Workforce Transformation Guidance Team:
A Presentation of Best Practices

August 12, 2013
12:00 pm PT / 3:00 pm ET

Patient- Centered Care Program

Presented by:
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Director, Labor Management Project and RN Programs
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Project Overview

Patient Centered Care (PCC) is a program that combines **training** and **performance improvement** to enhance the patient experience and connect interdisciplinary teams to the improvement process.

Utilizing interactive health care simulations, analytical instruction and adult learning principles, **participants are engaged in understanding "the why"** behind the changes in the healthcare delivery system, provided new tools to employ and empowered to contribute to improvements and innovations that increase patient and staff satisfaction.

Project Overview

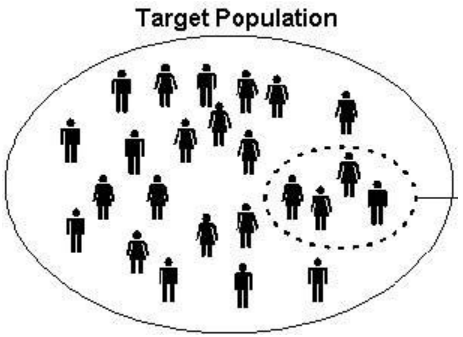
Key Training Concepts Include:

HCAHPS	•A deeper understanding of what impacts HCAHPS scores, the implication of the patient experience in care delivery, as well as each person's role on the healthcare team in contributing to a positive health care experience.
Relational Coordination	•A tool that focuses on interdependency between healthcare units and the need for increased teamwork and collaboration. Developed by researchers from Brandies University.
A.I.D.E.T.	•A.I.D.E.T. (Acknowledge, Introduce, Duration, Explanation, Thank You) is a communication tool that allows staff to communicate more effectively with patients and family members developed by the Studer Group.
Bracketing	•A Conflict Resolution tool that encourages the development of a revised communication process when angry or upset that delivers the results desired as opposed to unintended behaviors.
Culturally-Competent Care	•Explores various types of diversity that exist between patients and staff that impact care delivery such as religion, gender, orientation, etc., and engages participants in becoming more aware of difference and how to respect and accommodate difference in care delivery.

Target Population

- The PCC program seeks to **engage interdisciplinary teams** working together to enhance patient care, which includes frontline staff, nurses, management, and doctors.

- The grant also focuses on specific **targeted positions,** including:
  - Service Workers (housekeepers, patient transporters, dietary workers and unit clerks)
  - Patient Care Technicians
  - Certified Nursing Assistants
  - Patient Care Associates



Program Objectives

- **Improve participants' skills through training that will lead to improved:**
  - Patient Care
  - HCAHPS Scores (Patient Experience)
  - Financial Health of the Hospital

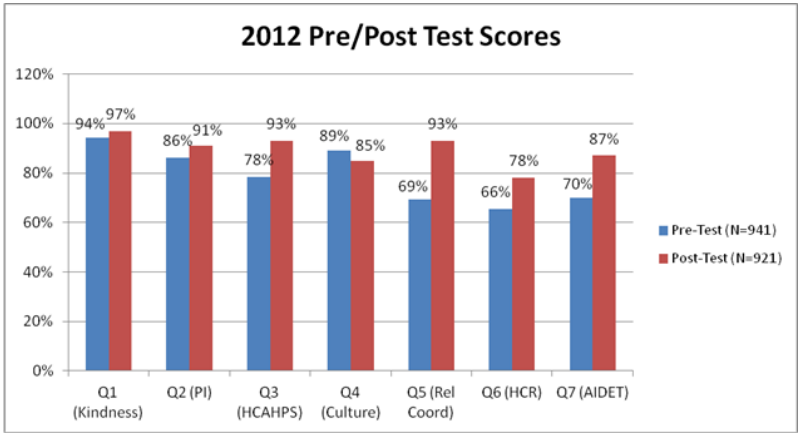
- **Provide a deeper understanding of the changing and challenging health care environment and the impact it has on their work and their ability to influence it**

