



PARTNERSHIP SUCCESS STORIES

Labor and management working together to improve care delivery and quality of work life



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

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

1. Enhance the quality of care
2. Improve patient and staff satisfaction
3. Increase operational effectiveness and performance
4. Increase worker voice and involvement

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

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PATIENT-CENTERED CARE PROGRAM RESULTS

While improving the patient experience was always a major concern for high-quality hospitals, it is now of paramount importance, given recent changes in Medicare's regulations that tie a portion of a hospital's Medicare reimbursement to its HCAHPS scores. HCAHPS, which stands for Health Consumer Assessment of Hospital Providers and Systems, is a standardized national survey of patients' perspectives of their hospital care. It asks about all aspects of a patient's hospital experience, including the quality of communication, staff responsiveness, and the cleanliness of the environment.

Funded by a grant from the New York State Department of Health, the Labor Management Project began working with leaders from 1199SEIU and the League of Voluntary Hospitals to launch the PCC program in 2012. The following summaries highlight the program's objectives, processes, and outcomes at the New York City-area hospitals where it was implemented.



JAMAICA HOSPITAL

Improving Patient Experience through Performance Improvement

Jamaica Hospital is a 424-bed, not-for-profit teaching hospital located in Jamaica, Queens. The Labor Management Project helped the hospital institute performance improvements, building on a patient-centered care training initiative aimed at improving the patient experience.



The Challenge

Boost hospital patient experience (HCAHPS) scores by engaging staff in improving call bell response time and reduce patient need for call bells.

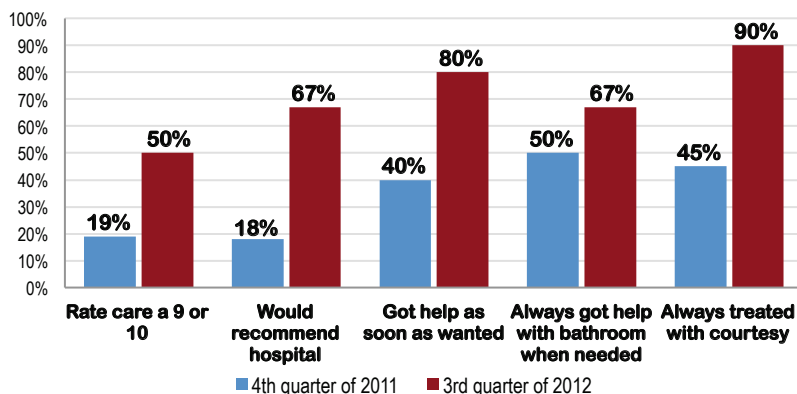
The Solution

The hospital decided to initiate its labor-management performance improvement project on unit 3N. After examining initial patient survey data and assembling a unit-based performance improvement team composed of representatives from 1199SEIU and hospital management, call bell response was selected as the improvement focus. The Labor Management Project provided technical support and worked closely with the team's labor and management co-leads to develop their performance improvement skills. The team's efforts yielded several best practices, including a "no pass" policy that trained all staff to respond to call lights and hourly rounding. Staff on the unit adopted a standard practice of visiting each patient

in an effort to meet their needs before they are pressing enough to require a call light. The team also created a welcome kit for patients, which included a notepad and pen, toothbrush and toothpaste, slipper socks and a pill case.

HCAHPS Improvements

2011 to 2012, 3 North Unit, Jamaica Hospital



The Results

Patient satisfaction scores on the HCAHPS survey increased substantially over several months following these initiatives.

Positive Feedback

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

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



BRONX-LEBANON HOSPITAL CENTER: 9TH FLOOR

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

Bronx-Lebanon Hospital is the largest voluntary, not-for-profit health care system serving the South and Central Bronx, with 972 beds at two hospital divisions. The Labor Management Project supported a performance improvement initiative to improve staff responsiveness.

The Challenge

Maximize the patient experience by increasing staff responsiveness to call bells.

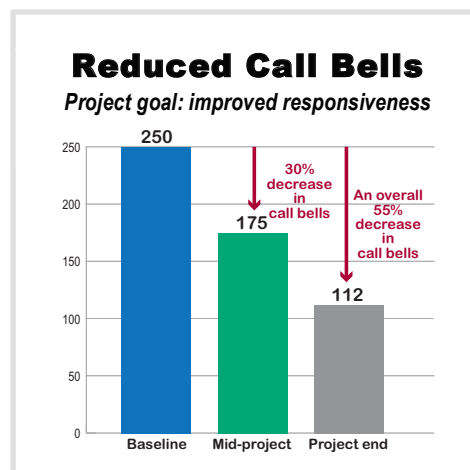
The Solution

Working with union and management sponsors, the Labor Management Project (LMP) facilitated patient-centered care trainings with hospital staff and management. In a two-day launch, the LMP worked with 9th-floor employees and managers to develop goals and a work plan aimed at addressing patients' needs before they rang their call bells. Co-leads guided the team through a three-month process whose outcomes included:

- Implemented hourly rounding and a “stay in district” policy that encourages workers to stay near their room assignments.
- Trained all 282 support and medical staff on the floor to respond to call lights.
- Improved interdisciplinary communication about patients' needs.
- Enhanced communication between the healthcare team and patients.
- Removed barriers that made it difficult to meet patients' needs quickly (e.g., preordering meals for patients admitted at night, ensuring adequate staffing, improving discharge processes).
- Trained nursing staff on AIDET, the 4 Ps (assistance with pain, potty, position, and access to possessions) and other best practices.

The Results

Use of call bells decreased by 30% (from 250 to 175 over a period of seven days) by the midpoint of the intervention and by 55% (from 250 to 112) by the end of the project. A team member meets monthly with 9th-floor colleagues to review patient satisfaction scores and reinforce responsiveness practices, and patient satisfaction trainings are provided to all new staff. The team is committed to monitoring call bell data, HCAHPS scores, and survey results to sustain and improve the project's outcomes.



Positive Feedback

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

1199 Executive Vice President Angela Doyle: “I hear the excitement and enthusiasm. I’m particularly impressed with the depth of cooperation between all the staff.”

1199 Vice President Aida Morales: “I was very proud to be part of this kind of labor management project.”

Bronx-Lebanon Manager of Training and Volunteer Services Lisa Brandon-Colon: “It’s been an honor for me to work with this group [PI team] and these consultants [Labor Management Project]. We want to replicate not just what was done, but how it was done throughout the hospital.”

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



BRONX-LEBANON HOSPITAL CENTER: 10TH FLOOR

Every Patient is Everyone's Patient: A Patient-Centered Care Performance Improvement Project

Bronx-Lebanon Hospital is the largest voluntary, not-for-profit health care system serving the South and Central Bronx, with 972 beds at two major hospital divisions. The Labor Management Project provided support for an internally led performance improvement initiative.

The Challenge

Maximize the patient experience by increasing staff responsiveness to call bells and improving communication, teamwork, and work processes, both within and across disciplines.

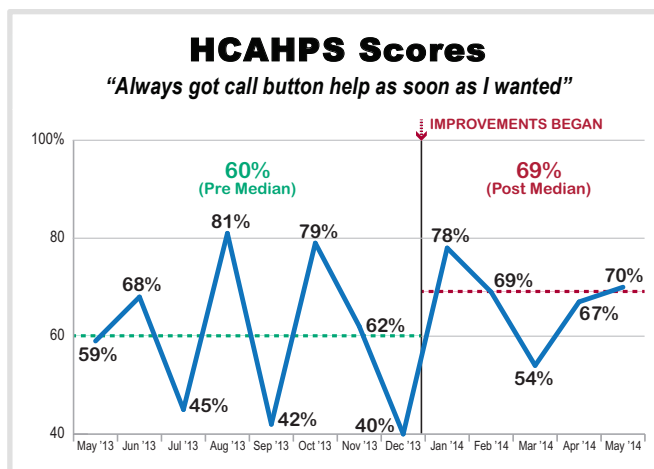
The Solution

A two-day Labor Management Project (LMP) training prepared nine Bronx-Lebanon Hospital Center (BLHC) union and management employees to coach fellow staff through performance improvement projects designed to improve patient satisfaction. With support from the LMP, two coaches then guided union and management staff on the 10th floor, a medical-surgical unit, as they identified problems, established project goals, implemented improvements and tracked outcomes. The team adopted these improvements:

- **Improve communication between staff by implementing interdisciplinary rounds.** Staff now gather at the nurses' station every morning for huddles with physicians.
- **Reenergize the "No Pass Zone" policy.** Trained 194 staff from various departments on how to answer call bells. Translated the "No Pass Zone" training and pocket card into Spanish.
- **Improve communication with patients.** Made presentations to staff about hourly rounding using the 4 Ps (assistance with pain, potty, position, and access to possessions), created a Spanish pocket card and lesson plan to facilitate use of the 4 Ps, and monitored and reinforced the practice.
- **Improve work processes.** Gave staff updated numbers so they can contact specialists more quickly. Worked with patient transport director to reduce wait times for procedures and tests.

