



Workforce Transformation Guidance Team: A Presentation of Best Practices

August 26, 2013
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**SEIU UHW-West & Joint Employer
Education Fund**
*in partnership with SEIU UHW-West and
Kaiser Permanente*
Environmental Training Program

Presented by:

Scott Goodell

Program Coordinator

SEIU UHW-West and Joint Employer Education Fund

Project Overview

Environmental Training Program (ETP) provides participatory training and process improvement to support the “greening” of medical centers to achieve the *triple bottom line*: People, Planet, Prosperity.

- Initially developed by H-CAP under a DOL-funded grant and implemented by labor/management training funds in 4 regions
- H-CAP is working with unions and employers outside of CA and KP to expand the program in support of quality, process improvement, cost saving, worker engagement, and the connection between health and the environment.
- 4-8 modules of training
 - Additional customized modules identified by labor/management committees
- Train-the-Trainer to develop internal training capacity
- Scalability - low cost, low tech, easily integrated into existing sustainability efforts
- Sustainability in Healthcare College Certificate Course

Target Population

Creating a Culture of Environmental Stewardship

The ETP program focuses on those departments where greatest opportunities for process improvement exists:

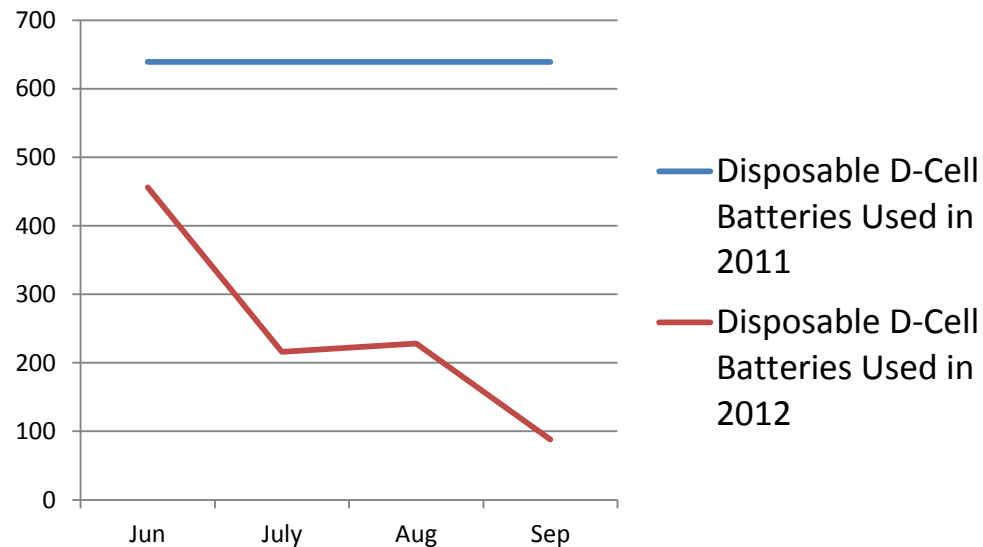
- Environmental Services (EVS)
- Materials Management
- Food Service and Nutrition
- Sterile Processing

