
1199SEIU LABOR MANAGEMENT INITIATIVES, INC.

330 West 42nd Street, 13th FL • New York, NY 10036 • Mailing Address: P.O. Box 1016 • New York, NY 10108

Tel (212) 643-9340 • Fax (212) 643-9347 • info@labormanagementproject.org



Labor Management Project

RESULTS LIBRARY

The Labor Management Project (LMP) is a consulting group funded by 1199SEIU and the League of Voluntary Hospitals and Homes. The LMP assists labor and management to cooperatively develop solutions to the complex challenges facing healthcare today.

The LMP works through collaborative labor-management partnerships to achieve this fourfold mission:

Enhance the Quality of Care
Improve Patient and Staff Satisfaction
Increase Operational Effectiveness and Performance
Increase Worker Voice and Involvement

In partnership with hospitals and nursing homes throughout the Metro-New York region, the LMP has helped to facilitate organizational change leading to substantial, measurable outcomes. The following compilation documents the challenges, solutions, and results stemming from these successful labor-management partnerships.

LMP RESEARCH DEPARTMENT
September 2013

For more information about these initiatives, please contact:
Senior Research Manager, Marcia Mayfield at Marcia.mayfield@labormanagementproject.org

JAMAICA HOSPITAL Improving Patient Experience through Performance Improvement

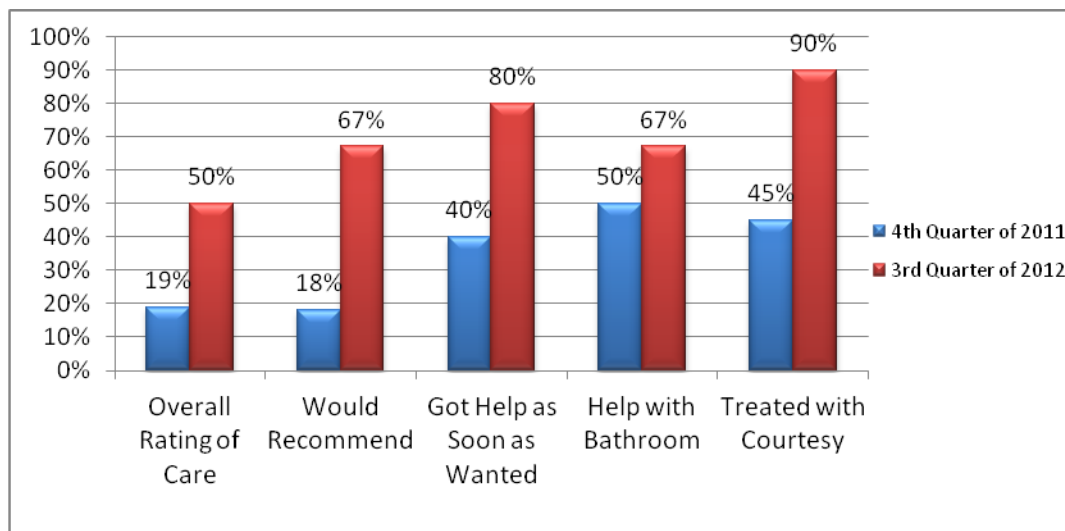
The Labor Management Project supported performance improvement at Jamaica hospital, building on a patient-centered care training initiative aimed at improving the patient experience.

The Challenge: Health care reform has heralded new attention to the patient experience, with hospital reimbursement tied in part to patient satisfaction survey results. Jamaica hospital was challenged with lower than desirable scores on federal-mandated "HCAHPS" surveys. The hospital identified a unit, 3N, with which to initiate joint labor/management work to improve the patient experience and document the results.

The Solution: The Labor Management Project provided technical support and training to help establish a unit-based team composed of representatives from 1199SEIU and hospital management. Labor Management Project staff trained team co-leads and helped to facilitate the performance improvement work. The labor management team examined existing patient survey data and best practices, and chose to address staff responsiveness to call lights as well as other aspects of the patient experience. The team put into place several initiatives shown to be best practices, including a "no pass" policy that trained all staff to respond to call lights, and hourly rounding in which staff visit each patient in order to meet needs even before a call light is needed. The team also created a "welcome kit" for patients with note pad and pen, toothbrush and toothpaste, slipper socks, and pill case.

The Results: Patient satisfaction scores, as measured with the HCAHPS survey, increased substantially over several months following these initiatives.

**HCAHPS Improvements
2011 to 2012, 3 North Unit, Jamaica Hospital¹**



Positive Feedback:

"The only asset we've ever had is our employees," stated Bill Lynch, COO and Executive Vice President of Jamaica Hospital. "[The labor/management team] really set a high standard, they've proven that it can be done."

"There has been a lot of enthusiasm," stated Daniel Calise, Organizer, 1199SEIU. "Jamaica can and will be the beacon for health care in Queens."

¹ Percentages represent: a) the percent of patients rating the overall quality of care a 9 or 10; b) the percent reporting they would recommend the hospital; c) the percent reporting they always got help as soon as they wanted it; d) the percent reporting they always got help to the bathroom when needed; and e) the percent reporting that they were always treated with courtesy.

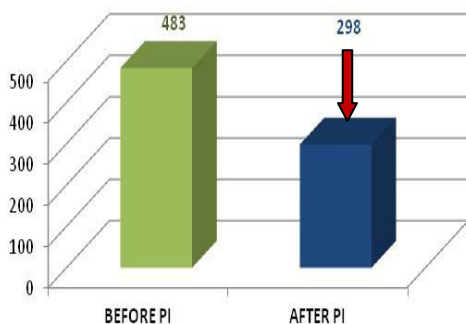
ST. JOHN'S EPISCOPAL HOSPITAL A Patient-Centered Care Performance Improvement Project

This summary outlines how the Labor Management Project (LMP) supported performance improvement (PI) work at St. John's Episcopal Hospital. The PI initiative was aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Union and management leaders at St. John's Episcopal have committed themselves to cultivating a culture of excellence and high-quality service through collaboration. To facilitate this collaboration, they enlisted the Labor Management Project (LMP) to conduct a series of patient centered care trainings for 169 hospital employees and managers. St. John's leaders hoped that educating staff about the principles of patient centered care through LMP trainings would improve patient satisfaction scores on federally-mandated HCAHPS surveys. Patient centered care is defined by the Institute of Medicine as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."² To reinforce the knowledge employees gained during the LMP's patient centered care trainings, union and management leadership also asked the LMP to conduct a performance improvement project on one unit, aimed at improving staff responsiveness to patients' needs.