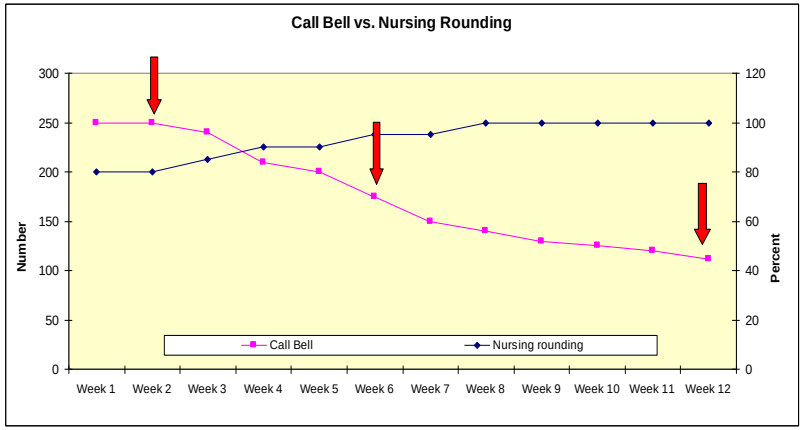
- **Initiate a Performance Improvement Project focused on improvements in HCAHPS scores to compliment the skills training**

Evaluation / Evidence Basis

SHORT TERM

- **Knowledge Transfer**
  - Pre/Post Training Test
- **Training Evaluation**
  - **96%** of respondents report: **"**I understand better how I can contribute to patient satisfaction."
- **Performance Improvement** (Responsiveness samples):
  - Decreased call bells from 250 per week to 125 call bells in 12 weeks
  - Increased HCAHPS scores for "Responsiveness of Hospital Staff" from 50% to 80% in a three month period
  - Reduced call bells by 63%, which saved the unit an average of 74 minutes each evening shift





Evaluation / Evidence Basis

LONG TERM

- **Surveys and Focus Groups**
  - To assess the extent to which PCC/PI participants have been able to put their new knowledge and skills to use in the workplace

- **Key Informant Interviews**
  - To document any perceived changes in worker behavior or patient experience since the training took place
  - To explore questions of support and sustainability

Key Components of Implementation

- ✓ Leadership (Union & Management) commitment to the implementation of the PCC Program.
- ✓ Establishment of Labor-Management Committees to plan and implement the PCC program.
- ✓ Program facilitators to drive and manage the work.
- ✓ Baseline data collection of Hospital HCAHPS Scores, targeting areas for improvement.
- ✓ Interdisciplinary training sessions with labor and management.
- ✓ Release of employees for attendance in trainings.

Projected Cost to Implement

- With over **1800+ workers trained** over the last 18 months, and **12 Performance Improvement projects executed**, average costs are about **$300 per person/per day**.
- **Exclusions:**
  - Release time
  - Evaluation
  - Sustainability training (train-the-trainer)

Sustainability

- **Expand Performance Improvement (PI) Projects**
  - Implementing additional PI Projects
  - Spreading Best Practices
- **Implement Train-the-Trainer Program**
  - Training hospital-based staff to continue training the PCC curriculum beyond the life of the program
  - Performance Improvement training courses to train facility-based staff PI methodology
- **Continue Support from Labor Management Project**
  - Sharing data and best practices about the patient experience from the LMP Research group
  - Building sharing forums for cross-hospital dialogue and community-building
  - Locating resources to support on-going work

Ambulatory Nurse Residency Program

Presented by:
Laura Long
Director National Workforce Planning and Development
Kaiser Permanente

Ambulatory Nurse Residency Program Project Overview

- Identified need for robust ambulatory training/orientation
- Developed through KP National Nurse Leadership Council, funded through the Ben Hudnall Memorial Trust (BHMT)
- Provides foundational knowledge of ambulatory setting:
  - Integration of care and chronic care management
  - Trends in ambulatory care and skill-building in over 30 clinical procedures
  - Exposes participants to all aspects of ambulatory services to facilitate seamless movement from one ambulatory clinic to another
  - Curriculum is built on the AAACN competencies for ambulatory RN
  - Continuing education credits provided
- Piloted in 4 sites (SCAL and NW regions)
- Length of program is 4 to 6 months depending if participant is currently a MA, LVN or RN

Target Population

- In-patient RNs wanting to transfer to ambulatory setting
- LVNs who have passed NCLEX but who need “experience” to upgrade to RN in ambulatory setting

Opportunity:

- Curriculum could be enhanced to train on ambulatory skills for MAs and LVNs

Program Objectives

Preceptor/validator Curriculum:

- Define and apply roles and responsibilities of an effective preceptor
- Identify and demonstrate knowledge, attitude and skill needed to be effective preceptor