Program Objectives

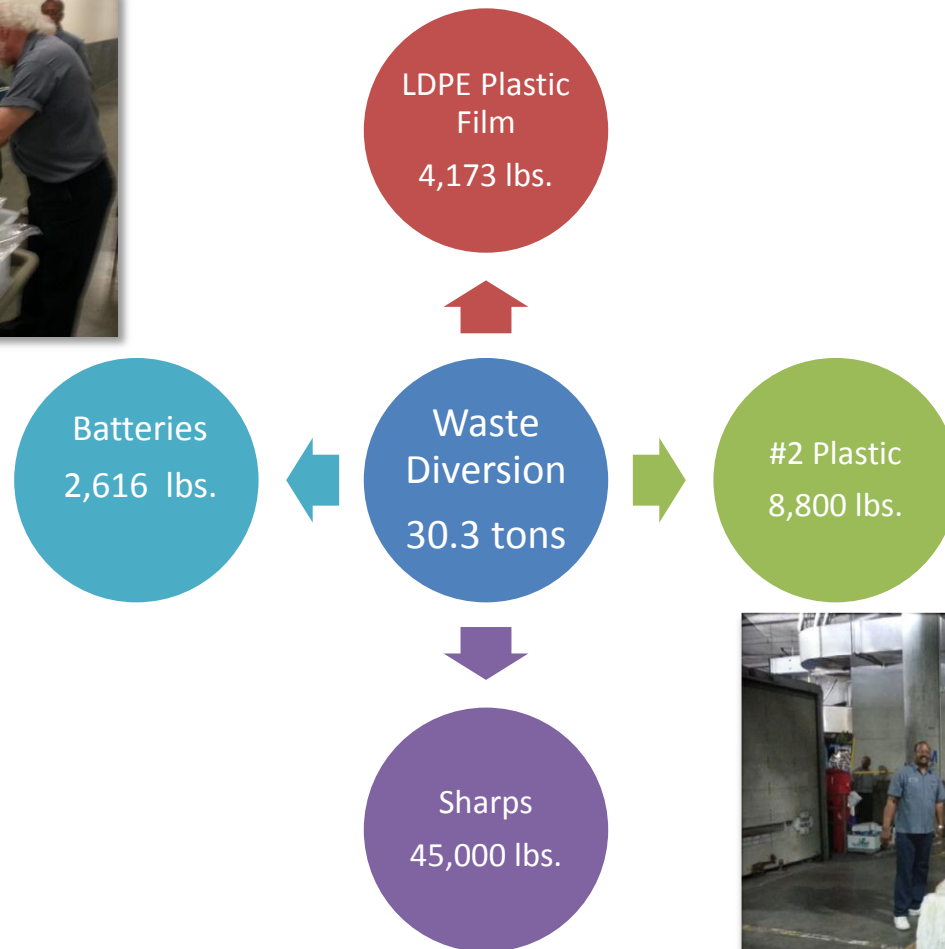
- Educating, engaging and empowering workers
- Creating a culture of environmental stewardship and systems change.
- Validating the contribution of frontline workers
- Improved labor/management and inter-departmental relations
- Improved HCAHPS scores
- Improved infection control compliance
- Supporting employer/city/state waste reduction targets

Evaluation / Evidence Basis

- SMART Goals
 - **Single Use Plastic Film recycling**
 - **#2 Plastic container recycling**
 - **Reusable Sharps containers (supporting)**
 - **Rechargeable Batteries in Paper Towel Dispensers**