The Solution: St. John's union and management sponsors selected Tower 11 (a telemetry unit) for the performance improvement project. In a two-day launch, the LMP worked with a team of managers and 1199SEIU representatives from the unit to develop goals and a work plan. As an indicator of staff responsiveness, the team selected a reduction in the number of call bells as its key measure. The LMP provided facilitation training to the team's two union and management co-leads. The co-leads, with the assistance from the LMP, then guided the Tower 11 Team through a process of: training all nurses on hourly rounding with the 4 P's (assistance with pain, potty, position, or possessions); using whiteboards, customized rounding pocket cards, and bedside logs; implementing huddles and one-on-ones to get staff input and problem solve; and integrating "stay in district," which encourages nurses to stay near their room assignments. The team also trained over 200 staff who interact with patients on the unit (e.g., Food & Nutrition, Environmental, Medical, Rehabilitation, Imaging, and Respiratory) to respond to call bells and follow a "no pass" policy. Lastly, the team identified and addressed issues that hindered staff's ability to adequately respond to patients' needs (e.g., staffing for high volume times, language barriers, access to food at night, and supply shortages). This process took approximately three months.

38% Decrease in Total Number of Call Bells (All Shifts)



The Results: As a result of this improvement project, the Tower 11 Team accomplished a 38% decrease in the total number of call bells (from 483 to 298) across all shifts.³ Most notably, the day and night shifts reduced their call bells by 54% and 52%, respectively. Research demonstrates that the responsiveness practices implemented by Tower 11 better enable staff to anticipate patient needs and provide consistent, proactive care. It stands to reason, therefore, that Tower 11's new practices contributed to a corresponding improvement in HCAHPS scores. From April (baseline) to the end of June (post-intervention), Tower 11's score on the HCAHPS survey questions for "staff responsiveness" increased 20 percentage points, and the scores on the "hospital rating" and "likeliness to recommend hospital" questions increased from 8% to 71% and 14% to 71%, respectively. St. John's union and management sponsors agreed to support the group's commitment to continue training their peers, collecting call bell data, and meeting once a month to monitor progress.

Positive Feedback: The team's excitement about their final results was shared equally by its union and management supporters. The following comments were made during a final presentation to the team's sponsors.

"The Steering Committee plays a vital role in where this project goes. If we are to roll this out to the entire institution, you will need our support. Use the Steering Committee to help you sustain this. This is not something you have to come and request support for. We are here and committed to supporting you." Brian Joseph, Vice President Health System II 1199SEIU

"Thank you and congratulations to each of you. What you've done is truly inspiring. I look forward to implementing this in other areas. I know we still have a lot of education to do, but if we were able to convert Tower 11 with such a significant understanding that resulted in us changing our [HCHAPS] numbers, then I'm hoping we can do this with the rest of the house." Sharika Gordon, Vice President, SJE Human Resources

"I want to say thanks to each of you. You guys have reenergized me! As far as I'm concerned, this is the team of the year at St. John's." Deb Friedland, RN/Contract Administrator 1199SEIU

"I want to thank you all for the tremendous job you did. It's amazing to see your results, and I'd like to say that the Press Ganey results for Tower 11 in my department have also improved significantly in four areas – overall (76% to 86%), temperature of food (69% to 86%), quality of food (68% to 85%), and courtesy of personnel (79% to 88%)." Kevin Geraghty, Director, Food and Nutrition

"When I needed help, I was never turned down from either union or management. Management has committed to be there for us, union has committed to be there for us. The patients need us, and all we have to do is be committed too." Dennis Alfred, Co-lead, T11 Service Assistant

² Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Nov 2012.

³ During the baseline and post-intervention periods, call bell data were collected 7 days for the day shift, night shift, and evening shift.

BROOKLYN HOSPITAL CENTER

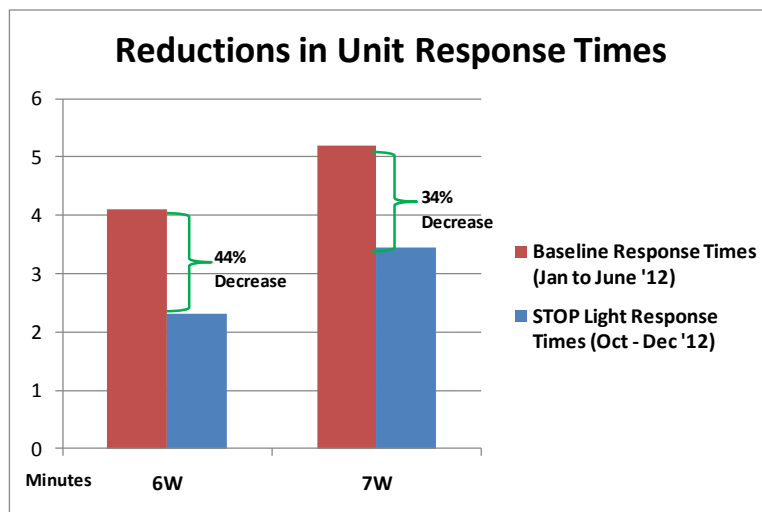
A Performance Improvement Project to Decrease Response Times

The Labor Management Project supported a performance improvement (PI) project at the Brooklyn Hospital Center aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Staff responsiveness is a key indicator of patient satisfaction on federally-mandated HCAHPS surveys, which are now tied to hospital reimbursement eligibility. In an effort to address lower than desired HCAHPS scores, The Labor Management Project worked with union and management sponsors and facilitated a series of Person Centered Care trainings with hospital staff and management. After these trainings, the hospital chose to further their efforts by having the Labor Management Project guide a performance improvement initiative targeting staff responsiveness.

The Solution: The Brooklyn Hospital Center identified two units, 6W and 7W, with which to initiate performance improvement work. These particular units were chosen based on the strengths of their leadership teams. Once the Labor Management Project launched the PI project with teams of 1199SEIU representatives and unit managers on 6W and 7W, it then provided assistance to each team's co-leads in facilitating the performance improvement work. Both teams chose to address staff responsiveness to call lights by implementing "STOP Light" – an initiative that encourages everyone's participation (e.g., nurses, housekeepers, transporters, physicians, and dietitians) in responding quickly to call lights. The teams also engaged in rounding (once) with representatives from the food and nutrition department to determine how to better meet patients' dietary needs. Over the course of three months, the teams met weekly to evaluate their progress.