Ambulatory Nurse Resident Curriculum

- Understand the factors impacting ambulatory care
- Deliver quality care as defined by professional ambulatory practice(AAACN)
- Demonstrate critical thinking and capacity to work in teams
- Develop clinical decision-making expertise
- Demonstrate ability to deliver care through telehealth mechanisms including phone advice in addition to traditional modalities
- Demonstrate ability to integrate care across services
- Demonstrate procedural expertise in a variety of ambulatory areas including infectious disease, cardiovascular, GI, GYN/OB and respiratory

Training and Pilot Evaluation

Training Evaluation:

- Course completion including validation of procedural competencies
- Job Placement and post placement evaluation
- Retention metrics over time

Pilot Evaluation:

- 21 residents completed; 1 returned to previous position, 1 moved to new position
- 100% placement with subsequent high post-placement evaluation
- 73 RN Validators and Preceptors trained
- Identified the need for efficiencies to shorten program and reduce program costs

Key Components of Implementation

- Review/update orientation, simulations and procedural competencies
- KP/BHMT in process of working with vendor to develop on-line modality
- Develop communication and spur participation
- Identify local implementation resources:
  - Staff coordinator and scheduler
  - preceptor pool for competency validation
  - number of participants and release time
  - integration of on-line and instructor-led training
- Determine evaluation metrics including capacity to spread initial program or expand to other classifications

Projected Cost to Implement

Cost elements dependent on:

- # of participants
- Length of program (incumbent or new grad training time) Cost of release time will vary by geography and classification
- Modality (on-line, instructor-led, blended)
- Any desired enhancements to curriculum
- Staff time of preceptors and staff coordinator
- Student time to participate – asynchronous nature of on-line didactic delivery reduces cost of student time
- Anticipated average cost of didactic per nurse between $5,000 (cost per student decreases significantly with larger cohorts)

Sustainability

- Use of standardized curriculum in training ambulatory nursing results in more reliable care delivery
- Asynchronous delivery of course content increases access to course material and significantly reduces cost of delivery
- On-line availability of course material can be used as ongoing reference
- On-line training improves the scalability and allows for spread throughout organization

“THE NO- PASS ZONE”

Presented by:
Susan Goldberg RN, BSN, MPA, Vice President, Organizational Performance
Barbara Sommer RN, MA, CEN, NE-BC Vice President , Nursing
Veronica Richardson RN, Chairperson, NYSNA Bargaining Unit
Cecile Charlier, Vice President, 1199 SEIU United Healthcare Workers East
Maimonides Medical Center

Project Overview

- Improving the patient and family experience through staff culture change
- Patient and family needs are **EVERYONE'S** priority
- When a call light outside a patient room is on:
  - All Medical Center staff, regardless of discipline or assignment, are expected to acknowledge
  - Walk into the patient's room
  - Introduce themselves using name and job title
  - Ask the patient what type of assistance they require
- "It's not my job…" or "It's not my patient…" is **not** acceptable!

Target Population

- Interdisciplinary Workgroup Participation:
  - 1199
  - NYSNA
  - CIR
  - Executive and Clinical Leadership

- Medical Center Staff Implementation including but not limited to:
  - Physicians
  - Nurses
  - Physician Assistants
  - Nurse Practitioners
  - Patient Care Technicians
  - Environmental Workers
  - Dietary Workers
  - Respiratory Therapists
  - Case Managers
  - Social Workers
  - Administrators
  - Rehab Staff