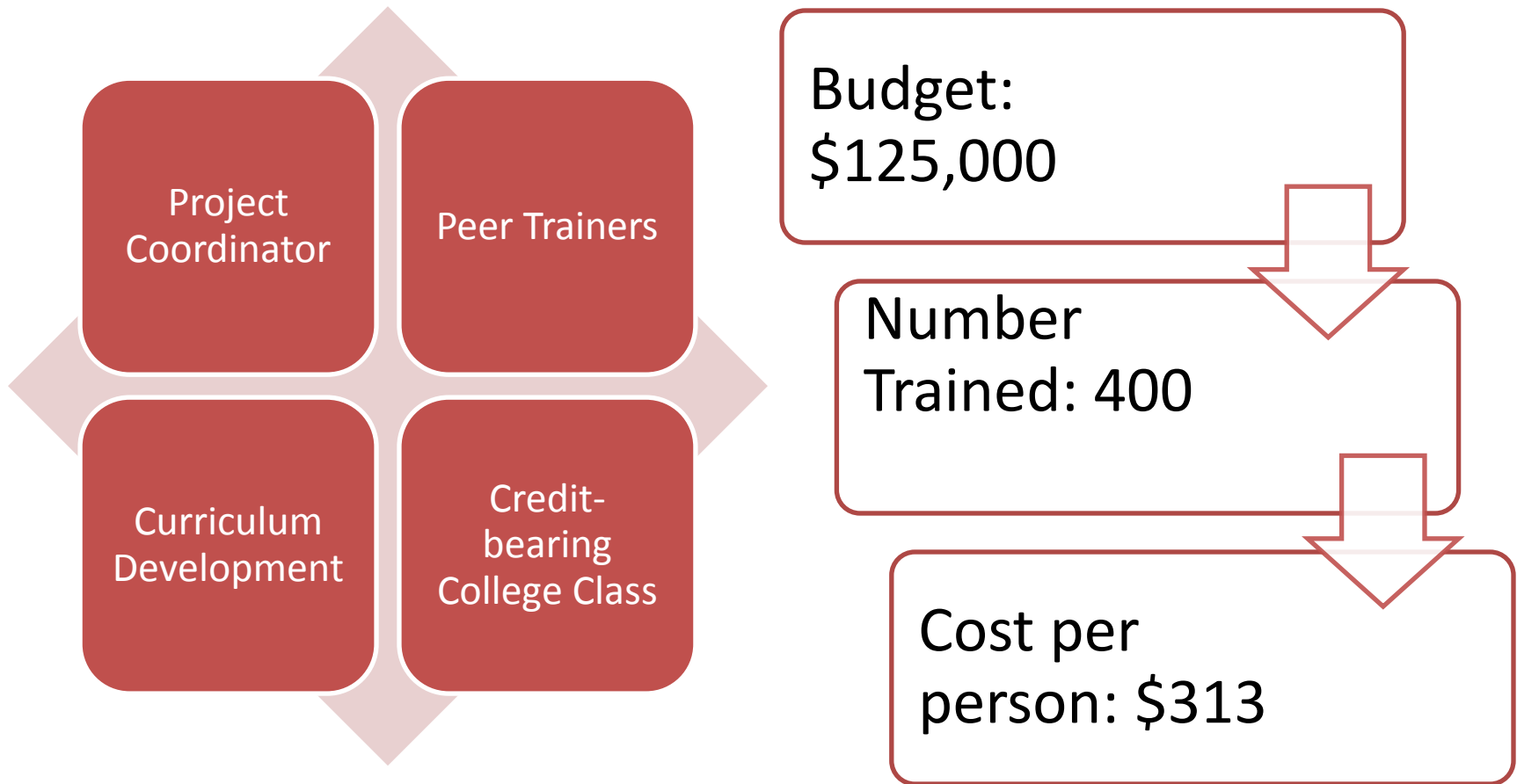
Waste Diversion Outcomes Estimates



Key Components of Implementation

1. Commitment from management & labor to process improvement
2. Commitment from employees and supervisors to training
3. Partnership with community colleges
4. L/M committee engagement to develop, monitor, and report on SMART goals
5. Leverage success to replicate “up-stream”

Projected Cost to Implement



Sustainability

Sustainability depends on long-term engagement within the facility

- Engaged L/M committee
- Demonstrating progress in achieving the *triple bottom line*
- Leveraging employer educational benefits
- Support for releasing employees for training
- Success of Train-the-Trainer

BSN to NP

Presented by:

Diane Factor

Director

Worker Education and
Resource Center, Inc.

Project Overview

- “BSN to NP” is preparing twenty LA County bachelor-prepared Registered Nurses (BSN) to become Advanced Practice Registered Nurse Practitioners (NP) in LA County Department of Health Services specialty clinics under a Family Nurse Practitioner Masters degree program at Charles Drew University of Science and Medicine in South Los Angeles
- Program is 48 credit hours and 630 clinical hours
- Drew University is a nationally renowned institution that trains physicians, nurses, and allied health professionals to provide care to underserved communities and its express mission is to transform the health of these communities. The campus is located in the heart of South Los Angeles, a LA DHS service area with the highest poverty rates in the County, especially large percentages of Black and Latino residents, and the highest overall rates of disease and premature deaths from preventable conditions. Drew University also has a predominantly minority student body and faculty and is designated as both a Hispanic Serving Institution and a Historically Black Graduate Institution.