The Results: With the assistance of RSW, a call light tracking system, the teams on 6W and 7W were able to measure changes in staff response times. The team on 6W decreased its average response time from 4:11 minutes (January to June 2012) to 2:32 minutes (October to December 2012). Over the same time period, the labor-management team on 7W reduced their unit's response time from 5:19 minutes to 3:44 minutes. This change represents a 44% improvement on 6W and a 34% improvement on 7W. When the teams made their final presentation, hospital management was so impressed with the initiative that they decided to immediately replicate the performance improvement project hospital-wide, with the assistance of the leaders who emerged on 6W and 7W.



Positive Feedback: Tony Howell, Brooklyn Hospital's 1199 Vice President, stated, "This project has been a tremendous success. It created a great sense of teamwork across all the different job titles. Everyone worked together to accomplish a common goal."

John Lasky, Senior Vice President of Human Resources, exclaimed, "I'm extraordinarily impressed with the results on the call bell. It's measurable...And not only can we measure the results, it's incredible. It's really, really good. I'm overly and overtly excited...This has to be hard-wired into the entire institution."

Wayne Allen, Vice President of Support Services, remarked, "Its huge improvement...It needs to become the culture [of the hospital]. You did a great job engaging the various constituents and we need to make this a part of orientation...You guys have a lot to be proud of."

Patricia Winston, Senior Vice President of Nursing, affirmed, "The team did exactly what it needed to do [as a pilot] and all the things it found will help us. And we'll clarify these [issues] before we roll it out. There's no question about whether we'll roll it out house-wide, it's just a matter of how we roll it out and how do we educate people."

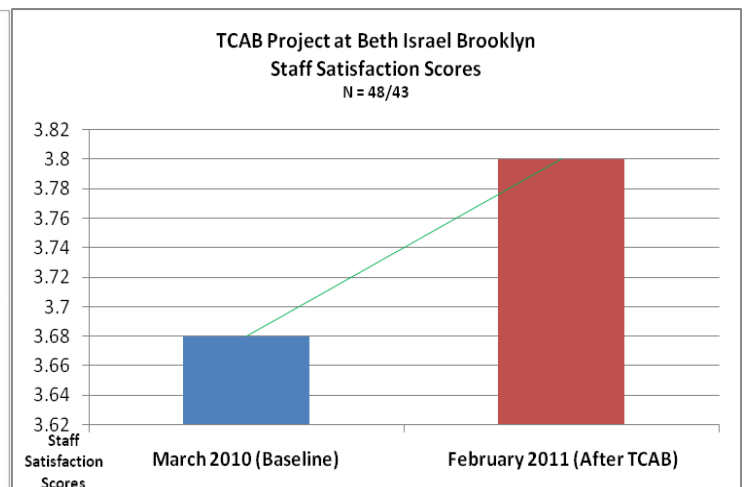
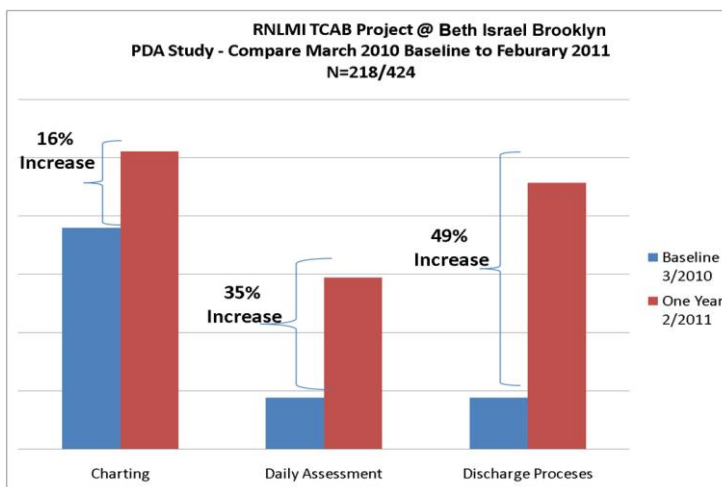
TRANSFORMING CARE AT THE BEDSIDE (TCAB)

The RN Labor Management Initiative (RNLMi) provided program support to several Med/Surg units seeking to engage frontline staff in TCAB – a quality improvement program intended to increase the amount of time nurses and other members of the health care team spend at the bedside.

The Challenge: Hospitals face increasing pressure to improve the quality and safety of patient care, reduce waste in work processes, and increase the satisfaction and retention of staff members. Making quality improvements on medical and surgical units often requires a precise understanding of how daily work processes might be altered so front-line staff can spend more time in direct patient care and less time engaged in non-value-added activities.

The Solution: In 2010, Transforming Care at the Bedside (TCAB) was piloted in Med/Surg units at several 1199 RN institutions, including Beth Israel Brooklyn (3N), Montefiore North (3N), and North Shore Forest Hills (4N). TCAB is one of many quality improvement programs designed to improve patient care and satisfaction. TCAB was developed by the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). TCAB creates a framework for multi-disciplinary teams to work together, review data related to work processes, analyze problems, implement changes, and evaluate outcomes. TCAB participants include representatives from all areas of the patient care team (e.g., nurses, managers, physicians, pharmacists, therapists, nursing assistants, transporters). Beth Israel Brooklyn (1 North) and Beth Israel Petrie (7 Linsky) are currently engaged in TCAB.

The Results: TCAB teams at each hospital, with assistance from the RNLMi, conducted “RN Time Studies” to evaluate the amount of time nurses engaged in non-value-added activities. Using PDA-based software, the nurses tracked the tasks that took them away from the bedside during their shifts. The analyses revealed that nurses were spending excessive amounts of time engaged in activities that kept them from direct care. For instance, one TCAB team found that RNs were spending approximately 30 minutes more than the national average (per trip) waiting for patients’ medications at the pharmacy. It solved this problem by working with the pharmacy and IT departments to create an electronic medication request program to replace its paper process. The new system decreases the amount of trips staff makes to the pharmacy and increases the efficiency of pharmacy runners - allowing nurses and nursing assistants to spend more time in direct patient care. At Beth Israel Brooklyn, TCAB increased the amount of time nurses spent in direct patient care (a 35% increase in daily assessment and 49% increase in discharge processes). TCAB also significantly improved RN satisfaction scores at the same hospital.