Program Objectives

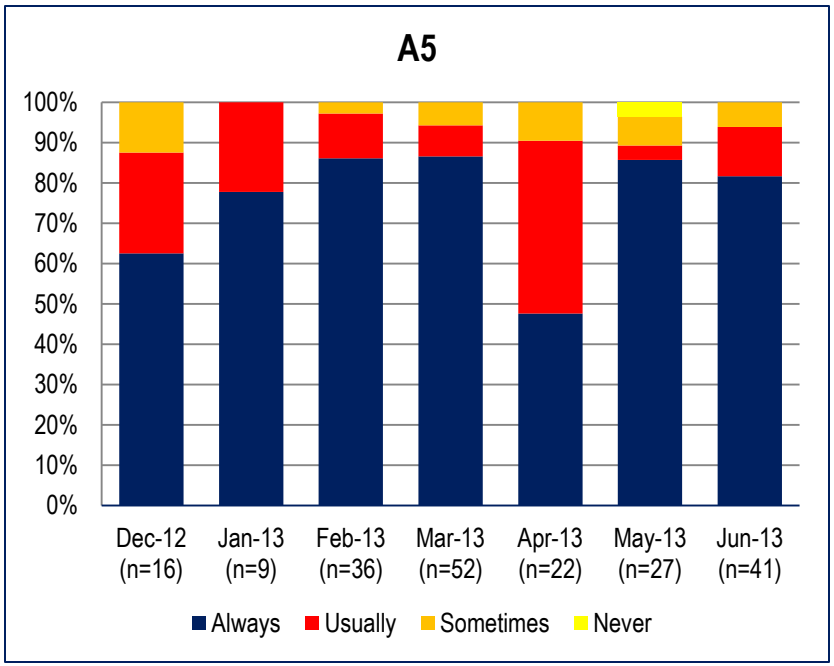
- Improving the patient and family experience is a hospital strategic priority
- The goal of the program is to increase patient, family, and staff satisfaction by promoting a culture of caring and joint ownership
- Maimonides Medical Center's clinical care and outcomes are ranked among the best in the nation
- Research and surveys inform us how patients perceive our care
- HCAHPS data revealed patients' perceptions of care did not align with our excellent clinical outcomes
- Patients equate quality of care with responsiveness and courtesy of the staff

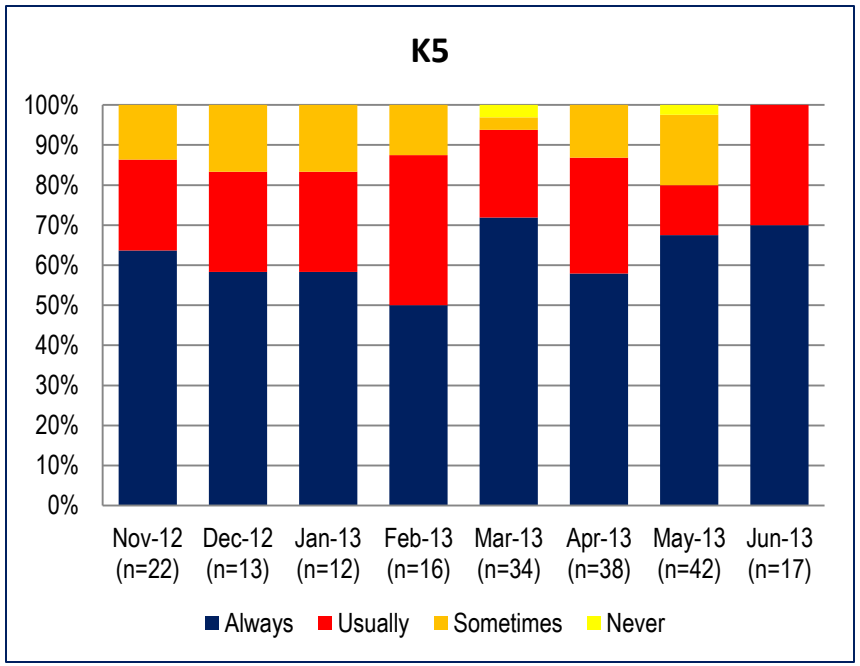
Evaluation / Evidence Basis
Pilot Units K5 and B5

- Measures of Success chosen to evaluate effectiveness:
  - 10% increase in the number of patients who respond “always” to: Did you get help as soon as you wanted it?
  - 10% increase in the number of patients who respond “always” to : During this hospital stay did the person who answered the call bell over the intercom treat you with courtesy and respect?
  - 10% increase in the number of patients who respond “always” to : During this hospital stay did the person who answered the call bell at the bedside treat you with courtesy and respect?

