

The Power of Partnership

Bronx-Lebanon Hospital Center

PATIENT-CENTERED CARE CASE STUDY

The Dawn of a New Era in Patient Care

On a cool October afternoon, a small conference room at Bronx-Lebanon Hospital Center (BLHC) radiated with warmth and excitement. Twelve co-workers—including a housekeeper, patient care technician, resident, unit clerk, nurse manager, dietary worker and patient transporter—animatedly discussed how they might circulate a tennis ball to each team member in a matter of only two seconds. Although it was a demanding task, it was fun, exhilarating and novel. It was undoubtedly a departure from the team’s routine workday on its medical-surgical unit. The group’s enthusiasm was palpable.



Mr. Tyrone Hunter and Dr. Bibi Ayesha

At the front of the room, encouraging the team to meet its two-second target was a dynamic training duo — the unassuming Dr. Bibi Ayesha, wearing her white lab coat, and the good-natured Mr. Tyrone Hunter, donning his humble smile. Dr. Ayesha, a resident physician in her second year of training at BLHC, and Mr. Hunter, a patient transporter who has worked at BLHC for more than nine

years, smiled with delight at the team’s eagerness to overcome its challenge. Although the participants did not yet understand the implications of this interactive activity, Mr. Hunter and Dr. Ayesha knew that it had already planted a seed of transformation. They knew this because they, themselves, had been changed.

Mr. Hunter and Dr. Ayesha are among several union and management staff who are championing and spreading patient-centered care at Bronx-Lebanon Hospital Center. According to Mr. Hunter:

“It’s been an experience that has helped me grow in my compassion for patients. It’s even helped me relate to my co-workers. Out of all my years working in the healthcare profession, I’ve grown the most because of my involvement with this project.”

Dr. Ayesha attested:

“As we trained people, we witnessed something unique emerge. People developed a greater appreciation for all the various roles on the patient care team. They recognized the dignity of labor. It was a learning experience. It was a teaching experience. It was a true model of adult education where each one teaches one. Tyrone and I learned at least one new thing in every class we taught.”

Mr. Hunter and Dr. Ayesha’s leadership is exemplary of the significant commitment and resources BLHC’s unions and management have devoted to the Patient-Centered Care Program — an initiative designed to promote patient satisfaction through interdisciplinary training and performance improvement. As a result of this initiative, new tools and structures have been established that allow all employees — regardless of job titles — to contribute to improvements that impact their work.

As fall branches swayed against the windows of this BLHC conference room, the gold and burgundy leaves they bore seemed emblematic of a profound transformation budding within the hospital.

Mr. Hunter and Dr. Ayesha's leadership is exemplary of the significant commitment and resources BLHC's unions and management have devoted to the Patient-Centered Care Program ... As a result of this initiative, new tools and structures have been established that allow all employees — regardless of job titles — to contribute to improvements that impact their work.

The Patient Satisfaction Imperative

For anyone who is familiar with the history of labor relations in the U.S., the mere mention of labor and management in the same room might evoke images of confrontation or even combat. But the unique case of labor-management collaboration at BLHC flies in the face of conventional wisdom. It challenges assumptions about the intrinsically hostile nature of labor relations. This is, in part, due to the Labor Management Project's involvement at BLHC.

... the unique case of labor-management collaboration at BLHC flies in the face of conventional wisdom. It challenges assumptions about the intrinsically hostile nature of labor relations.

The Labor Management Project (LMP), an organizational development consulting group that is jointly sponsored by 1199SEIU United Healthcare Workers East (Union) and the League of Voluntary Hospitals and Homes of New York (hospital association and bargaining agent), has a long history of engaging

union and management in activities that improve care delivery and increase patient and employee satisfaction. Since its inception in 1997, the LMP has facilitated and supported joint work in long-term,

outpatient and acute care settings through training, coaching, mediation, team building and technical assistance. To help its labor and management stakeholders meet the challenges of an ever-evolving healthcare delivery system, the LMP developed a Patient-Centered Care Program, funded through a Healthcare Workforce Retraining Grant from the State of New York in 2012.

There were several emerging trends that necessitated the creation of a Patient-Centered Care Program. One important driver was the increasing importance

payers have placed on patient satisfaction. In 2012, the Centers for Medicare and Medicaid Services (CMS) mandated that a portion of hospitals' Medicare reimbursements would be contingent on patient satisfaction ratings. These ratings are derived from HCAHPS — the Hospital Consumer Assessment of Healthcare Providers and Systems — a national, standardized survey that asks discharged patients about aspects of their experience in the hospital, including the responsiveness of staff, the quality of communication with staff, and the cleanliness of the

environment. Strong HCAHPS scores are of particular importance to safety-net organizations like BLHC, which cannot afford to lose even a small portion of Medicare reimbursements.

The LMP recognized that CMS's new reimbursement structure had created an imperative for all hospital staff to exhibit

advanced skills in patient satisfaction. Strikingly similar to the hospitality industry's concept of customer satisfaction, patient satisfaction meant that all hospital employees would need to work collaboratively to fulfill patients' unique needs and preferences.

The LMP Launches Its Patient-Centered Care Program

In 2012, the LMP invited 1199SEIU and League leaders across New York City hospitals to jointly launch its new Patient-Centered Care (PCC) Program. The LMP designed the PCC Program to meet the training needs of a wide array of hospital employees — including service, clinical and professional staff — who would be held accountable for providing exceptional customer service to patients. In designing its PCC curriculum, the LMP established two distinct program components: staff training and a performance improvement project.

The staff training was facilitated by two experienced labor-management consultants who engaged participants in one-day sessions that integrated interactive activities, adult teaching methodologies and inquiry-based learning. Each training session covered the following content areas: understanding the impact of healthcare reform on hospitals, including the importance of HCAHPS; creating a culture of service excellence; preventing infection and creating a culture of patient safety; developing effective communication skills; understanding cultural differences and communicating in culturally appropriate ways; and understanding performance improvement. The LMP included these specific content areas in the PCC training curriculum not only to help staff understand the importance of making improvements in patient care, but also to equip them with the skills needed to generate improvements.