Target Population

- Bachelor prepared Registered Nurses (BSNs) – over 300 expressed an interest in the program
- Incumbent workers – Nurses with prior experience in one of the designated subspecialty areas:
 - Cardiology
 - Gastroenterology and Liver
 - Endocrine/Diabetes
 - Hematology/Oncology
 - Anti-Coagulation
 - Chest Asthma
 - Orthopedics
 - Podiatry
 - Obstetrics
 - Urology
 - Ear, Nose, Throat
- Desire and willingness to serve in the county's regions of greatest healthcare disparity: participants are vested in the County's pension plan with many years of seniority
- Ethnic and cultural diversity - The diversity of the NP workforce in Los Angeles is not comparable to that of LACDHS patients; current NPs in the County are 14% Hispanic and 47% White, and LA DHS patients are 60% Latino, and only 11% White.

Herrera CH, Keane D, Chu L, Lin J, Spetz J. (2011) 2010 Survey of Nurse Practitioners and Certified Nurse Midwives. Sacramento, CA: California Board of Registered Nursing.

Program Objectives

Goal: Expand the capacity of LA DHS to provide specialty care to Medicaid and uninsured safety net patients.

- Address the gap in the skills of the current NP workforce and in the training available to students in NP programs; individuals completing NP programs in the region rarely have sub-specialty training in the priority areas specified by LACDHS since the curriculum in nurse practitioner programs is traditionally broad in scope.
- Nurse Practitioners will play a significant role in the new care delivery model, specifically managing chronic diseases in order to reduce hospital admissions and focus on preventative care.

Evaluation / Evidence Basis

- While primary care physicians are an essential part of the Patient-Centered Medical Home model, Advanced Practice Registered Nurse Practitioners (NPs) will play a critical role on the care team, given the limited supply of both primary care and specialist physicians. Los Angeles is one of six regions in California that has a shortage of primary care physicians.

(California Healthcare Foundation, California Health Care Almanac, California Physician Facts and Figures, July 2010)

- This shortage is dramatically worse in LACDHS' impoverished service areas such as South Los Angeles, where there is only one physician for every 8,333 individuals, compared to one for every 1,851 people in LA County and one for every 787 individuals in affluent areas such as West LA.

(Community Health Councils, "South Los Angeles Health Equity Scorecard," Dec. 2009)

- Fortunately, however, California is among numerous states in the country that allow nurse practitioners to act as care providers without a doctor's supervision. Given the shortage of physicians, NPs have the potential to play a critical role in the delivery of primary care in throughout California. Already, they provide the majority of primary care services (along with Physician Assistants) in over 20% of the state's community clinics.

(Chapman, S. and Dower, C, "Nurse Practitioners and Physicians Assistants Providing Primary Care in California Community Clinics;" UC San Francisco- Center for the Health Professions, August 31, 2011)

Key Components of Implementation

- Identify the employer's specific competency requirements;
- Identify educational providers capable of meeting the employer's requirements at a reasonable cost;
- Identify educational provider that offers a flexible schedule suitable for incumbent workers (Drew University offered executive schedule:
Thur – Sun / once per month X 4 month / semester X 4 semesters,
approximately 18 months);
- Fair selection process that carefully looked at experience, education, cultural diversity, motivation;
- Labor/management team to administer, select, provide coaching, etc.;
- Identification of clinical sites and preceptors (proved very difficult); and
- Adjustment of curriculum to allow for clinical in specialty care.

