

The Labor Management Initiatives has a new Research Team!
We have three strategic goals:

- 1) To keep Labor, Management, and TEF leadership and staff informed of emerging trends and innovations in the health care industry; 2) To document, evaluate, and communicate the effectiveness of LMP and RNLMI initiatives; 3) To develop the capacity of LMP/RNLMI, union, and management to use and interpret data, research, and evaluation.

This **Research Rundown** is one vehicle for meeting our goals. Issued periodically, it will provide you with information on results of labor/management initiatives, emerging research, trends, innovations, best practices, and resources.

Featured Labor/Management Work

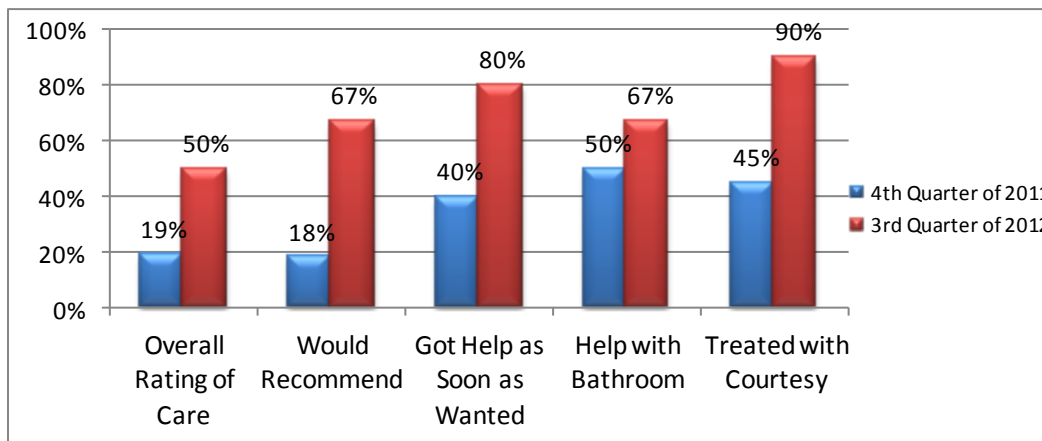
Jamaica Hospital – Improving Patient Experience through Performance Improvement

The only asset we’ve ever had is our employees. This labor/management team really set a high standard, they’ve proven that it can be done. (Bill Lynch, COO and EVP of Jamaica Hospital).

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

A labor management team at Jamaica Hospital chose to address staff responsiveness to call lights as well as other aspects of the patient experience. Labor Management Project staff trained team co-leads and helped to facilitate the performance improvement work. 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 anticipate and meet needs even before a call light is needed. The team also created a “welcome kit” with note pad and pen, toothbrush and toothpaste, slipper socks, and pill case.

HCAHPS Improvements, 2011 - 2012



Patient satisfaction scores, as measured with the HCAHPS survey, increased substantially over several months following these initiatives. Results validate the importance of multidisciplinary, collaborative approaches that include front-line staff in analysis, planning, problem-solving, design, and implementation of initiatives to improve the experience of all patients.

RESEARCH HIGHLIGHTS



How Labor-Management Partnerships Improve Patient Care, Cost Control, and Labor Relations. Peter Lazes et. al. Cornell University. Feb 2012

<http://www.ilr.cornell.edu/healthcare/upload/Case-Studies-Final-3-7-2012.pdf>

This paper presents case studies of four hospitals engaged in labor-management initiatives including Montefiore, Kaiser-Permanente and Fletcher Allen. Authors identify four general areas in which labor-management partnerships can lead to positive outcomes: Clinical Processes, Workplace Environment, Labor Relations, and Cost Savings.

Using Electronic Health Records to Improve Quality and Efficiency: The Experiences of Leading Hospitals. Sharon Silow-Carroll et. al, July 2, 2012

<http://www.commonwealthfund.org/Publications/Issue-Briefs/2012/Jul/Using-EHRs-to-Improve-Quality-and-Efficiency.aspx?omnicid=20>

This brief examines the experiences of nine hospitals that were early adopters of electronic health records (EHR). It finds that the hospitals' EHR systems facilitate patient safety and quality improvement. Faster, more accurate communication and streamlined processes have led to improved patient flow, fewer duplicative tests, faster responses to patient inquiries, redeployment of transcription and claims staff, and more complete capture of charges.

BEST PRACTICES



- Learn how Poudre Valley Health System actively solicits patient feedback and engages employees in customer service, leading to significant increases in patient satisfaction.
<http://innovations.ahrq.gov/content.aspx?id=2890>
- Learn about the effects of rounding on patients' call light use, satisfaction, and safety.
http://www.studergroup.com/content/ahc_research/associated_files/0906_calllight.pdf

INDUSTRY TRENDS



Health Care Reform/Affordable Care Act. Beginning in October 2012, **value-based purchasing** (VBP) is underway and affects Medicare's inpatient prospective payment system, with DRG payment to all hospitals reduced by 1% (reduction will rise by 0.25% each year, ending with 2% reduction in FY2017). The money CMS withholds will create an incentive fund out of which they will pay hospitals based on performance. Payments are adjusted based on performance on HCAHPS (30%) and clinical process measures (70%).

October 2012 also began penalties for higher than expected 30-day **readmissions** for heart attack, heart failure, and pneumonia.

You may be interested in when various elements of the Affordable Care Act come on line. A good source is: healthcare.gov/law/timeline/index.html

RESOURCES



WhyNotTheBest.org is a free resource that allows performance tracking on health care quality measures. It enables you to compare their performance against that of peer organizations, against a range of benchmarks, and over time. It also provides case studies and improvement tools that feature successful improvement strategies of the nation's top performers.

The AHRQ Health Care Innovations Exchange documents evidence-based innovations and quality tools, which are published biweekly. innovations.ahrq.gov/index.aspx

The HCAHPS Handbook: Hardwire Your Hospital for Pay for Performance Success. Quint Studer et al.
<http://www.firestarterpublishing.com/dotCMS/detailProduct?category=node=106219&categoryName=&orderBy=&page=0&pageSize=0&direction=&filter=&inode=663849&bulk=false>

The Healthcare Team Vitality Instrument (HTVI) measures team vitality with an emphasis on dimensions related to front-line staff empowerment and engagement, perception of a work environment supportive of safe and high-quality patient care, effective communication, and team collaboration.
<http://www.ihl.org/knowledge/Pages/Tools/HealthcareTeamVitalityInstrument.aspx>

Who We Are

The LMI Research area is guided by a labor/management **Research Advisory Committee** of senior leadership: **Deborah King**, TEF Executive Director; **Maria Castaneda**, Secretary-Treasurer 1199SEIU UHW East; **Robert Linn**, Consultant, League of Voluntary Hospitals and Homes of NY; **Joyce Neil**, Executive Vice President, 1199SEIU UHW East; **Roseann Simonelli**, Vice President for Administration and Research, League of Voluntary Hospitals and Homes of NY; and **Deborah Friedman**, Director, Labor Management Project, RNLMI and RNTJSF.

The LMI Research Team: Marcia Mayfield, Samonne Montgomery, Toral Patel

Please provide us with feedback! Send comments to:

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