The second component of the PCC Program, the performance improvement (PI) project, offered participants an opportunity to put the concepts introduced during PCC training into practice. The incorporation of a three-month, unit-based PI project after the PCC training was a distinctive and exceptionally valuable feature of the LMP's Patient-Centered Care Program. Most PI projects implemented best practices to address the issue of "staff responsiveness" because hospitals often receive low scores on the HCAHPS questions regarding responsiveness. Such was the case at BLHC.

A Unique Alliance Forged around PCC at BLHC

In an effort to address lower-than-desired staff responsiveness scores, BLHC's union and management leaders responded quickly to the LMP's invitation to launch the PCC Program at their facility. Chief of Medicine Dr. Shridhar Chilimuri reflected on the origin of PCC at BLHC:

"I was in charge of patient satisfaction. Initially we decided to train all our workers in TEAMSTEPS. But it soon became very clear that staff morale was rather low. We realized we really needed to engage employees if we were going to improve patient satisfaction. That's what brought us into PCC. TEAMSTEPS raised awareness that we needed to work on patient satisfaction, but PCC provided staff with the channels and tools they needed to solve problems."

1199SEIU Vice President Aida Morales was thrilled that the PCC Program would promote worker engagement:

"PCC was developed to give all workers an ownership role. It would bring all workers together as a team and reinforce the belief that 'the patient belongs to each and every one of us.' Everybody — housekeepers, doctors, respiratory, nurses, PCTs — would have an equal voice. Everybody's opinion would be respected."

Although it has certainly had its rough patches, the recent history of labor relations at Bronx-Lebanon Hospital Center has been relatively congenial — particularly between management and 1199SEIU. Aida Morales stated:

"At Bronx-Lebanon, we have a unique relationship where 1199 and management have mutual respect for each other. We have done many projects together. Although we don't always agree, because we are the Union and they are the employer, when we don't agree it is always done respectfully."

The Power of Partnership

Lisa Brandon-Colon, BLHC's Director of Training and Volunteer Services, echoed that sentiment:

“Management always had a good relationship with 1199 and CIR. The new exciting part is the relationship with NYSNA.”

It is important to note that while Mr. Hunter and Dr. Ayesha are both union members, they belong to two different unions with specific membership interests. As a patient transporter, Mr. Hunter is a member of 1199SEIU, which represents the majority of BLHC's frontline service workers. As a physician-in-training, Dr. Ayesha and other residents are represented by the Committee of Interns and Residents (CIR). CIR agreed to join the PCC initiative at BLHC in 2012 to involve its residents and interns in quality improvement work. CIR Area Director Jed Tyrpak remarked:

“The only way for workers to survive is for the hospital to be fiscally healthy. Labor and management must partner in programs like PCC to make the hospital better. Everyone ends up winning in the end.”

According to Tyrpak, BLHC expressed its commitment to providing meaningful opportunities for resident development when the hospital agreed to pay into CIR's Joint Quality Improvement Association during its 2010 contract negotiations with CIR. This funding supported CIR's engagement in the LMP's PCC Program.

Yet another union — the New York State Nurses' Association (NYSNA) — joined the PCC partnership in 2013 after learning about the program's success and impact. NYSNA's Membership Chairperson, Ms. Joan Bruce, RN, remarked:

“We are proud to be working together with our co-workers to contribute to the success of the Patient-Centered Care Program with the goal of providing quality care to our patients.”

Because most PCC partnerships at other NYC area hospitals only involve 1199SEIU and management, the partnership between hospital administration and three distinct unions (1199SEIU, CIR and NYSNA) is a particularly unique aspect of the PCC initiative at BLHC.

Bronx-Lebanon Hospital Center

Bronx-Lebanon Hospital Center (BLHC) is the second largest voluntary, not-for-profit healthcare system serving the Bronx, with 972 beds. The hospital's mission is to “deliver the highest quality services to the Bronx community through building a healthcare network that is continuously striving for excellence by truly opening its arms to heal, to teach and to care.” The hospital's service area is characterized by high rates of poverty, unemployment, homelessness and health disparities. Approximately 80% of the hospital's emergency department patients are either uninsured or on Medicaid, as compared to 55% citywide.*

1199SEIU Healthcare Workers East (1199SEIU), the largest local Union in the world, represents the majority of BLHC's front-line staff. 1199SEIU members work in various capacities — including patient care technicians, patient transporters, dietary workers, pharmacists, social workers and housekeepers. The mission of the Union is to “improve and expand quality patient care, to protect and improve the lives of our members and our families, and to work in solidarity with working people in our community and around the world.”

The Committee of Interns and Residents (CIR) is a national 13,000-member union of resident physicians and fellows who are “dedicated to improving residency training and education, advancing patient care and expanding healthcare access.”

The New York State Nurses Association (NYSNA), New York's largest union and professional association for registered nurses, is a union of 37,000 front-line nurses “standing together for strength at work, our practice, safe staffing and healthcare for all.”

The ‘Nuts and Bolts’ of PCC at BLHC

How did the PCC “stars” just so happen to align at Bronx-Lebanon Hospital Center? Well, it certainly was not magic. It required a good dose of strategic planning, relationship building, resource management, authentic communication and consultant expertise. It is also important — if not most important — to note the critical role that initiative and flexibility played in the PCC Program's development. As a direct result of BLHC leaders' initiative and the LMP's flexibility, Bronx-Lebanon Hospital Center's PCC Program evolved into a three-phase initiative.

* [BLHC 2013 Community Service Plan](#)

The following paragraphs outline one of the most interesting aspects of this story — the organic nature with which PCC evolved at BLHC.

Phase I: PCC Program Implementation

PCC Training

The LMP's establishment of a dedicated Executive Steering Committee laid a solid foundation for the program's development. This committee, comprised of senior BLHC managers and 1199SEIU and CIR leaders, was charged with directing and supporting the program from its inception. Specifically, members of the steering committee agreed to manage the program's logistics, provide necessary resources, address programmatic challenges, and acknowledge participants' achievements. They also selected the union and management staff who would attend the LMP's training sessions. Reflecting on the hands-on approach sponsors took with the PCC Program, 1199SEIU Vice President Aida Morales shared:

"Selena [Assistant Vice President Human Resources] and I made opening remarks at each training session. The LMP trainers introduced us and then we talked about how the training was a joint labor-management effort. We [sponsors] went to every single session to show our support. All of us were present at the beginning and we would sometimes stay a bit after the class started just to witness participants' involvement."