BRONX-LEBANON HOSPITAL CENTER

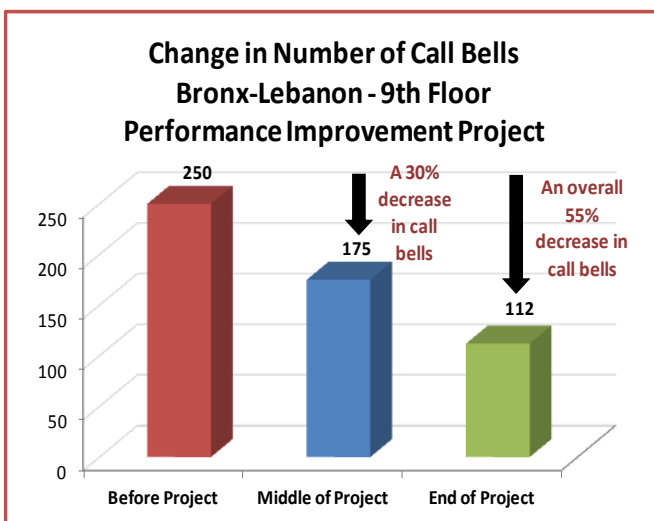
A New Beginning of Care: A Patient-Centered Care Performance Improvement Project

The Labor Management Project supported a performance improvement (PI) initiative at Bronx-Lebanon Hospital during the first three months of 2013. The PI initiative was aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Staff responsiveness is a key indicator of patient satisfaction on federally-mandated HCAHPS surveys, which are now partially tied to hospital reimbursement. In an effort to address lower than desired HCAHPS scores, the Labor Management Project (LMP) worked with union and management sponsors at Bronx-Lebanon Hospital to facilitate a series of Patient-Centered Care trainings with hospital staff and management. After these trainings, the sponsors agreed to deepen their commitment by having the LMP guide a performance improvement project targeting staff responsiveness. This included establishing a goal to lower the number of call bells.

The Solution: Union and management sponsors at Bronx-Lebanon selected the ninth floor for its performance improvement initiative. In a two-day launch, the LMP worked with a multidisciplinary team of union and non-union employees and managers from the ninth floor to develop goals and a work plan for the project. After the LMP provided facilitation training to the team's union and management co-leads, the co-leads guided the team through a process of: implementing new responsiveness policies (hourly rounding and "stay in district," which encourages workers to stay near their room assignments); training all support and medical staff on the floor to respond to call lights and follow a "no pass" policy (282 employees trained); improving interdisciplinary communication about patients' needs within the healthcare team; enhancing communication between the healthcare team and patients from the time of admission to the time of discharge; and addressing barriers to meeting patients' needs quickly (e.g., relocating the ice machine for quicker access, preordering meals for patients admitted at night, ensuring adequate staffing, improving discharge processes). Additionally, all nursing staff trained on how to round using AIDET, the 4Ps (Pain, Position, Potty, Personal Possessions), and other proven best practices. This entire process took approximately three months.

The Results: In April 2013, the team (also known as the "Dream Team") presented their results to their union and management sponsors. They were happy to report a 30% decrease in call bells (from 250 to 175) by the midpoint of the intervention, and an overall 55% decrease in call bells (from 250 to 112) by the end of the project.⁴ These decreases suggest that the changes the floor implemented over the twelve-week intervention period increased the likelihood that patients' needs were addressed before they felt the need to ring their call bells. The team members fully anticipate that these improvements will persist, as the PI group will continue to meet, measure outcomes, and improve responsiveness. The team will also continue to meet with their colleagues on the ninth floor every month to review patient satisfaction scores and reinforce the responsiveness practices. Furthermore, they will provide patient satisfaction trainings to all new staff assigned to their floor. While the floor's HCAHPS scores have already shown modest improvements, it will take time to see the true impact of this PI project (due to the time lag of HCAHPS reporting).



Positive Feedback: Miguel Fuentes, Bronx-Lebanon CEO exclaimed, "I am blown away and I have to commend you. We have worked on quality of care and financial viability; but one area we've slipped on is patient satisfaction. If we can do this project on other floors and sustain the results, we'll be one of the best hospitals in the city again."

Angela Doyle, 1199 Executive Vice President said, "I hear the excitement and enthusiasm. I'm particularly impressed with the depth of cooperation between all the staff. Let us work hard to sustain this team concept on the ninth floor and to expand it through the hospital."

Aida Morales, 1199 Vice President shared, "I was very excited when they brought this idea to 1199. I was very proud to be part of this kind of labor management project."

Selena Griffin-Mahon, Assistant VP of Human Resources stated, "We chose the 9th floor because you have the largest number of patients, great staff and we felt you would be successful. You were! Great job!"

Lisa Brandon-Colon, Manager of Training and Volunteer Services remarked, "It's been an honor for me to work with this group [PI team] and these consultants [LMP]. We want to replicate not just what was done, but *how* it was done throughout the hospital."

Drs. Aisha Siraj and Bibi Ayesha, both members of the team said, "We experienced true teamwork on the floor, where the nurses, PCTs, social workers, and residents were in the real action. It was the 9th floor TEAM that made this project a GREAT success."

⁴ For each period of data collection (pre, mid, and post), call bell data was recorded a total of seven days for both day and night shifts.

MT. SINAI QUEENS HOSPITAL Improving Response to Call Lights through Performance Improvement

The Labor Management Project supported Mt. Sinai Queens' work to improve staff responsiveness by helping to establish and facilitate a successful performance improvement initiative.

The Challenge: Patients' experience in the hospital is influenced by their perception of receiving the help they need when they ask for it. Mt. Sinai Queens was interested in improving response to patient call lights. The hospital identified a unit, 3 East, with which to initiate joint labor/management work to improve the patient experience and document the results.

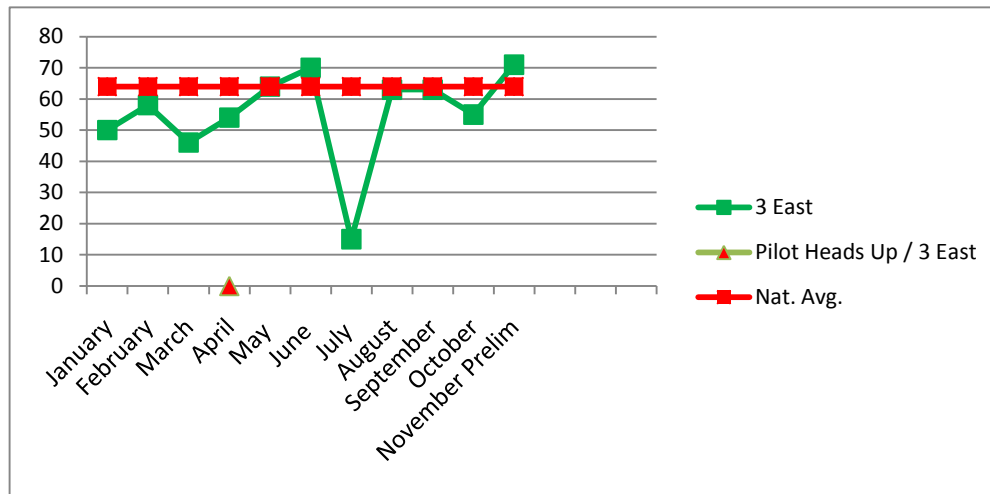
The Solution: The Labor Management Project provided facilitation and training to help establish a multi-disciplinary team with 50% membership from 1199SEIU and 50% from hospital management. The team collected data through focus groups, an employee survey, and by measuring the response time to call lights in order to understand the issues and explore solutions. The team then developed a curriculum and training program called "**HEADS UP,**" an acronym that provides guidance to all staff to respond to call lights: **H** = **H**eads up! Look up when you are in patient areas and be aware if call lights are lit; **E** = **E**nter the room and introduce yourself if call light is on; **A** = **A**ttend to the patient – ask what the patient needs; **D** = **D**etermine what you can or cannot do; **S** = **S**afety first! Make sure never to put the patient at risk; **U** = **U**nderstand what the patient needs and provide assistance if you can; **P** = **P**ass it on if you cannot fill the need yourself. Staff received training, including those in housekeeping, engineering, food and nutrition, laboratory, and transport.

