recently criticized CMS measurement programs because it is not clear they are useful for actually improving the quality of care. In your view, how is the LifePoint National Quality Program different from other quality programs like those in the CMS pay for performance area. And what are those aspects of your national quality program that you think could be replicated or scaled to help hospitals improve care for patients in other parts of the country?

David Dill ([09:27](#)):

We weren't trying to create something totally new. Instead, we wanted to align our efforts with the most meaningful CMS metrics and deepen those operationally across the organization. Many quality rating systems examine a narrow set of measures, but the NQP goes a step beyond simple and easy to obtain metrics or achieving certain scores and benchmarks. Instead, the NQP focuses on key foundational elements required to sustain quality care, including committed leadership systems to ensure continuous performance and a culture dedicated to safety. Over the next several days, we'll have many of our hospital leaders from around the country here. We have a structure in place called our quality oversight committee. And our leadership teams from each of our hospitals will come in to share their story, but it's not our physicians that get up and speak, it's not our chief nursing officers that get up and speak, but it's the CEOs of our hospitals that have to own quality and be able to talk about quality and what they're doing to drive quality. Just like they may be asked to talk about their financial results.

David Dill ([10:45](#)):

I think that's one area that's hard to measure but is absolutely critical to that sustained effort of improving quality care. I think it's the one thing that's differentiated our organization and I get so much excitement watching our CEOs from around the country get up and talk about and own the quality results. You can see it's deeply embedded as an operational and a cultural promise at each of the communities we serve.

Chip Khan ([11:15](#)):

Clearly, as you've pointed out David, quality is all about the culture. You are focused on a team based approach at LifePoint Health and even just announced a new leadership structure. So, a physician and nurse are jointly leading your clinical and quality operations. Can you talk about the significance of this new dyad leadership model, why you made this change and outlined some of your goals for this new approach?

David Dill ([11:45](#)):

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It's an exciting new model that we just launched our two leaders, both Christopher Rehm and Michelle Watson working together on a newly constructed dyad leadership model. It will absolutely continue to improve quality and patient safety along with service line integration and development across the company. Physicians and nursing leadership working together as equal partners, clinical empowerment and a more unified workforce. So, our message is consistent and clear across the company. The goal is to remove any organizational silos that may exist to enhance collaboration and improve coordination among all members of the clinical team, not just here at our support center in Nashville, but across the organization.

Chip Khan ([12:37](#)):

David, it seems like there are always improvements and adjustments that can be made. How do you see all of this developing in the future and will LifePoint specifically continue working to improve quality of care and patient safety?

David Dill ([12:52](#)):

One of the things that's built into the DNA of this company I believe is the continuous process improvement that we talked about. That's one of the three pillars of The National Quality Program. So, our commitment and rigor and discipline around continually driving process improvements through the organization, I think is one of the ways that we will ensure that quality continues to get improved. We're a learning organization, downstairs we have our learning center watching leaders from across the organization come together and share best practices. And the quality oversight committee meetings that are happening over the next several days, it's an opportunity not only for hospitals to tell their story but for other hospitals to hear from... Like SaaS organizations on successes and failures and how we learn from those as an organization. So, our commitment of being a learning organization is vitally important.

David Dill ([13:48](#)):

We are working with CMS and other government regulatory entities. We play a significant policy role and leadership role and the voice for non urban and rural hospitals across the country. I think we're trusted voice at the policy table and we're able to execute on what we say we're going to do. Beyond the hospital walls in our communities, we have developed over a hundred community coalitions bringing together participants in the healthcare delivery system in communities around the country to solve problems and it's been exciting to watch the progress that's been made in many of these communities based on bringing people together, sharing a problem together and looking for a common solution aimed at improving care.

Chip Khan ([14:39](#)):

One of the defining aspects of Federation member companies, is that each is a national system that uses the advantages of scale to benefit our patients. However, from some quarters there is criticism of hospital integration. David, can you talk about the resources that LifePoint can bring to bear at scale that contributes to quality of care as well as better patient experiences in your hospitals?