The PCC training was intentionally designed to incorporate employees from various departments at every level so the entire workforce would have a shared understanding of patient-centered care.

The PCC training was intentionally designed to incorporate employees from various departments at every level so the entire workforce would have a shared understanding of patient-centered care. Union participants from 1199SEIU and CIR included housekeepers, patient transporters, dietary workers, resident physicians, unit clerks, patient care

PCC IMPLEMENTATION

PCC Training: Fall '12
9th Floor PI Project:
Winter/Spring '13

PCC SPREAD

Train-the-Trainer: Summer '13
PCC Training: Ongoing...
PI Coach Training: Fall '13
3 PI Projects: Spring/Summer '14

PCC SUSTAINABILITY

Ongoing

technicians, and certified nursing assistants. Nurses, physicians, social workers, technical staff, managers and vice-presidents also completed the training. The participation of physicians and managers signaled a welcomed change. BLHC’s Director of Training and Volunteer Services, Lisa Brandon-Colon stated:

“Customer service for frontline staff is a reoccurring training request. The typical response from staff is, ‘Okay here we go again. What about management? What about the doctors? Why are we the only ones expected to have high customer-service skills?’ With PCC, we’ve said, ‘It’s not just for you, it’s for everyone.’ That gives credibility and hope.”

A resident who attended the training remarked:

“PCC is a multidisciplinary approach. It helped us understand that everyone on the healthcare team is important – from the doctor to the housekeeper. This PCC training helped us understand how important it is that we work as a team to meet patients’ needs. We didn’t have this type of education in medical school, so it’s great that residents get to participate in this training here.”

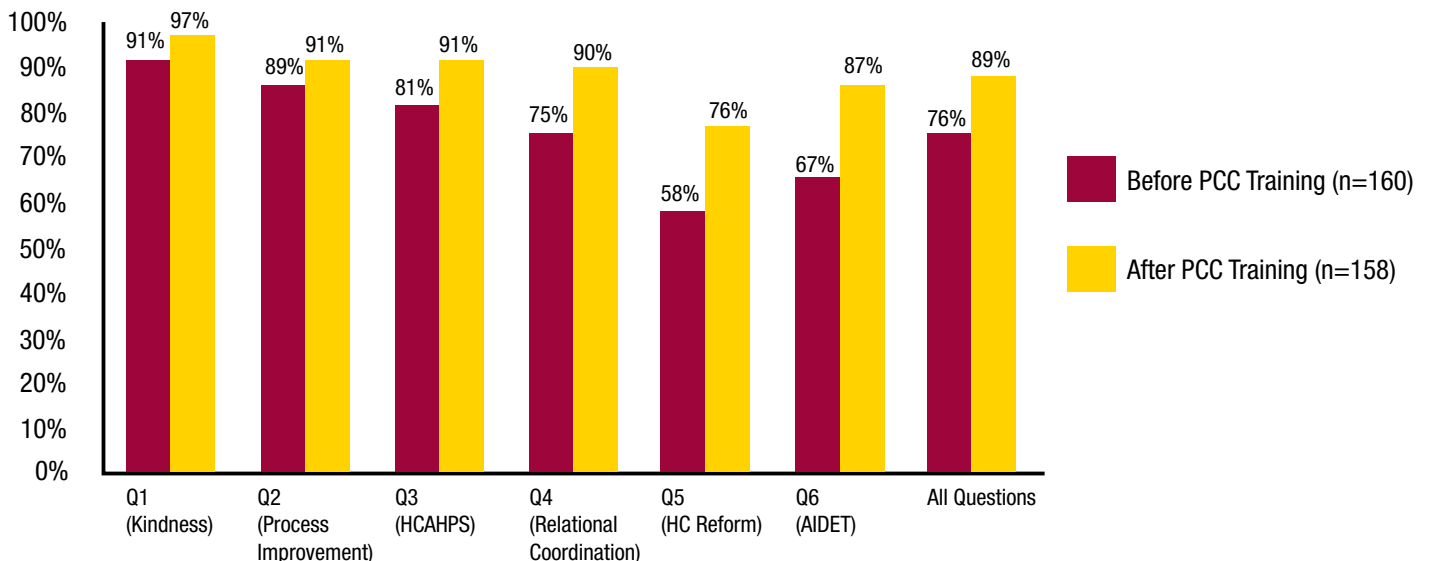
A total of 161 employees at BLHC received PCC training

during seven full-day sessions in September and October 2012. To assess immediate training results, the LMP administered pre- and post-knowledge quizzes, covering important PCC content areas including process improvement, HCAHPS, relational coordination, healthcare reform and AIDET (the communication technique that stands for Acknowledge, Introduce, Duration, Explanation, Thank you.)

To evaluate participants’ satisfaction with the training, the LMP designed an end-of-training assessment to be administered at the completion of each day-long session.

Ninety-four percent of BLHC trainees reported that they agreed “very much” (the highest rating allowed on the evaluation’s 4-point scale) to the following statements: “I would recommend this training to other workers,” and “I feel better prepared to provide patient-centered care at my hospital.” Furthermore, 95 percent of respondents agreed “very much” with the statement, “I understand better how I can contribute to patient satisfaction.” Participants’ average knowledge quiz scores increased from 76 percent before the trainings to 89 percent after the trainings, demonstrating the increased trainee knowledge of the principles of patient-centered care.