The Results: Patients' perception of responsiveness of staff increased substantially over several months following the implementation of HEADS UP. Success in the unit led the hospital to expand the initiative throughout the hospital, including *Adopt a Unit*: members of the labor/management team conduct observations and provide support and feedback to staff on other units. The aim is to help with implementation of the Heads Up initiative and to reinforce Heads Up behavior. The team is also developing an award to be presented to the unit with the highest responsiveness score monthly.

Sustaining the gain has been a challenge, especially with new competing priorities. The team is in the process of reviewing the program and generating ideas to revisit the in-service training, implementing monthly activities around HEADS UP, and marketing. A group of Labor and Management Sponsors are working on a reward and recognition program to further engage staff.

Responsiveness Scores: 3 East (Pilot Unit), 2012

Percent of Patients Reporting they "Always" received the help they needed as soon as they wanted it



Positive Feedback:

Labor and management sponsors attributed the success to the strong engagement and valuing of all performance improvement team members. **"This is the best team I've ever worked with,"** stated Ilyssa Decasperis, a key union sponsor. **"Everybody's voice was recognized."** In addition, she stated, the diverse labor/management team was able to communicate well with the rest of the hospital. **"We got a lot of buy-in."**

ST. LUKE'S ROOSEVELT HOSPITAL

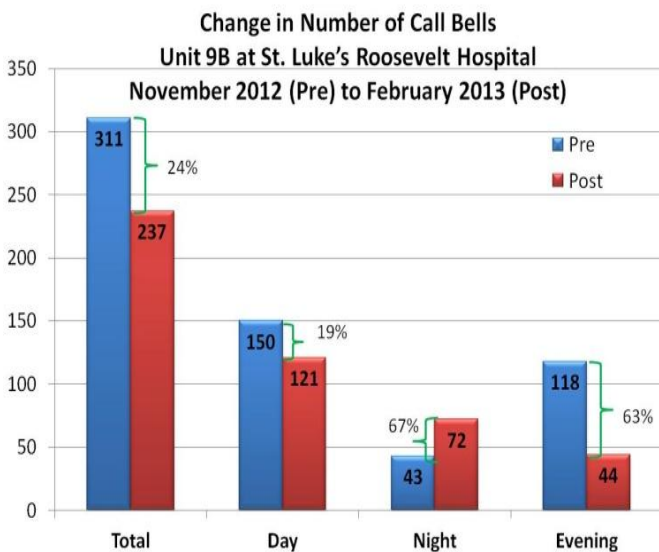
A Patient Centered Care Performance Improvement Project

This summary outlines how the Labor Management Project (LMP) supported performance improvement (PI) work at St. Luke's Roosevelt Hospital (SLR). The PI initiative was aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Labor and union leaders at St. Luke's Roosevelt understand that maintaining a reputation of high-quality service requires a long-term commitment to creating a culture of excellence through collaboration. They enlisted the Labor Management Project to facilitate a series of patient-centered care trainings for nearly two hundred hospital employees and managers. Patient-centered care is defined by the Institute of Medicine as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."⁵ To reinforce and deepen the patient-centered care focus, the LMP guided a performance improvement initiative on one unit, aimed at improving employees' responsiveness to patients.

The Solution: Union and management sponsors at St. Luke's Roosevelt selected unit 9B for the performance improvement pilot. In a two-day launch, the LMP worked with a team of 1199SEIU representatives and managers from the unit to develop goals and a work plan. As an indicator of staff responsiveness, the team selected a reduction in the number of call bells as a key project measure. Some interventions tested in the PI project were intended to adequately address patient needs before they felt the need to ring their call bells. The LMP provided facilitation training to the team's two co-leads – one management and one union representative. The co-leads (with the assistance of the LMP) then guided the team through a process of: implementing new responsiveness policies (hourly rounding and "stay in district," which encourages workers to stay near their room assignments); cultivating culture change (by holding monthly unit meetings to encourage engagement); troubleshooting issues that hindered responsiveness to patients' needs; and training all support and medical staff on the unit to respond to call bells and follow a "no pass" policy (178 employees trained). This process took approximately three months.

The Results: Within 3 months, the team accomplished a 24% decrease in the total number of call bells (from 311 to 237) on the unit across all shifts.⁶ Most notably, the evening shift reduced its call bells by 63%. At an estimated PI 4 minutes per call response, this decrease saved the unit an average of 74 minutes each evening shift – time that could instead be devoted to other patient care needs. Research demonstrates that the responsiveness practices implemented by 9B (such as hourly rounding) better enable staff to anticipate patient needs and provide consistent, proactive care. This, in turn, often leads to increased patient satisfaction and safety.⁷



Positive Feedback: PI team members reported that they received positive feedback from other staff on 9B such as, "It's really working;" "I could hear a difference – less call bells compared to the other side of the unit;" and "I'm no longer hearing, 'It's not my job.'"

Roopchan (Bob) Baboolal, ANCC, the team's Union Co-Lead said, "The project was effective and had a good outcome. From my observations, the best results are achieved when practices are done from the heart and with love for what you do."

Andre George, a team member from Materials Management stated, "The opportunity to engage with staff across the departments through our 9B PI project empowered us to be leaders in striving for change. We have and will continue to effect improvements from within."

Joanne Miller, St. Luke's Roosevelt's Chief Nursing Officer remarked, "I would like to commend everybody on your spirit. Of course your hard work is recognized as well, but hard work can't really go anywhere without a passion for putting your patients first. What you've identified is important and could serve as a model for other units."