Pilot Units: Post Implementation Results
Call Bell Response Survey Data

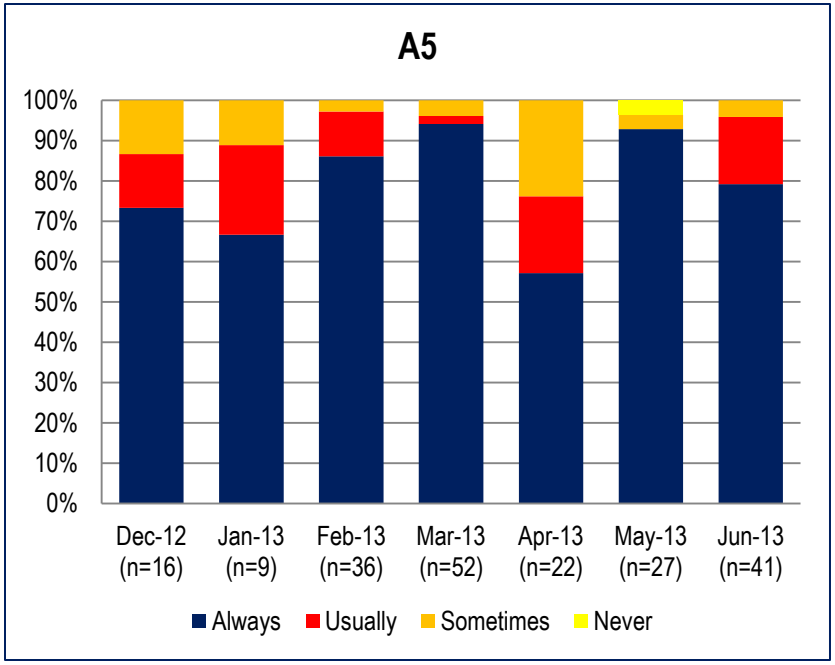
Overall during this hospital stay, after you pressed the call button, how often did you get help as soon as you needed it?

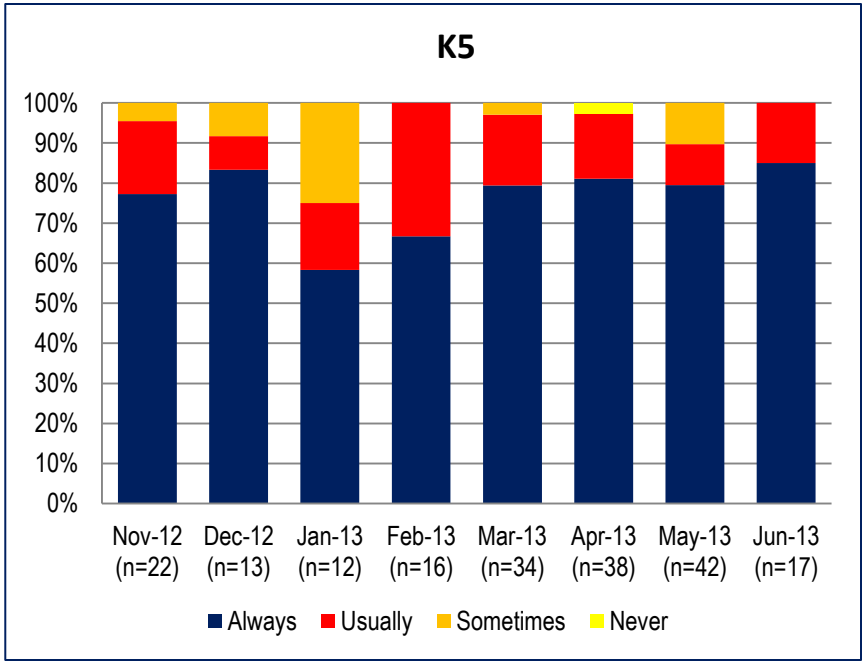




Pilot Units: Post Implementation Results
Call Bell Response Survey Data

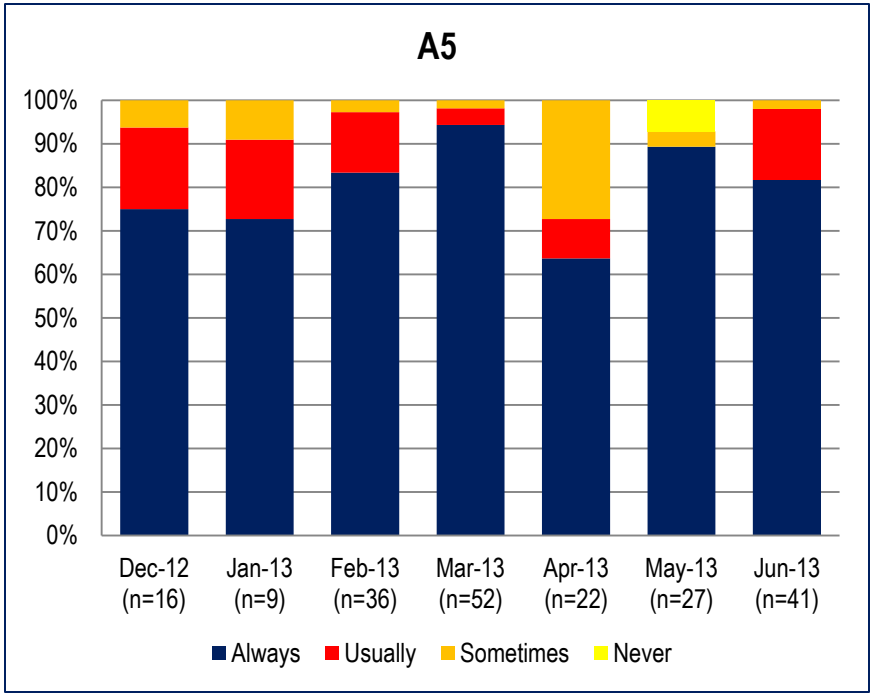
Overall during this hospital stay did the person who answered your call bell OVER THE INTERCOM treat you with courtesy and respect?