Pre-/Post-knowledge Quiz Scores



The Power of Partnership

The LMP was thrilled that participants were satisfied with the PCC training, but an important question remained: “Would PCC training ‘stick’ long-term?” The LMP understood very well that in order to have successful “transfer of training,” systems would need to be in place to support participants in their efforts to sustain a culture of patient-centered care long-term. Therefore, the LMP conducted a follow-up evaluation at BLHC approximately one year following the initial PCC training to understand issues related to training transfer and sustainability. This follow-up evaluation used multiple methods (surveys, interviews and focus groups) to ascertain: the extent to which PCC trainees retained the information conveyed in the training; the extent to which PCC trainees were able to put their new knowledge and skills to use in the workplace; and factors that enabled and hindered successful application of participants’ new knowledge and skills in the workplace.



16th Floor PCC Team Huddle

With the assistance of the hospital’s PCC sponsors, the LMP Research Department distributed surveys to 139 union and management staff who attended the Patient-Centered Care trainings at BLHC. A total of 57 staff members returned completed surveys. The majority of these respondents reported that they were technicians (34 percent), followed by nurses (19 percent), physicians (12 percent), service workers (9 percent), other clinical positions (7 percent), nurse aides (5 percent),

Bronx-Lebanon Hospital Center

patient transporters (5 percent), administrative staff (5 percent), managers (2 percent), and other types of workers (2 percent). Their responses to the survey questions were very favorable:

Use of Bracketing

Thirty-two percent reported “always” using bracketing before the PCC training, while 86 percent reported “always” using bracketing after the training.

Housekeeper: “The training helped me a lot with my anger and attitude. I learned you can’t bring your stress to work. If you do, you might go crazy and even lose your job. Before training, I had a hard time controlling my stress. Learning about bracketing helped me a lot. Now I walk away, breathe, relax, and come back.”

Awareness of Culture

Sixty-one percent reported “always” understanding the impact of culture on their work with patients before the PCC training, while 95 percent reported “always” understanding its impact after the training.

X-Ray Technician: “Sometimes you don’t understand how someone might take something totally differently than how you mean it, and it could be cultural. You might stare a person right in their eye and speak to them. Whereas that person might think that this is disrespectful: ‘How dare they stare at me.’”

Use of AIDET

Before the PCC training, 30 percent of respondents reported “always” using AIDET, while 81 percent reported “always” using AIDET after the training.

Transporter: “It’s how you approach the patient. Acknowledge the patient, you introduce yourself, explain the duration of the task and thank the patient. I do it all the time now.”

Staff Impact on Patient Experience

Before the PCC training, 44 percent of respondents reported “always” understanding their impact on the patient experience, while 90 percent reported “always” understanding their impact on the patient experience after the training.

Patient Ambassador: “I learned a lot of things, like patient satisfaction is extremely important. I knew it was important before, but now I really understand how much it means.”

Performance Improvement Project

After the PCC trainings took place, BLHC’s union and management sponsors selected the ninth floor (a medical-surgical and telemetry unit) to complete the program’s performance improvement initiative. The ninth floor performance improvement team included 13 union employees and non-union managers who represented various departments that impact patient satisfaction (i.e., housekeeping, transporting, food and nutrition, nursing, internal medicine and social work). The union PI participants were affiliated with 1199SEIU, CIR and NYSNA.

CIR’s involvement was noteworthy because the participating physicians were able to initiate certain improvements that might have been difficult to make without their involvement.

In a two-day launch, two LMP consultants worked with this interdisciplinary team to develop goals and a work plan for the PI project. A management team member reflected on the LMP consultants’ process:

“When the LMP consultants came here, they asked us to talk about what our problems were and then they helped us come up with solutions. The team went through all the work ourselves. It was very interactive. They did not come here imposing. That was important — it was self-driven.”

Once the LMP provided facilitation training to the team’s co-leads, the co-leads (with LMP support) guided the

team through a process of: training all support and medical staff on the floor (282 employees) to respond to call lights and follow a “No Pass” policy; training all nursing staff on how to round hourly using AIDET (a tool used to improve communication with patients), the 4Ps (Pain, Position, Potty, Personal Possessions), and other proven best practices to enhance staff responsiveness to patient needs; improving interdisciplinary communication about patients’ needs; enhancing communication between the healthcare team and patients from the time of admission to the time of discharge; conducting monthly (and sometimes bi-weekly) full staff meetings and training to ensure high participation and ownership on the unit level; and addressing several barriers to meeting patients’ needs as quickly as possible (e.g., relocated ice machine, coordinated discharge planning, improved pain management). A first-year resident shared her experience on the team:

“We had everyone — all roles on the team. We analyzed why our patients were not satisfied. Then we introduced the Purposeful Hourly Rounding pocket guide to help PCTs and nurses determine whether patients were in pain, needed to change position, needed any personal items, or needed assistance going to the bathroom. And with the No Pass Zone, every person on the floor learned how to address the patients’ needs. Our goal was to be there before the patient called.”



10th Floor PCC Team

The Power of Partnership

Mr. Hunter, who was a member of the ninth floor team, stated:

“This project reenergized the No Pass Zone and held all staff accountable. We explained what it was and told them they would be held responsible, so there could be no more saying, ‘It’s not my job.’ If you see the call bell, you must address it.”

A PCT expressed her gratitude that the project required everyone, including housekeepers, dietary workers and residents, to answer patients’ call bells:

“Before, we were at the point where everyone was only concerned about their specific duties. Now, everyone is aware that they need to answer the patients’ call bells. This has definitely gotten us where we need to be.”

Another member of the PI team stated that the project helped her to establish new relationships beyond her traditional management companions:

“When we [members of the team] see each other, we hug and ask how everything is going. One thing I’ve learned as a result of this project is that I should meet more people. I know a lot of managers because we see each other in meetings, but the staff... it’s nice to meet them, hear their views, and see what they do day-to-day.”

The team completed its performance improvement project in three months. In April 2013, the ninth floor PI team presented project outcomes to a room full of Executive Steering Committee members. It reported that its unit’s HCAHPS scores showed overall signs of improvement. The team was also happy to report a 30 percent decrease in call bells (from 250 to 175) by the midpoint of the intervention, and an overall 55 percent decrease in call bells (from 250 to 112) by the end of the project, which exceeded the target. These decreases suggest that the changes the unit implemented over the intervention period increased the likelihood that staff responded to patients’ needs before patients needed to ring their call bells.