Projected Cost to Implement

Tuition, books, supplies: \$51K/student

Administrative costs: \$125K

Total: \$1 Million+ for 20 students

Sustainability

United States Department of Labor H1B grant

- The H-1B is a non-immigrant [visa in the United States](#) under the [Immigration and Nationality Act](#), that allows US employers to temporarily employ [foreign workers](#) in specialty occupations. The regulations define a "specialty occupation" as requiring theoretical and practical application of a body of highly specialized knowledge in a field of human endeavor and requiring the attainment of a bachelor's degree or its equivalent as a minimum. Likewise, the foreign worker must possess at least a bachelor's degree or its equivalent and state licensure, if required to practice in that field. H-1B work-authorization is strictly limited to employment by the sponsoring employer.
- Companies pay fees ranging from \$1,500 to \$5,500 to apply for H-1B visas for foreigners with bachelor's degrees in a specialty field. The fees are supposed to fund training programs nationwide to increase the supply of U.S. workers in jobs being filled by foreigners.
- Approximately one billion from H1-B fees have been distributed by the Labor Department to build up US workforce skills since 2001.
- With Immigration Reform, potentially more H-1B visas will be allowed which could dramatically increase the amount of funds to train US workers.

Greater New York Hospital Association Infection Prevention Coach Training

Presented by:

Cynthia Araujo, Project Manager
Tim Johnson , Senior Vice President
Greater New York Hospital Association

Project Overview

- A one-day training program that focuses on frontline staff roles in protecting patients from infections
- Provides coaching skills so that staff can influence peers and educate through practices related to 3 important areas :
 - **Hand hygiene**
 - **Health care worker immunization**
 - **Environmental cleanliness**
- Grant funded by the **New York State Department of Health** under its Health Workforce Retraining Initiative
- Over 450 hospital staff have been trained in the last year and a half

Project Overview Continued

- A one-day training program:
 - Morning session is led by an **expert clinician**.
 - Didactic session.
 - Video vignettes used in this session enhance the didactic portions, and engage the participants.
 - Afternoon session is led by a **training consultant**.
 - This session teaches coaching skills that will enable staff to influence their peers
 - Participants formulate an action plan
 - Staff engage in role-playing scenarios
- Participants walk away with copies of video vignettes, exercises, buttons, and posters

Target Population

- The IPC program targets hospital frontline staff:
 - Nurses
 - Environmental services workers
 - Transporters
 - Dietary staff
 - Pharmacists
 - Other frontline workers

Program Objectives

- Educates frontline staff about their role in reducing hospital acquired infections
- Assist hospitals in improving their performance
- Frontline staff are educated on:
 - Teamwork and Communication
 - Monitoring and enforcing practices
 - Sharing and spreading best practices

Evidence Basis

- Healthcare acquired infections are the most common complication affecting hospitalized patients
- Hospital reimbursement tied more and more to performance and infections
- Patients are harmed when standards of care aren't followed
- **What can we control?**
 - Hand hygiene
 - Environment of care
 - Immunization

Projected Cost to Implement

- Cost to train 1,500 participants is \$206 per participant
- Cost of visible organizational messaging with posters and buttons

Evaluation

- Evaluation is performed at the end of each program
- On-site hospital trainings performed
- Ongoing conversations with Infection Preventionists
- Linking training program with other quality programs at GNYHA

Sustainability

- IPC is designed as a train the trainer
- Staff are encouraged and empowered to influence peers

“It gives all the opportunity to “hear” the same educational messages from other Infection Control Professionals and reinforces what we have been teaching all along. Staff came back energized and assured of their important roles in infection prevention.” -Janet Eagan, RN, MPH, CIC, Infection Control Manager, Memorial Sloan-Kettering Cancer Center

Care Coordination

Presented by:

Sandi Vito

Director

1199SEIU/League Training and Upgrading Fund

Project Overview

- Gateway training for care managers and non-professional staff engaged in care coordination
- Modular curriculum consists of 24 modules, totaling 48 hours
- Utilizes adult education principals and constructivist approach to learning, relying heavily upon participants' experience and an interactive learning process
- Can be easily customized to work site
- Training includes:
 - Overview of ACA and quality care goals
 - Communication – active listening, motivation interviewing, understanding interdisciplinary care teams
 - Basics of common chronic diseases/health and wellness
 - Basics of mental illness and crisis management
 - Bias, culture and values in healthcare/ health disparities
 - Accessing patient resources, including housing and nutrition
 - Third part payer systems
 - Transitions in care - avoiding readmissions