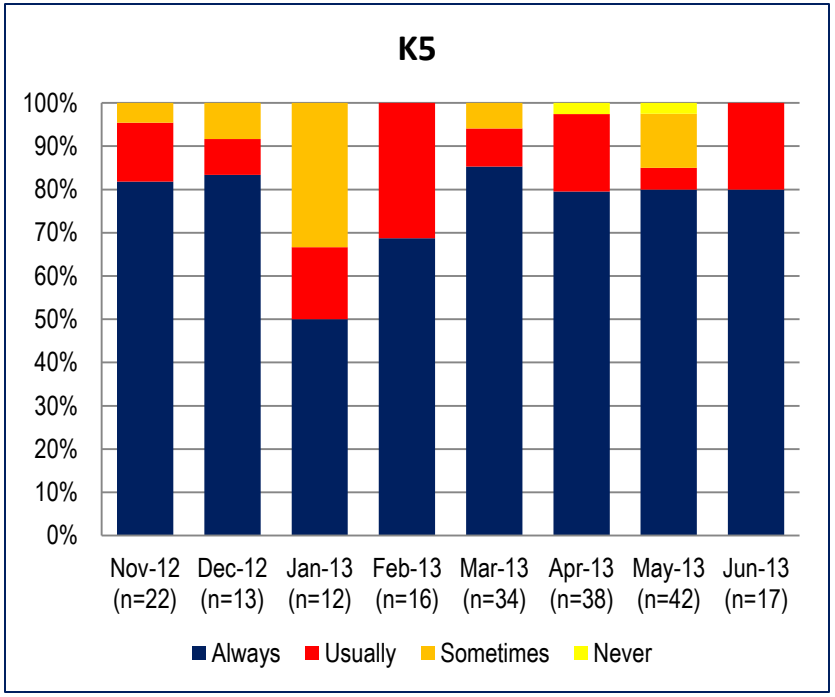




Pilot Units Post Implementation Results
Call Bell Response Survey Data

Overall during this hospital stay did the person who answered your call bell AT THE BEDSIDE treat you with courtesy and respect?





Key Components of Implementation

- Senior Leadership support is critical for implementing a change of this magnitude
- Obtaining early end-user buy-in and solicitation of feedback when developing new processes is essential
- Multidisciplinary consensus is the key to successful intervention strategies
- Collaboration between clinical providers, performance improvement professionals, and administration enhances better patient outcomes

Projected Cost to Implement

- Implementation was budget neutral
- Hospital-wide education and training was performed by senior leaders
- The pilot units No-Pass Zone Committee educated and trained front-line staff
- Information Specialists distributed and collected unit based patient surveys
- Organizational Performance staff analyzed data for presentation

Sustainability

- Spread and long term sustainability are dependent upon:
  - Reinforcing the vision: “One Patient at a Time”
  - Active and committed unit based champions
  - Senior leadership support
  - Staff accountability
  - Ongoing analysis and sharing of data
  - Consistent acknowledgement of your colleagues efforts to meet patient’s and family’s needs
  - Visible organizational messaging
  - Celebrate success!

LEAN Healthcare: Improving Quality and Performance Improvement

Presented by:
Zach Zobrist, Executive-Vice President, SEIU Healthcare Pennsylvania
Barb Jennion, SEIU Healthcare Pennsylvania Training and Education Fund

Project Overview: Purpose

- Provide trainings that enhance ability for nurses and management to better **collaborate** to **improve quality, safety and efficiency**
- Provide access to continuing education to SEIU members
- Start to build a curriculum and process to **address the new quality improvement and teamwork skills nurses need in this changing healthcare environment**.