Bronx-Lebanon Hospital Center

At the end of its presentation, the team received glowing feedback from its labor and management sponsors. BLHC CEO Miguel Fuentes pronounced:

“I am blown away and I have to commend you. 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.”

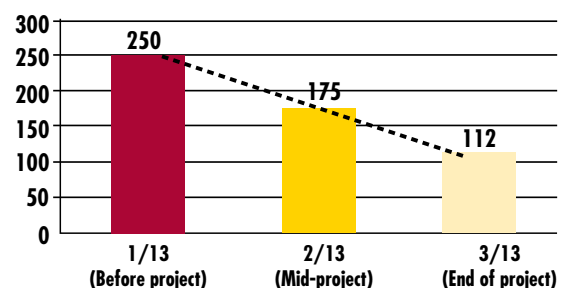
1199SEIU Executive Vice President Angela Doyle said:

“I hear the excitement and enthusiasm. I’m particularly impressed with the depth of cooperation among all the staff. Let us work hard to sustain this team concept on the ninth floor and to expand it through the hospital.”

It was apparent from these remarks and others that BLHC’s labor and management sponsors had two things on their minds — the spread and sustainability of PCC.

BLHC’s labor and management sponsors had two things on their minds — the spread and sustainability of PCC.

REDUCED CALL BELLS: 9TH FLOOR Project Goal: “Be There Before Patients Need Us”



Phase II: PCC Program Spread

A Joint Request for PCC Expansion

After the ninth floor team made its final presentation to the steering committee, excitement about the potential of spreading the PCC Program at BLHC swelled. At the steering committee's request, the entire team presented its work at a meeting comprised of all BLHC department heads. Soon after, union and management leaders asked ninth floor team representatives to make presentations before two other important audiences — the Bronx-Lebanon Hospital Center Board of Trustees and the 1199SEIU/League Board of Trustees. With each presentation, the desire to spread and sustain the PCC Program grew.

PCC Train-the-Trainer Program

After engaging in several discussions about how to best roll out and sustain PCC, the LMP launched its first “spread” initiative — the PCC Train-the-Trainer (TTT) Program — in the summer of 2013. BLHC's Executive Steering Committee agreed to identify and support labor and management staff to drive the expansion of PCC internally. Union and management staff members who had participated in the LMP's initial PCC training were eligible to become trainers. The program sponsors agreed on nine participants — five from the unions and four from management.

During the LMP's three-day TTT program, these participants learned the skills required to co-facilitate the LMP's PCC training. The co-facilitation structure of the TTT program allowed participants to prepare for their training together, divide the curriculum, discuss their strengths and weaknesses and support one another. Moreover, the co-facilitation model was a genuine expression of the interdisciplinary, labor-management roots of the PCC Program. According to BLHC's Assistant Vice President of Human Resources Selena Griffin-Mahon, the strategic pairing of staff was a critical consideration. Such was the case with Dr. Ayesha and Mr. Hunter:

“It was important who we chose to lead the training. I know we selected the right people. With a transporter and a doctor training together, who are you going to lose? You've got participants' attention right away.”

LMP consultant Enrique Cepeda suggested that the co-facilitation model provided an important way for the less-experienced trainers to benefit from the support and expertise of more experienced trainers — particularly as they worked to gain confidence in their new roles:

“I think it's fair to say that in terms of connecting with the audience, our trainers came in with different levels of expertise. We had some who trained before and others who had not. The learning curve varied, but we tried to ensure that everybody felt safe and learned from one another.”

Once the Train-the-Trainer sessions were completed, the LMP provided coaching support for the new trainers, including “dress rehearsals,” observation and feedback. BLHC's Director of Training and Volunteer Services Lisa Brandon-Colon also played a major role in supporting the newly minted trainers. She reflected on their growth:

“Our educators [PCC trainers] have grown tremendously. They know they are able to affect the hospital's culture because of the PCC Train-the-Trainer program. There's something special that happens when you have to teach something. It gets in your blood.”

Apparently, PCC was beginning to flow deep in several trainers' veins. Some of them were so dedicated to spreading PCC that they came in to conduct training during their time off. Mr. Hunter and Dr. Ayesha were among several employees who devoted their personal time to the PCC Program.

Mr. Hunter's dedication to the training was, in part, due to the fact that the LMP designed the curriculum to promote participants' appreciation for every employee and department — regardless of role. The training

reinforced the principle of role equality in a unique way. Mr. Hunter reflected:

“We explained to people that there would be no titles in training. We leave titles at the door. You are Mr. John Smith or Ms. Jane Doe. Doctors and nurses began to see service workers in a different light ... There’s a new bond across the departments.”

The PCC Train-the-Trainer program has been a great success. Between June 2013 and October 2014, approximately 400 additional Bronx-Lebanon Hospital Center workers completed PCC training facilitated by the hospital’s union members and managers.

PI Coaching Program

The Performance Improvement Coaching Program is the second PCC “spread” initiative the LMP developed for Bronx-Lebanon Hospital Center. Launched in the fall of 2013, the PI Coaching Program was designed to expand performance improvement projects throughout the hospital beyond the ninth floor. During this two-day training, nine eligible union and management employees (including CIR members, 1199SEIU members, NYSNA members and BLHC managers) acquired the skills and tools needed to coach fellow employees through PI projects.

In its history of training, the LMP has become well acquainted with three typical types of training participants: “vacationers” who are mentally disengaged and view training as a day off from work; “prisoners” who resent being made to participate in training sessions and sometimes make the experience unpleasant for others; and “engaged learners” who enjoy having opportunities to absorb new information and gain new skills. It was no surprise when the face of a “prisoner” appeared in the first PI Coaching session. In reference to her initial resistance to being selected for the PI Coaching Program, the 23-year BLHC veteran admitted that she entered the training reluctantly:

“We explained to people that there would be no titles in training. We leave titles at the door. You are Mr. John Smith or Ms. Jane Doe. Doctors and nurses began to see service workers in a different light ... There’s a new bond across the departments.”