Target Population

- Care Managers and frontline, paraprofessional healthcare workers involved in any type care coordination, such as:
 - Patient Care Technicians/Associates
 - Social Work Assistants
 - Unit Clerks
 - Registrars
 - Case Workers
 - Customer Service Liaisons
 - Community Health/Outreach Workers
 - Health Education Counselors
 - Medical Assistants
 - Home Care Workers



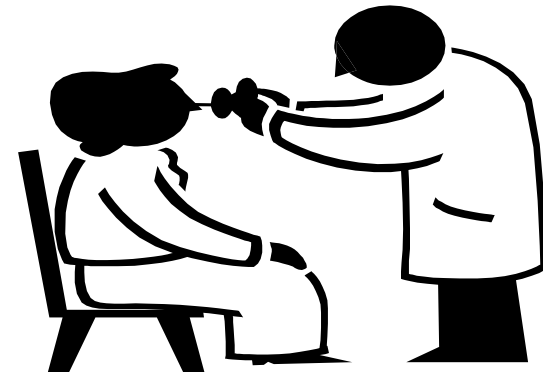
Program Objectives

- To provide frontline staff with the tools they need to operate within the new healthcare system--- a system that rewards preventative care, where funding is linked to patient satisfaction and positive health outcomes.
- Improve quality and reduce costs through care coordination that prevents avoidable hospitalizations, improves chronic disease management and improves follow-up care.