Project Overview

- Didactic Learning of Classroom and at "the bed-side" projects/teams using LEAN Methods and Tools
  - 24 hours of classroom training (3 8 hour sessions over 6-8 weeks)
  - Ongoing regular hours (4 hours per month for those through the training) of committee meetings/project hours at the point of patient care in between classroom and then after
- LEAN is applying scientific tools to
  - Reduce inefficiency and waste so that resources can be directed to most appropriate place for care and safety
  - Get to "zero" in defects
  - NOT: cost-cutting or just "reduction" for sake of reduction

Target Population

- This training has been focused on Registered Nurses since they are the SEIU represented employees at Allegheny General (and also Heritage Valley)
  - Also importantly, nursing management participates in the training
  - Trained a total of 158 nurses over the past 2 years (by 1 Full-time program director)
- Some trainings have included all clinical and service staff
- This program works best with inter-disciplinary focus and can apply to any healthcare worker role

Project Overview: Outcomes

SOME Examples:

- Significantly and sustained Increased HCAHPS scores on one telemetry unit by using LEAN teamwork and communication tools
- Cut non-value added time by 30% in Ambulatory Care Center (pre-surgery) by using process mapping
- Improved flow in the OR and reduced wasted time by using sorting tools from LEAN (found lost equipment)
- Improved communication/patient information between ER nurses and in-patient nurses
- Enhancing discharge process of orthopedic patients

Project Overview: Adaptations

- Started with 2 Hospitals that pooled resources
  - Included the option for some nurses to obtain BSN and MSN credits for some additional class and project work
- Moved from 5 day training to 3 day training and added time focused unit team work
  - Staff came to the trainings already in their teams with some thoughts on areas of focus in advance
- Implemented a peer coaching / train the trainer component
- Most recently, did the training in conjunction with the STAR Center (Simulation LAB)– adapted some of the curriculum to include simulation scenarios

Evaluation / Evidence Basis

- LEAN and TPS is a recognized quality improvement process tool.
- LEAN tools can clearly incorporate Evidence Based Practice Standards around quality and safety into the applicable LEAN project.
- AHRQ is assessing Evidence Base on LEAN specifically in healthcare.
- Graduate School of Public Health at the University of Pittsburgh published a 48 page evaluation of our initial round of LEAN training.

Key Components of Implementation

- Commitment by management and union leaders to adopt this approach to improve quality and safety and efficiency
- LEAN trainer (that knows healthcare, and union environment) and adjusted curriculum
- Commitment to resources and time for LEAN teams to conduct their at the bedside/point of care work
- Labor-management oversight committee to trouble shoot and remove barriers

Projected Cost to Implement

- Over past 2 years, 158 nurses have attended a 3 -5 day intense Lean training(at 2 Hospitals, with the bulk being Allegheny General Hospital)
  - 116 others nurses and nurse managers have attended a "LEAN Session" – 1 day training or 2 hour seminar
- $165,000 for 1 year, we had 1 Full-time LEAN training and master coach (Barb Jennion) and had the resources to train about 50 nurses (in 2 rounds of the training) which translated into about 8 active teams
- Budgeted $31,000 for 3 teams (12 employees trained) at another hospital that is interested in pursuing this