“The first day we went to class, I was resistant. I was thinking, ‘Why am I here?’ It was just another thing I had to do. But as the training unfolded, I began to let go. I had to stand up in front of my colleagues and practice my role. As an educator, I realized the [PI] coaching was something I would truly enjoy doing. I went from having my arms folded to actually wanting to be involved in this project.”

According to a member of her training cohort, her evolution from a “prisoner” into an “engaged learner” was evident:

“Yes! The other participants and I had this wonderful opportunity to watch her transform as the training progressed. She went through a complete metamorphosis.”

The reformed “prisoner” shared how she eventually became engaged:

“I really enjoyed the process mapping. It opened me up and I eventually wanted to be there. I tapped into my strengths and learned a lot about myself during the whole process.”

By the end of the training, the new PI coaches were excited about co-facilitating a performance improvement project. They were assigned to three selected medical-surgical units — the 10th floor, 15th floor and 16th floor. With the support of the LMP, the Executive Steering Committee and the BLHC Training Department, these coaches guided labor-management teams on the selected units through the process of identifying problems, establishing project goals, implementing improvements and tracking

outcomes. Across the three floors, a total of 35 employees participated in the projects as co-leads and team members. To build team morale and promote a collective vision, each unit selected a theme for its project. Respectively, the 10th, 15th and 16th floors chose: “Every Patient is Everyone’s Patient,” “The Power to Change” and “Team Opportunity: Grow Each Time, Heal Each Round (T.O.G.E.T.H.E.R.).”

There was a great deal of ownership and commitment among PI team members. While BLHC provided release time for them to attend their regular PI team meetings, many participants volunteered to attend meetings even when they were off the clock. One coach remarked:

“I’ve seen PCTs, nurses, housekeepers, and residents come in for team meetings on their days off. Employees from the night shift stayed after work into the morning to participate.”

During the spring of 2014, the teams pressed forward as the hospital focused on preparing for its Joint Commission review — a time-consuming task. Furthermore, 1199SEIU and the League were in the midst of critical contract negotiations. Still, all three units managed to complete their performance improvement projects by the summer. Outlined on the following page are the improvements each team adopted.

At the completion of each performance improvement project, the teams made final presentations to the Executive Steering Committee to share their interventions and outcomes. Across the board, the teams were able to achieve substantial decreases in call bells over the course of the project (see graph on page 15).

	10th Floor	15th Floor	16th Floor
<p>Improved Interdisciplinary Communication and Staff Education</p>	<ul style="list-style-type: none"> Discussed and implemented best rounding practices Gathered at Nurses ' Station every morning for interdisciplinary huddles with physicians 	<ul style="list-style-type: none"> Created and administered a monthly survey to assess (1) Hourly rounding with 4Ps (2) "No Pass Zone" (3) Roles and responsibilities (4) Mutual respect Incorporated the survey's learning objectives into monthly unit orientations Held weekly educational huddles for all disciplines to discuss survey areas needing improvement and to foster open communication and team building 	<ul style="list-style-type: none"> Implemented huddles for day and night shifts; morning huddles for critical care patients Incorporated nurse-physician rounding for day and night shifts (RN presents) Increased number and usage of language phones for patients
<p>Reenergized the "No Pass Zone" Policy</p>	<ul style="list-style-type: none"> Trained 194 staff members on the "Do's/Don'ts of How to Answer Call Bells" (Medicine, Nursing, Dietary, Housekeeping, Transportation, Social Work) Translated the "No Pass Zone" training instruction and pocket card into Spanish 	<ul style="list-style-type: none"> Trained more than 100 staff on the "Do's and Don'ts of How to Answer Call Bells" (Medicine, Nursing, Dietary, Housekeeping, Transportation, Social Work) Reinforced training in weekly educational huddles, one-on-ones and monthly survey (assessed responsiveness and mutual respect progress) 	<ul style="list-style-type: none"> In-serviced more than 100 staff members on the "Do's and Don'ts of How to Answer Call Bells" (Grand Rounds, Orientations/ Group Meetings for Residents; Unit Meetings; Huddles) Assisted in providing an in-service to the Housekeeping Department
<p>Improved Communication with Patients by Rounding Hourly with the 4Ps (Pain/Potty/Position/ Possessions)</p>	<ul style="list-style-type: none"> Made presentations to staff about hourly rounding using the 4Ps Monitored and reinforced 4Ps with huddles; one-on-one observation; staff meetings; and data collection 	<ul style="list-style-type: none"> Leadership made presentations to staff about hourly rounding using the 4Ps Revised tools for hourly rounding using 4Ps (Spanish pocket card and updated lesson plan) Monitored and reinforced 4P's in huddles, staff meetings, one-on-ones, and through data collection 	<ul style="list-style-type: none"> Placed 4Ps poster and hourly rounding log in all patient rooms Provided all staff with laminated pocket-sized hourly rounding cards Offered 4Ps lessons in Spanish and tools to non-Spanish-speaking staff
<p>Improved Work Processes and Solicited Suggestions for Improvements</p>	<ul style="list-style-type: none"> Provided all staff with access to updated phone numbers to contact specialists more quickly Worked with Patient Transport Director to reduce wait times for procedures and tests 	<ul style="list-style-type: none"> Trained more than 100 staff on the "Do's and Don'ts of How to Answer Call Bells" (Medicine, Nursing, Dietary, Housekeeping, Transportation, Social Work) Reinforced training in weekly educational huddles, one-on-ones, and monthly survey (assessed responsiveness and mutual respect progress) 	<ul style="list-style-type: none"> Created a suggestion box for patients, visitors and staff Placed suggestion slips in patient admission packets Reviewed suggestions weekly to determine feasibility of implementation (e.g., Wi-Fi, coffee/ tea for visitors, more equipment for staff)

Tenth Floor Results

The 10th floor's PI team was coached by Lisa Brandon-Colon (Director of Training and Volunteer Services, BLHC) and Denise Forbes, MSN, RN-BC (Education Manager, BLHC). In May 2014, the 10th floor team reported a 43 percent decrease in call bells (from 234 to 134) and an improvement in HCAHPS scores. Here are some of the comments made at the final presentation:

"Staff are discharging patients earlier in the day. Call bells are down. The floor seems quieter. There are less people queued up in the corridors. Nurses are approaching unit associates to report the needs of other nurses' patients." (1199SEIU Member, Unit Associate)

"Communication between staff has improved. Transporters now call to let us know they are coming to pick up patients. Nurses are able to prepare in advance for patient discharges. Since meeting with the Transport Director, we're more aware of the costs associated with delays." (NYSNA member)



10th Floor Presentation to Sponsors

"You should be congratulated! This is critical to Bronx-Lebanon's survival. We have to make this work." (Chief Financial Officer)

Fifteenth Floor Results

The 15th floor was coached by Jed Tyrpak (Area Director, CIR) and Lashawn Sanders (Training Specialist, BLHC). In July 2014, the 15th floor team presented its outcomes to union and management leadership. The team was proud to report an 85



15th Floor Presentation to Sponsors

percent decrease in call bells (from 234 to 34) and an improvement in HCAHPS scores. Everyone was ecstatic about the results:

"The team's determination was amazing! The assessment tool was an innovative way to train and reinforce skills." (CIR Sponsor and Team Coach)

"I am amazed at how you improved your treatment of one another. You made a great video to illustrate the 'before' and 'after.'" (Assistant Vice President, Human Resources)

"By leaving our titles at the door and by respecting and valuing each other — we made each team member feel important." (Team Member)

"These results are astounding! It demonstrates that working as a team can result in positive change." (Chief Financial Officer)

"Our team was willing to keep experimenting until we found what worked for us — and we did!" (Team Member)

Sixteenth Floor Results

The 16th floor was coached by Dr. Julio Ballestas, (Chief Resident, Psychiatry and CIR Delegate) and Shirley Jackson, RN, MSN, ANCC (Education Manager, BLHC). The 16th floor team presented its outcomes to BLHC's union and management leadership in July 2014. The team was proud to report a 47 percent decrease in call bells (from 114 to 60) and an improvement in HCAHPS scores. Sponsors and team members alike shared positive feedback:

*“Staff feel like they have a voice and a better working environment because of this initiative.”
(NYSNA Member)*

“Communication has improved and we are helping each other. I learned a lot and feel more like a part of the team.” (1199SEIU Member, Housekeeper)

“I am so happy to see how each of you has developed as a leader.” (Vice President, Medical Affairs)

“This proves that when healthcare workers come together in partnership, they truly can facilitate process improvement.” (LMP Consultant)

“Staff are responding to call bells. By the time I answer the bell at the desk, the staff are already in the room.” (1199SEIU Member, Unit Associate)

Strengthened Relationships through PCC Spread

The steering committee and team members were equally thrilled with the projects’ accomplishments. Still, there was another major, but less tangible outcome taking effect. Union and management leaders were spending a significant amount of time together to coordinate and implement the internally-led PCC training and PI projects. This meant that even in the midst of grievance disputes, contract negotiations, arbitration, and other forms of conflict, union and management leaders had to come together to present a united front to promote patient-centered care.

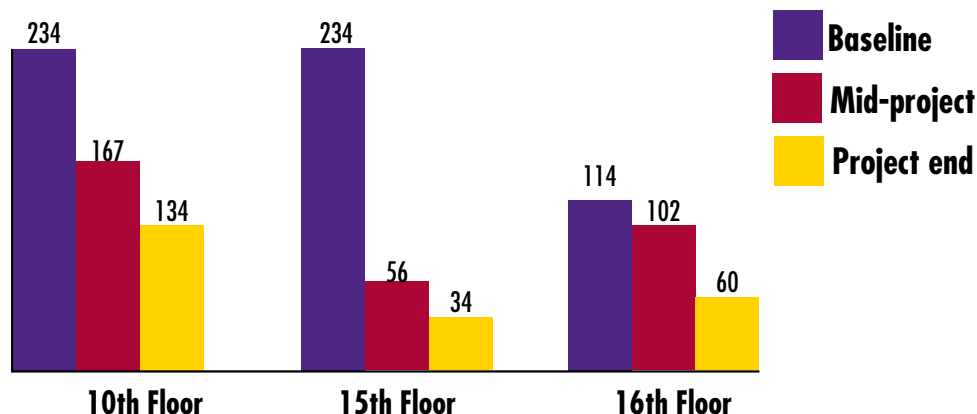
Much of their ability to navigate through sticky situations can be attributed to the presence of their skilled and dedicated LMP consultant. A management sponsor reflected on the relationships between members of the steering committee through the inevitable tensions that exist between labor and management:

“Enrique [LMP consultant] did a great job putting labor and management in a great mindset to make the project successful. In terms of issues that came up, he was a great problem-solver and peace-maker. He got everyone to talk.”



16th Floor Presentation to Sponsors

REDUCED CALL BELLS: 10TH, 15TH AND 16TH FLOORS Project Goal: “Improved Responsiveness”



A union sponsor remarked:

“I can remember more than once when I had sidebar conversations with management while planning and supporting PCC. We were in the middle of contract negotiations and I remember talking to the Assistant Vice President of Human Resources about our conflicting negotiation pitches one second, and the next second we’d stand together to give our collective pitch to PCC trainees.”

“Because of our collaborative work in quality improvement with PCC, we were able to easily work to address broader labor-management issues.”

Even though they had their share of issues to resolve, the leaders’ positive relationships with one another grew stronger. The same union sponsor stated:

“Because of our collaborative work in quality improvement with PCC, we were able to easily work to address broader labor-management issues, including our 2013 contract negotiations. PCC contributed to the ease of our negotiations. Among other things, Bronx-Lebanon doubled its quality improvement investments for residents, so residents have more opportunities to actively participate in collaborative problem solving. Engagement in PCC has set a good tone for how we handle labor-management relations in general.”

In addition to the strengthening of labor-management relationships, union leaders were able to cultivate more robust relationships with one another:

“At the PCC meetings where sponsors give their stamp of approval of the training, I had great conversations with 1199 delegates, Aida [1199SEIU Vice President] and others. It was a weekly check-in with fellow union leaders that I didn’t have outside PCC. It strengthened our relationships with one

another and the [Bronx-Lebanon] administration. Overall, PCC participants greatly appreciated the opportunity to interact and build relationships with one another and with members of management during the full-day PCC training sessions and three-month PI projects. By getting to know one another and working together toward a common goal, union and management recognized one another’s contributions and commitment.”