Estela Vazquez, 1199 Executive Vice President said, "We are very pleased with the outcomes and give thanks to the incredible efforts of the Union staff, our delegates and members, and the management team. This is an example that joint efforts produce positive results that we all can take credit for."

Marty Mancuso, Chief Patient Experience Officer said, "Congratulations. It was a wonderful effort. We will continue to support you."

Dennis Haggerty, HR Manager said, "This is a great effort by everybody and it will make a big difference throughout the hospital."

⁵ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Nov 2012.

⁶ During the baseline and post-intervention periods, call bell data was collected 7 days for the day shift, 5 days for the night shift, and 4 days for the evening shift.

⁷ Meade et al. *Effects of Nursing Rounds on Patients Call Light Use, Satisfaction, and Safety*. AJN, Sept 2006, Vol 106, No 9, pp. 58-70

NATIONAL GREEN ENVIRONMENTAL SERVICE WORKER PROJECT From Entry Level to a Green Career: The “Green Grant”

The Green Grant enabled the Labor Management Project (LMP) to provide training and program support for Environmental Service/Building Service department (EVS/BSD) teams at Montefiore Medical Center (Montefiore), New York–Presbyterian Hospital (NYP), and New York University Langone Medical Center (NYULMC) from 2009 to 2011.

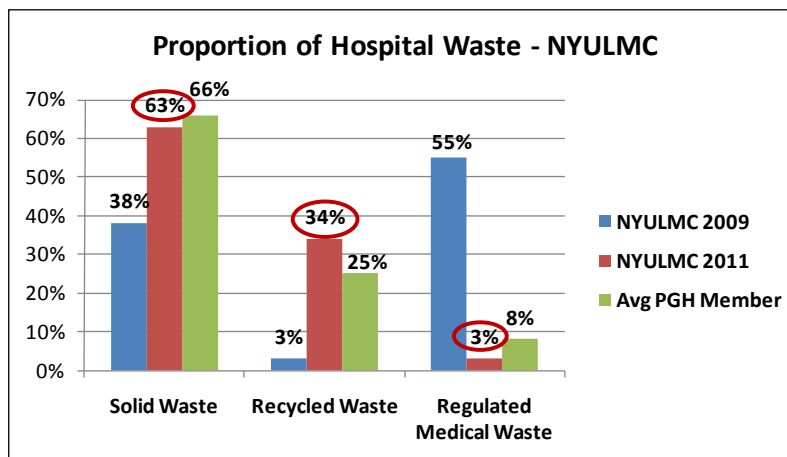
(Note: The employees at Montefiore and NYP are identified as environmental service workers, while NYULMC employees are referred to as building service department workers.)

The Challenge: Healthcare institutions must increasingly consider how environmental factors impact health outcomes as well as financial bottom lines. For instance, hospitals must develop efficiencies in the use of energy, water, and waste in order to become safer, greener, and more economical. There is, therefore, a need to train individuals who are equipped to generate sustainable “green” improvements.

The Solution: The American Reinvestment and Recovery Act’s Energy Training Partnership Grant presented opportunities for labor-management partnerships to secure funds for training from the U.S. Department of Labor. The LMP secured this funding to train new and incumbent EVS/BSD workers at Montefiore, NYP, and NYULMC. The LMP also supported the establishment of labor-management EVS/BSD project teams at each hospital to lead efforts to create more environmentally sustainable institutions. The EVS/BSD teams selected among the following goals:

1. Develop and implement recycling programs to reduce hospital waste
2. Convert chemicals to green chemicals
3. Create energy and water tracking mechanisms for EVS/BSD workers
4. Reduce regulated medical waste by both volume and cost
5. Develop a sustainable hand washing program

The Results: From 2009 to 2011, the hospitals implemented strategies that benefitted the environment, saved money, and created jobs. The LMP certified 52 employees as trainers who then facilitated “green” trainings for approximately 800 of their peers (incumbent workers) across the three participating institutions. More than 500 job-seekers completed the LMP’s Green Pre-hire Training Program (112 were placed in jobs), and seven participants who completed the grant-funded “Sustainability in Healthcare” certificate program through Lehman College were upgraded to newly-created Green Sustainability Coordinator positions. Also during the grant period, NYP reduced its total waste portfolio cost by \$108,500, largely through a 14% reduction of regulated medical waste (from 581 to 499 tons) and a 7% reduction of solid waste (from 4,819 to 4,497 tons). Montefiore increased its recycling share from 6% to 16% - much closer to the Practice Green health (PGH) national average of 25%. And as seen in the chart below, NYULMC avoided approximately \$5,000 in waste expenses by increasing its recycling share from 3% to 34%. NYULMC also saved over \$200,000 by reducing its proportion of regulated medical waste from 55% to 3%.



Positive Feedback: Montefiore’s EVS Green Coordinator reported a heightened awareness among staff about the importance of “going green” and noted that, “For the individuals involved, this project [Green Grant] has provided a greater appreciation and approach to their jobs.”

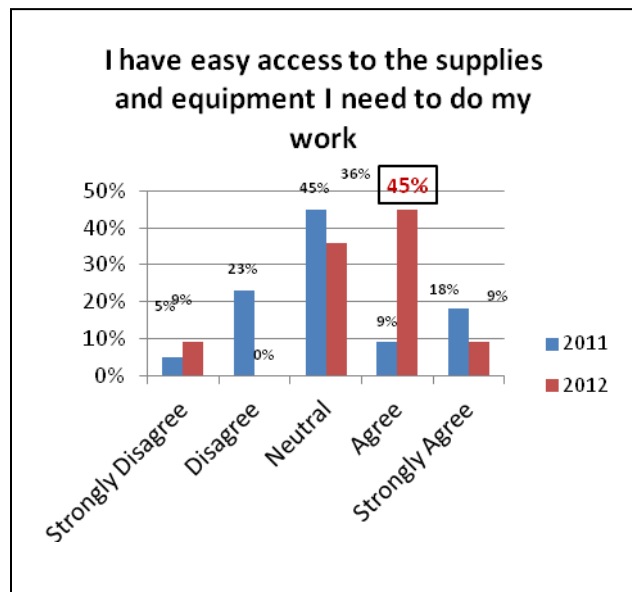
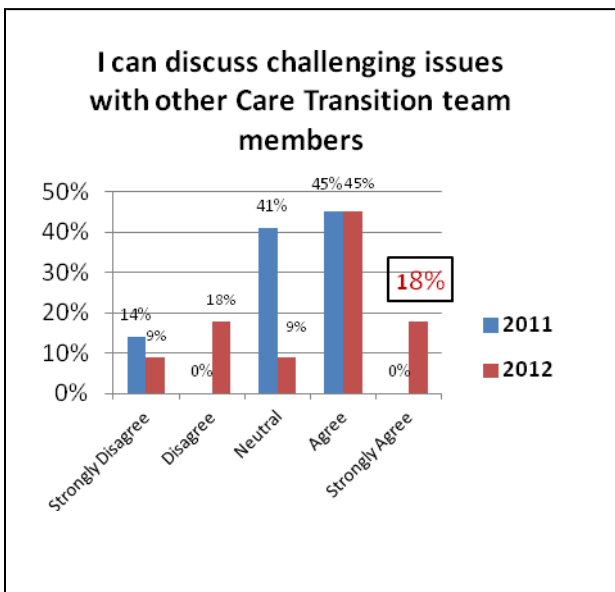
ST. BARNABAS HOSPITAL
Improvements in the Care Transitions Department

The Labor Management Project was asked to address concerns within the Care Transitions Department at St. Barnabas Hospital.