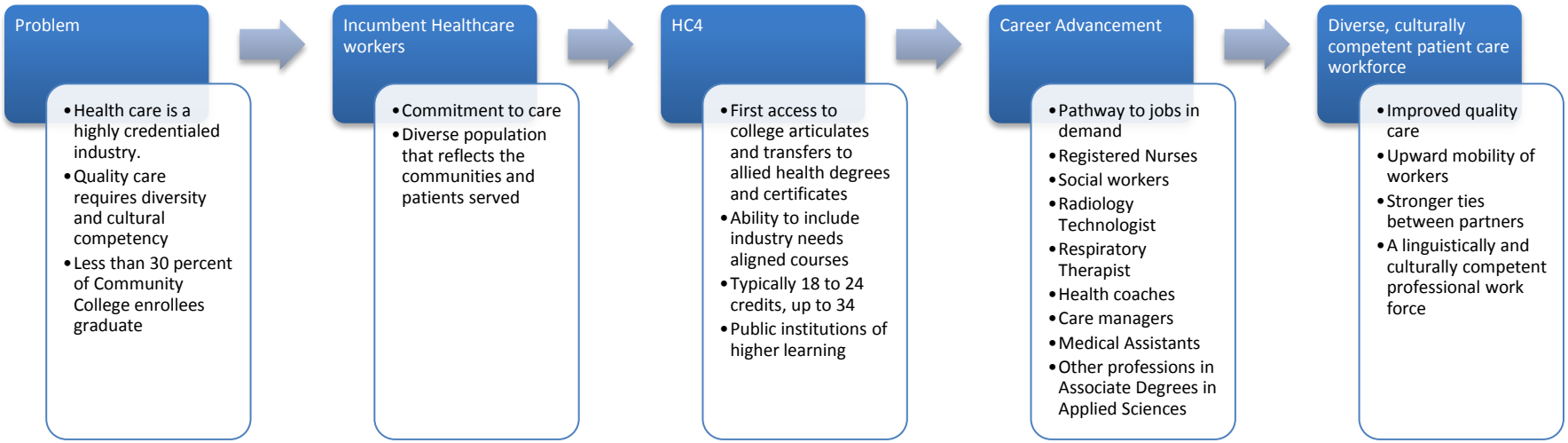
Sustainability

- Need a management team and union leadership that are committed and embrace this direction
- Need an highly skilled coach/trainer
- Ability by union and management to keep teams focused and moving forward when barriers arise
- How many people/resources that is depends on the scope of the work desired
  - LEAN can be done at a unit level or be applied to major system-level changes and down and throughout

HC4:
Healthcare Careers College Core Curriculum

Presented by:
Sandi Vito
Director
1199SEIU/League Training and Upgrading Fund

HC4 Project Overview



Target Population

Diverse:

53% African-American/black; 23% Latino; 21% white; 1% Asian/PI; 2% other

Non-professional health care workers in supporting roles from clerical, clinical care, and service classification

Incumbent Healthcare Workers.

Demonstrated commitment to healthcare and caring professions

Increasing number of non-professionals who enter health care as a result of ACA.

Reflective of communities and patients served.

Program Objectives

- Create career pathways into high demand healthcare jobs
- Provide core competencies that transfer to allied health credentials
  - Hard sciences, new models of care delivery, communication
- Overcome barriers to higher education access for non-traditional students through a cohort model to create learning communities
- Increase retention and completion of adult learners in college programs of study
- Increase credential level of workforce
- Increase diversity of patient care personnel
- Stronger employer/union/worker connections – decrease turn-over in the work place.

Evaluation / Evidence Basis

- More than 7,000 incumbent health workers since 1996
- Research/evaluation – comparative analysis by JFK Institute of the City University of New York
  - **Post HC4 there is an 86% completion/graduation rate with 3.5 years at certificate or associate degree level, compared to national graduation rate for community colleges of 29.2%**
  - Student performance in HC4 is higher in terms of GPA (25% more 'As' and 'Bs' in difficult science courses, and 75% fewer failures and withdrawals)
  - 75% of participants articulate into nursing; currently this is changing towards variety of in demand and emerging fields as RN shortages ease
  - We will continue to track these student on and work with external evaluation
  - Diversity of completion mirrors first time enrollees/participants
- Replicated in public institutions in Buffalo, Long Island, Rochester, Syracuse, and Massachusetts
- Cited by U.S. Department of Education as best practice in completion and retention

Key Components of Implementation

- Create partnership with local college to develop a shared strategy for student success.
- Define core curriculum – adaptable from HC4
  - English
  - General Psychology
  - Math
  - General Biology
  - Anatomy and Physiology
  - Communication for healthcare
- Recruitment and assessment of workers as potential students
- Assign project coordinator
- Hold regular tutoring for challenging courses such as math and science
- Ongoing academic, career and life counseling and case management

Projected Cost to Implement

- Start-up
  - 1 FTE — $80,000 to $100,000
  - Database: student worker tracking system — $30,000 to $50,000
  - Curriculum/articulation replication — $20,000

- Ongoing costs
  - Assessment and college prep — $3000 per cohort of 20
  - $4,000 per person per year for three years
  - Minimum cost for full cohort — $80,000 @ year x 3 years
  - Tutoring per year per 20 students/workers — $4,000
  - Case management .5 FTE per 100 students — $56,000 + fringe
  - Child care (optional) — $5,000 per cohort

Sustainability

- What would the program require to continue past a demonstration year?
  - Resources:
    - Coordinator
    - .5 FTE case manager per 100 students
    - Tuition
    - Assessment and college prep
    - Tutoring
  - Stakeholder commitment
    - Employer/union commitment
    - College engagement
    - Recruitment of participants/program promotion
    - Additional transfer agreements

Questions? Comments?