Phase III: PCC Program Sustainability

The success of the PCC trainers, coaches and labor-management teams speaks to the dedication and commitment that both union and management leaders have shared in improving the patient experience. When asked what contributed to BLHC’s great success with the PCC Program, LMP Consultant Enrique Cepeda remarked:

“The uniqueness of working at Bronx-Lebanon is the steering committee’s demonstrated desire to sustain this work. We didn’t have a PCC TTT program or a PI Coaching program before. Those programs came out of a specific request Bronx-Lebanon sponsors made. They’ve stepped up and asked exactly what they needed to do to sustain the work.”



LMP-trained BLHC coaches introduce PI project to 10th floor team

Labor and management sponsors alike expressed their interest in ensuring the program’s sustainability. BLHC’s Chief Financial Officer Victor Demarco stated:

“It’s clear that the PCC Program works. We’ve put a lot of time and effort into the program; we’re naturally concerned about its sustainability. We need to exert just as much effort to keep our scores up as we did to get them up, which is no small task. We also need to continue to replicate PCC in other departments — ED, phlebotomy, radiology, ICU and others.”

Indeed, union and management leadership has invested heavily in the spread of the PCC Program, with the ultimate goal of hospital-wide adoption. In reference to the importance of sustaining PCC for labor and management’s collective interests, 1199SEIU Vice President Aida Morales stated:

“PCC is about union and management working together for the same goal. At the end of the day, we are all here for the patient. Management wants to have workers that are satisfied and happy with what they are doing. Staff members want the hospital they work for to be recognized as a top institution. PCC has helped us achieve this, but now we have to continue spreading and sustaining it.”

Jed Tyrpak, CIR’s PCC Sponsor, who also served as a PI coach for the 10th floor, reflected on the importance of sustaining PCC due to its value to residents:

“Most residents go into medicine because they want to make the world a better place and care for patients. But because of the stress and pressure of working upwards of 80 hours per week, coupled with the constant, intense evaluation of performance — I find very few residents have an outlet to reconnect to why they wanted to do this work in the first place. PCC is transformative because it reenergizes their passion for medicine. I’d love to see PCC sustained here and implemented at hospitals across the city.”

BLHC’s Chief of Medicine Dr. Shridhar Chilimuri spoke of PCC’s impact on the hospital’s last Joint Commission review:

“In comparison to past Joint Commission reviews, I can say that we did so well this year because of the PCC Program. Staff members were working as a team, helping each other.”

“In comparison to past Joint Commission reviews, I can say that we did so well this year because of the PCC Program. Staff members were working as a team, helping each other. They took ownership. They felt it was their responsibility to pass the survey without any citations. This survey was so much easier because of the lessons staff learned in PCC. It is clear that PCC is something we have to continue.”

In the coming years, with the LMP’s support, Bronx-Lebanon Hospital Center’s union and management leadership will work to hardwire PCC as a permanent fixture of the hospital’s culture. The executive leadership of BLHC, 1199SEIU, CIR and NYSNA is committed to continuing its partnership around the PCC Program. As the hospital works to sustain and improve patient and staff satisfaction, it will incorporate evaluation systems to monitor progress.

The Fruits of BLHC’s Labor-Management Work: Collaborative Leadership

It is clear that the PCC Program has accomplished many things since 2012. PCC at Bronx-Lebanon Hospital Center has fostered robust labor-management and cross-labor relationships; facilitated leadership development; equipped staff with knowledge of how their unique roles support the hospital’s business functioning; engaged staff in critical thinking and problem solving; elevated mutual respect, trust,



Interdisciplinary team huddles to review data.

communication and collective responsibility; improved responsiveness to patients' needs; and promoted worker empowerment, engagement and satisfaction.

As hospitals adapt to a changing industry, Bronx-Lebanon Hospital Center's PCC Program serves as a wonderful model of collaborative leadership. The story of Dr. Ayesha and Mr. Hunter guiding a group of their peers through active inquiry not only speaks to their individual leadership development, it also speaks to the hospital's willingness to embrace shared goal-setting, broad-based participation and collective dialogue. It reflects a shift away from the traditional style of top-down management toward a more collaborative leadership approach that empowers employees and narrows the traditional distance between "boss" and worker.

Dr. Chilimuri, who was instrumental in bringing CIR to Bronx-Lebanon Hospital Center decades ago, commented on this transformation:

"Most top-down solutions are not effective solutions. Solutions have to be made in the trenches. Before, staff would mechanically do what we told them. Now they're learning how to solve problems and they're not afraid to speak up. They've begun to understand why things are important. With PCC, the message is told differently as opposed to before, when the boss told staff to do something 'Just because I'm telling you to do it.' How we explain things and interact with each other is much more open and respectful. We still have a long way to go, but there's been a

big shift. That's why I feel PCC is a great model. It's not patient satisfaction alone — it's employee satisfaction. Employees have to feel good about the work they do."

BLHC's labor and management leaders understand that in this age of healthcare transformation, hospitals must find new ways to increase productivity, engage diverse workers, satisfy patients and build the structures necessary for interdisciplinary practice — even across traditionally adversarial boundaries. While yesterday's healthcare model supported a hierarchical approach to management, tomorrow's industry demands that labor and management leaders be flexible enough to collaborate across disciplines, units and even organizations to motivate disparate stakeholders to align their interests to achieve collective success. Organizations should look to examples like Bronx-Lebanon Hospital Center to understand how to develop the structures needed to plan, implement, create and sustain innovative collaborative alliances such as those brought to life through the LMP's Patient-Centered Care Program.

**For more information
about this project, please contact
the Labor Management Project at
LMPResearch@LaborManagementProject.org.**



1199SEIU/LEAGUE LABOR MANAGEMENT PROJECT

330 West 42nd Street, 13th Floor • New York, NY 10036-6977
www.LaborManagementInitiatives.org