David Dill ([15:10](#)):

Sure. In 1999 when the company started, we had 23 hospitals in nine different states. Today we have 88 hospitals in 29 states. So, you can tell by the growth of the organization. This is something that we had to be really good at, if we were going to be successful as an organization. We're always focused on, how

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can we eliminate barriers and put the right processes in place, so our teams can remain focused on care at the bedside. Here at the health support center, we're structured by departments and functional areas that mirror those at our hospitals. At the sports center, we aim to evaluate and address key business issues, removing the barriers that we talked about and use our contracting leverage to drive more efficiencies, so we can allocate more resources to care at the bedside. We provide a range of resources and multidisciplinary expertise. So, our hospitals only worry about taking care of patients and the things that they do well. We have a strong track record of making significant investments in quality care and patient safety as well as technology, equipment and infrastructure to help improve the care our hospitals provide.

Chip Khan ([16:31](#)):

Transparency is also a word we hear a lot about in Washington these days when it comes to healthcare. It is a concept that relates to both quality and price of care. What information do you think will be most impactful for your patients?

David Dill ([16:49](#)):

Transparency means a lot of different things. I believe that transparency means transparency of the experience. What is happening during your setting of care and what level of care you will receive. It's one of the reasons through our foundational thought that we talked about earlier in our National Quality Program on briefing and debriefing and engaging patients and their families in the care. So, that transparency is important. I think that's extremely valuable to patients. We've also talked a lot about price transparency. We believe that patients should understand and need to understand what their out of pocket cost are as it relates to routine procedures and as a healthcare organization we are absolutely committed to making sure that patients understand the most important parts of price transparency.

David Dill ([17:44](#)):

One of the examples that I have, I'll pause for just a minute because one of the examples behind me here in my office is a hospital bill of when my father was born. He gave this to me as a gift shortly after he had a stroke and I helped him figure out how much he owed and several months later I get this package in the mail and I opened it up and it's a hospital bill of when he was born in 1944. And it's a great reminder for me when I think about transparency, I look at that bill and I think about my family knew in 1944 what the cost of that delivery was going to be before they even left the hospital. That's what patients really want to know. I keep that bill here in my office sitting in one of my cabinets that I can look at every day as a constant reminder for me and our team of in this very complex healthcare environment, it's our obligation to keep things as simple as possible. And I think transparency fits nicely into that.

Chip Khan ([18:48](#)):

David, your organization has achieved so much for your patients. What else would you like to add to our conversation today about LifePoint in terms of the culture and approach that you and your staff have taken with this company?

David Dill ([19:05](#)):

Yeah. As I reflect back on our conversation, I've enjoyed this conversation. It's fun to talk about the most important parts of our business, which is providing high quality care and keeping patients close to home. We've talked about our new dyad leadership model. We've talked about physicians and nurses working

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together. We've talked about the role that our CEO's play in owning and driving the quality agenda in each and every one of their hospitals. One of the things we didn't talk about, is the role that every one of our employees play in driving quality. When I go to the hospitals and it's one of my most favorite things that I get to do, it's when I get to travel to our hospitals and listen to housekeepers, listen to our dietary teams and listen to our plant operations teams connecting what they're doing each and every day to care at the bedside.

David Dill ([19:55](#)):

They're not just making sure that the room is clean, although they're doing that, but what they're really doing is making sure that infection rates stay low in the hospital and when our plant operations teams are ensuring that preventative maintenance is happening on lighting systems or air handling systems, it's not just to make sure that the system is running efficiently, it's to make sure that patients and their families are comfortable and they're safe. So, it's an opportunity for us to have a more broad discussion, not just with the clinical workforce, but across 60,000 employees to engage them in what's really important. That really is the story of LifePoint, it's why I'm excited about the future of this company and I can't wait to see where the organization goes into the future.

Chip Khan ([20:43](#)):

David, thank you so much for participating in our podcast today. I really appreciate learning more about LifePoint.

David Dill ([20:50](#)):

Thank you Chip.

Chip Khan ([20:51](#)):

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