The Challenge: Relationships within the Care Transitions department were strained. Miscommunication was frequent and there was a general sense of frustration. Social workers felt as if they did not have adequate guidance from management, equipment (e.g. computers), or work space. Social workers also felt that they were getting mixed messages about their discharge work – they must provide excellent discharge planning and support for patients while at the same time making sure that the patients are moving out as soon as possible. Managers felt that the social workers were fighting against the case management system at the same time that they were supposed to be implementing it.

The Solution: Consultants from the Labor Management Project (LMP) sought to improve inter- and intra-departmental communications and morale among the staff by helping the hospital establish a Care Transitions Labor Management Steering Committee. The committee provided an opportunity for representatives of management and the front line staff – including nurses and social workers - to address communication, staffing, social work supervision, teamwork, HCAHPS scores and understanding HCAHPS, and availability of computer equipment. The team also investigated training programs that would provide RNs and Social Workers with the specific skills to successfully perform discharge planning. The “Healthcare Team Vitality Instrument” was administered in the fall of 2011 and the summer of 2012 to measure the Care Transition staff perceptions of their department’s progress. This survey emphasized front line staff empowerment and engagement, communication, patient care, and team collaboration.

The Results: Improvements were made in most of the problem areas addressed by the Committee. For instance, availability of space for the social workers improved, computer software and equipment were updated and staffing was increased on both the nursing and social work sides. The survey showed slight progress on most issues, with the movement of the survey responses small but moving consistently in a positive direction.



INFECTION PREVENTION CAMPAIGN

The Challenge: While progress has been made in public health and hospital care, infections continue to develop among hospital patients throughout the country. Hospital acquired infections (HAIs) affect almost one in ten hospital patients in the United States. Annual medical costs of HAIs range between \$28.4 to \$33.8 billion dollars (CDC, 2009).

The Solution: Together, 1199SEIU United Healthcare Workers East (1199SEIU), the 1199SEIU Training and Employment Funds (TEF), and Greater New York Hospital Association (GNYHA) developed and launched the Infection Prevention Control Campaign (IPC) in 2007. The project trained managers and staff in 18 hospitals on proper hand hygiene techniques and how to improve the cleanliness of the care environment. In order to facilitate communication, teamwork, and awareness of HAI, front line staff throughout the hospitals attended a one-day training and received a tool-kit including a training DVD, Glo-Germ and IPC posters as reference material for their hospitals. IPC meetings facilitated by Labor Management Project staff began shortly after, focusing on development of concise implementation plans and enhancement of labor-management collaboration. Each participating hospital utilized various mechanisms to promote infection prevention, including regular infection control rounding, scheduled infection control meetings, communications and marketing (weekly bulletins, monthly or quarterly newsletters, posters and buttons).

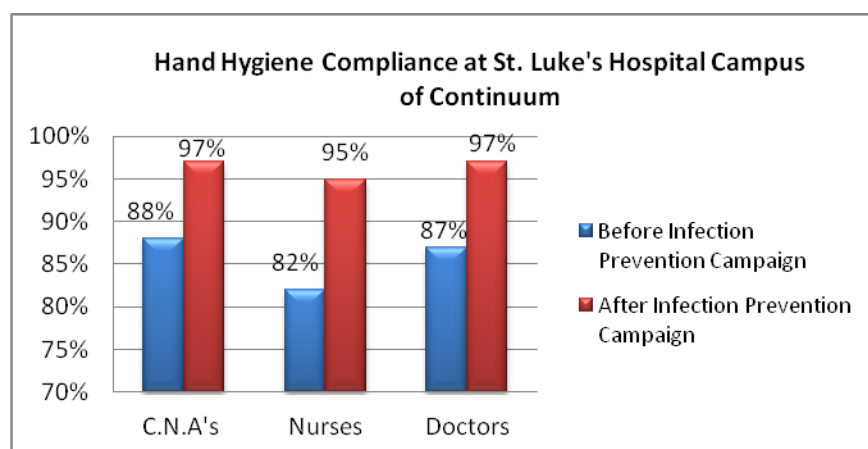
The Results: The LMP provided training and education to over 1100 IPC coaches in 18 hospitals. Coaches were then charged with promoting infection prevention with their colleagues and throughout the hospital. Notable measurable improvements include:

In 2011, St. Luke's Hospital increased hand hygiene compliance from 82% to 95% among nurses, 88% to 97% among certified nursing assistants and 87% to 97% among doctors.

From 2009 to 2011, Long Island Jewish Hospital cut the rate of surgical site infections by 11%; Methicillin-Resistant Staph infections by 36% and ICU Central Line Associated infections by 92%.

From the second quarter to the fourth quarter of 2011, The Roosevelt Hospital campus of Continuum increased hand hygiene compliance rate from 92% to 98% for nurses and from 64% to 78% for doctors.

At Montefiore Medical Center, hand hygiene compliance for all the campuses increased from 87% in the fourth quarter of 2010 to 91% in the first quarter of 2011; HCAHPS scores on cleanliness for the hospital improved from 69% in 2009 to 74% in 2012.



Positive Feedback:

"It has raised the leadership support of the ongoing Infection Control program as well as the individual accountability of all our healthcare workers, patients, and visitors to ensure a quality safe environment," stated Judy Fine, Director of Infection Control for Jamaica and Flushing Hospitals.