Evaluation / Evidence Basis

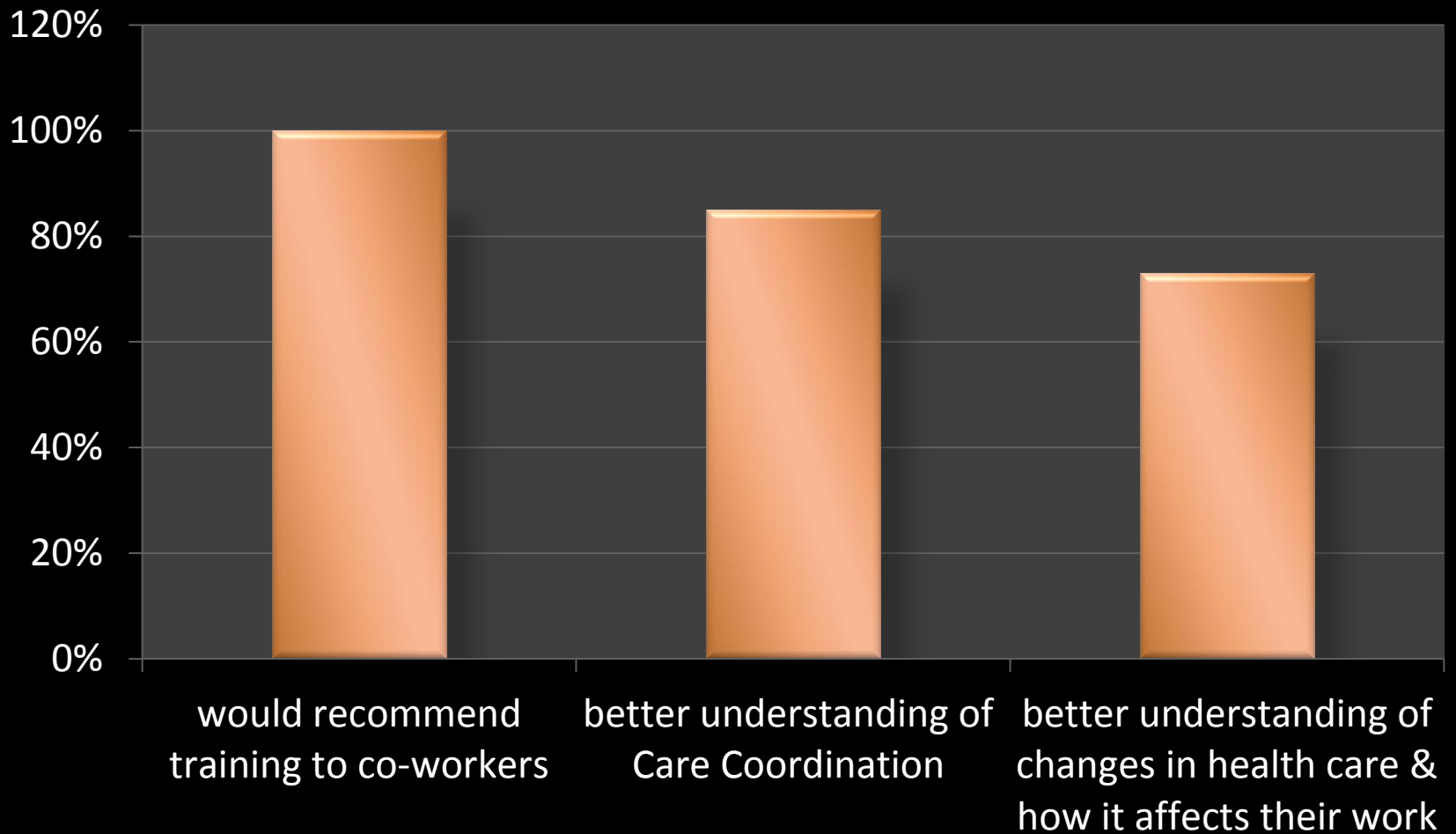
- Foundations of initial training: Care coordination and frontline healthcare workers¹
- Ongoing evaluation: knowledge inventory
 - Training participants (survey)
 - Managers of training participants (survey)
- Patient surveys
- Chart review of care plans via electronic dashboard (current/future)
 - Coordination of care
 - Improved health outcomes
 - Cost avoidance (hospitalization and other)
- “I learned more about health care reform in these four hours than I learned in a Master’s level course for my MPA program.” (Care Coordination student, Maimonides Medical Center)



¹ <http://content.healthaffairs.org/content/31/6/1156.abstract?sid=921c4bb9-e600-4880-8232-8e97689ca5d0>
<http://www.hhs.gov/asl/testify/2011/02/3969.html>
<http://www.medicare.gov/manage-your-health/coordinating-your-care/coordinating-your-care.html>
<http://www.nyam.org/social-work-leadership-institute/docs/publications/N3C-Implementing-Care-Coordination.pdf>