EMR TRAINING

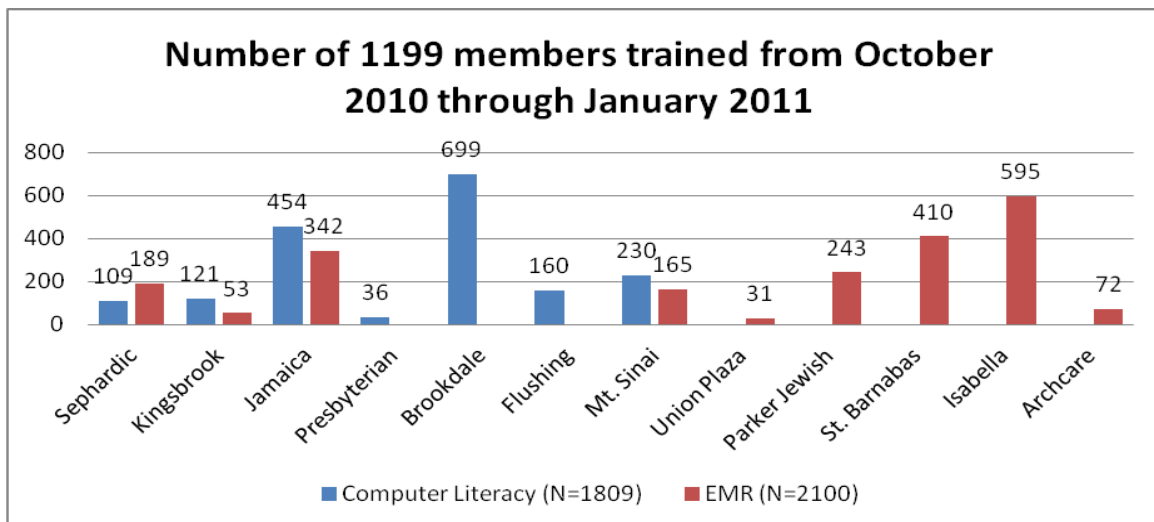
The Labor Management Project helped to facilitate Electronic Medical Records (EMR) training for numerous hospitals, nursing homes, and home care agencies/subsidiaries throughout New York, with funding from a Health Care Reform Act (HCRA) grant.

EMR systems allow data to be quickly transferred from one department to another. Other advantages of EMR can include significantly fewer errors in patient health records, efficient and timely insurance claims submission, and reduction of administrative costs. Starting in 2011, providers and hospitals were able to receive incentive payments from the Centers for Medicare and Medicaid Services (CMS) if they achieve "Meaningful Use" of a certified electronic medical record (EMR) system.

The Challenge: Some hospitals and nursing homes within 1199 SEIU did not have a system of electronic medical records. For certain departments that did have an EMR system, information was not transferrable to other departments within the hospital. Implementation of EMR also required training hospital and nursing home staff in basic computer skills as well as EMR systems. CMS requires that medical records be converted to electronic form must by 2015.

The Solution: Consultants from the Labor Management Project (LMP) conducted trainings for staff from 12 facilities: Isabella Home Care, Sephardic Nursing Home, Archcare, Union Plaza Care Center, Parker Jewish Home Care, Kingsbrook Jewish Medical Center, Mount Sinai Hospital, New York Presbyterian Hospital, Flushing Hospital, Jamaica Hospital, Brookdale Hospital, and St. Barnabas Hospital. For 2010 and 2011, \$600,000 was allocated for 30-hour Computer Literacy training to prepare 1199 members for EMR implementation and 15-hour EMR System Support Training for 1199 members employed by institutions that had already implemented EMR.

The Results: With support from LMP consultants, in 2010, 398 individuals completed Computer Literacy and 299 completed EMR training. In 2011, 1411 individuals were trained on Computer Literacy while 1801 completed EMR training.



Positive Feedback:

"Combining computer technology with health care was a ground-breaking event in our facility. As a Nurse Educator, I was in charge of coordinating the EMR project with Labor Management Project. I was also tasked to collaborate with our Information Services Department in building design workflows as well creating training sessions for Nursing EMR End Users. My experience was phenomenal because we were able trained approximately 800 Nursing Staff. It has been two years since our first EMR implementation (In-patient) and our transition has been a success."

~ Maria Rena L. Penecilla, RN, St. Barnabas Hospital

"The Medisys Health Network values the remarkable collaboration work with the 1199 SEIU and the Labor Management Projects/1199 SEIU TEF regarding the Computer Skills and EMR support training programs. Altogether, one thousand three hundred and thirteen employees within the Medisys Health Network benefitted from this project. The training programs were extremely beneficial to our organization's preparation for a smooth transition from paper-based medical records to the EPIC EMR system. We would like to express our gratitude for all the support the Labor Management Project/1199 TEF has provided to help the Medisys Health Network accomplish our goals."

~ William Lynch, Executive Vice President and Chief Operating Officer

EXCELLENT HEALTHCARE WORKERS/EXCELLENT PARENTS PROJECT

The Challenge: The conflict between work and parental responsibilities is a critical issue for unions and employers nationwide. Because healthcare is a growing sector of the economy with a high proportion of employees who are single parents and adult caregivers, the issue of work-family balance is of particular importance. In the face of increasing demands for cost reductions and quality improvements, hospitals must find innovative ways to ensure that patients' needs are met with well-trained, reliable employees who can juggle family obligations and meet the challenges of an extremely demanding workplace. Workers with unreliable child care arrangements or those who experience incidents of work-family collision often have more problems with hours and attendance, performance, and retention.

The Solution: The Excellent Health Workers/Excellent Parent Project was developed to demonstrate how low-cost labor management-driven strategies for resolving work and family conflicts can lead to better outcomes for employers, workers, and patients in healthcare settings. Through this project, the LMP delivered a series of workshops to employees (to help them manage their family responsibilities more effectively) and to union delegates and management (to help them use best practices to navigate problem solving related to work-family issues). Three Brooklyn-based hospitals, including the Brooklyn Hospital Center, Lutheran Medical Center, and Maimonides Medical Center, participated in the workshops. The LMP team also created a practical resource guide to assist parents and caregivers in their daily lives.

The Results: From December 2010 to March 2012, a total of 136 parents/employees and 175 supervisors/union leaders from the three participating hospital sites attended the LMP workshops. Participants relayed the following feedback on their evaluation forms:

Positive Feedback: The participants overwhelmingly agreed that the Excellent Health Workers/Excellent Parent Project provided them with new tools and knowledge to more effectively balance their work and family obligations.

"This workshop was extremely helpful because it gave me tools to be more assertive and dig deeper in my search for more affordable child care."

"Now I know to review my contract with my child care provider and make sure I visit my provider's home with the check list the Center for Children's Initiatives provided."

"As a result of workshop I will be sure to create a backup plan for emergencies and school holidays."

"Now I know how important it is to visit each provider in person before selecting a day care center."