Evaluation / Evidence Basis

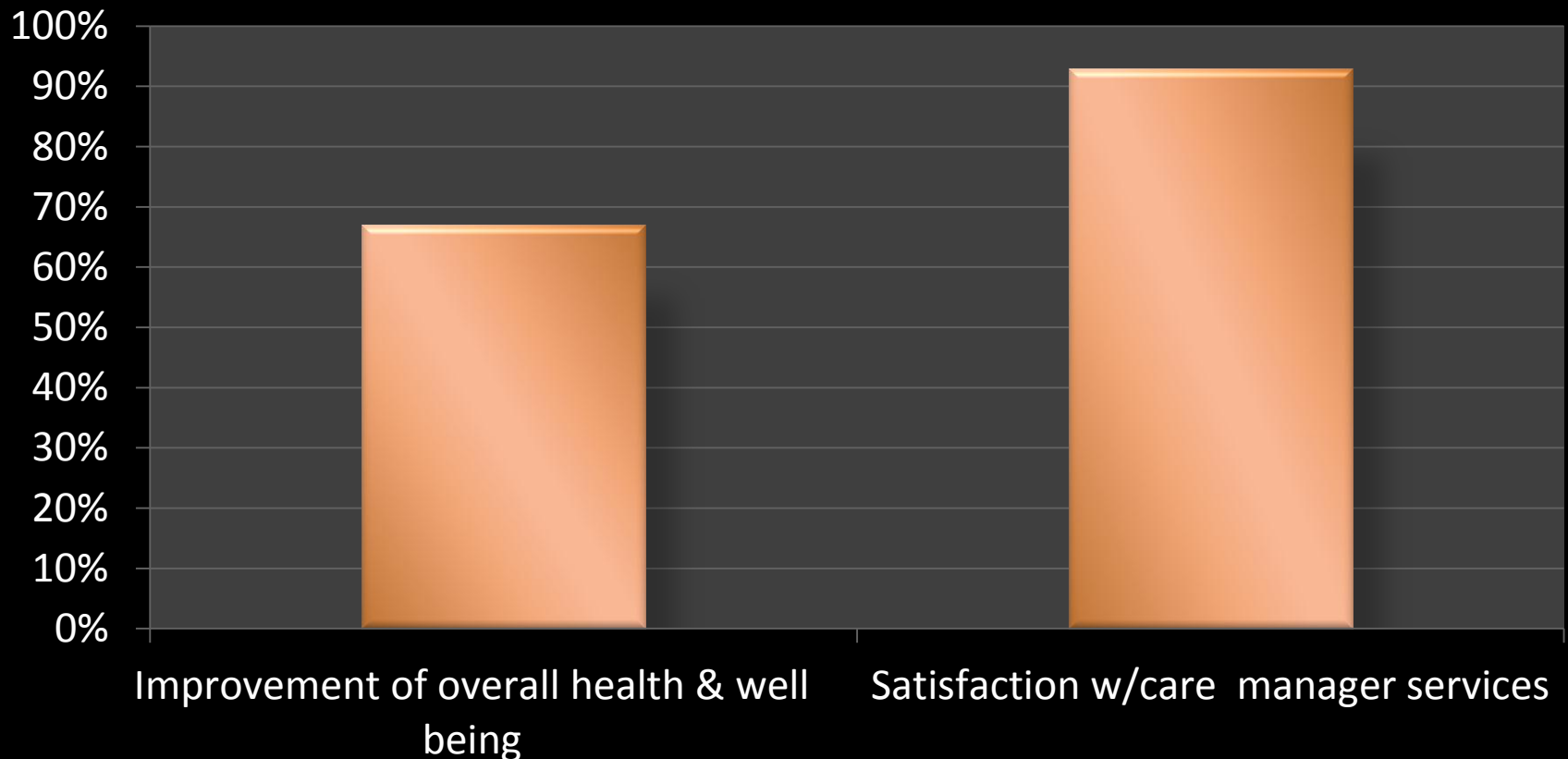
Participant Survey Data



Evaluation / Evidence Basis

Participant Survey Data

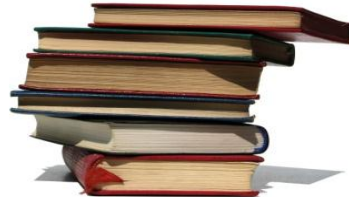
Enrollees (6+mos) where staff has completed Care Coordination Training



Key Components of Implementation

- Curriculum complete and ready for replication

- Train-the-Trainer



- Labor-management committees to implement:
 - customize training to fit needs of particular workforce/facility
 - change stewardship
- Work release time



Projected Cost to Implement

- Train-the-Trainer(@20 trainers) \$6,000
- TUF consultant fee per site \$3,000
- Cost for initial course \$400/participant
- Cost for ongoing trainings \$7200/cohort of 20
- Cost of change management/
labor/management committee \$ ____?____



Sustainability

- Once trainers are trained, this is easily maintained. The key element for sustainability is the labor-management committee and their commitment to knowledge enhancement and culture change.
- Potentially, small fees to purchase student and teacher manuals.



Questions? Comments?