The Results

Call bell use decreased 43% (from 234 to 134 over a five-day period), indicating that more patients' needs were being addressed before they had to ring their bells. HCAHPS scores improved (see chart), suggesting that patient satisfaction increased as a result of these efforts. The team is committed to monitoring call bell data, HCAHPS scores, and survey results to sustain and improve its outcomes.



Positive Feedback

1199SEIU member and unit associate: "Staff is 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."

RN, 10th Floor: "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."

Chief Financial Officer, BLHC: "This is critical to Bronx-Lebanon's survival. We have to make this work."

SEIU Healthcare Committee of Interns and Residents member and resident: "Patients seem more aware of their plans of care. They talk to me now as active participants in managing their care."



BRONX-LEBANON HOSPITAL CENTER: 15TH FLOOR

The Power to Change: A Patient-Centered Care Performance Improvement Project

Bronx-Lebanon Hospital is the largest voluntary, not-for-profit health care system serving the South and Central Bronx, with 972 beds at two major hospital divisions. The Labor Management Project provided support for an internally led performance improvement initiative.

The Challenge

Maximize the patient experience by increasing staff responsiveness to call bells and improving communication, teamwork, and work processes, both within and across disciplines.

The Solution

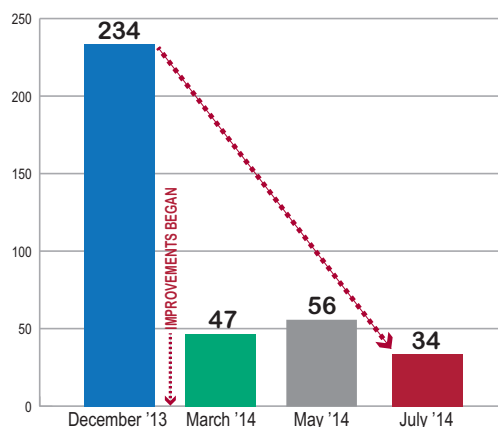
A two-day Labor Management Project (LMP) training prepared nine Bronx-Lebanon Hospital Center (BLHC) union and management employees to coach fellow staff through performance improvement projects designed to improve patient satisfaction. With support from the LMP, two coaches then guided a team of union and management staff on the 15th floor (a medical-surgical unit) as they identified problems, established project goals, implemented improvements and tracked outcomes. The team adopted these improvements:

- **Improve interdisciplinary communication.** Created and administered a monthly survey to assess hourly rounding with



Decreased Call Bells

*Anticipate patient needs:
"Be there before patients need us"*



Positive Feedback

Chairman, BLHC Dept. of Medicine: "It is clear that the issue of mutual respect had to be solved by you: people who are in the trenches. Great job!"

1199SEIU member and Patient Care Technician: "I love the way my coworkers are helping each other. There is much more teamwork now."

SEIU Healthcare Committee of Interns and Residents (CIR) sponsor and team coach: "The team's determination was amazing! The assessment tool was an innovative way to train and reinforce skills."

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

Team member: "By leaving our titles at the door and by respecting and valuing each other, we made each team member feel important."

CIR member: "I've noticed big changes on the 15th floor. Everyone is communicating and the morning huddle keeps everyone on the same page."



BRONX-LEBANON HOSPITAL CENTER: 15TH FLOOR

(Continued)

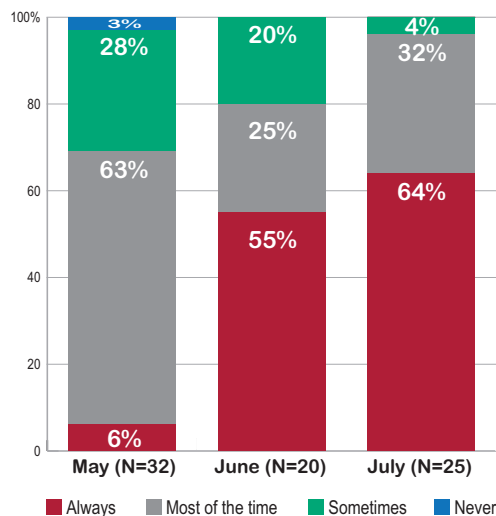


the 4 Ps (assistance with pain, potty, position, and access to possessions), adherence to the No Pass Zone policy and to roles and responsibilities, and mutual respect. Incorporated the survey's learning objectives into monthly unit orientations. Held weekly educational huddles for all disciplines to discuss survey areas needing improvement and to foster open communications and team building.

- **Reenergize the “No Pass Zone” policy.** Trained more than 100 staff from Medicine, Nursing, Dietary, Housekeeping, Transportation and Social Work on how to answer call bells and translated the “No Pass Zone” training and pocket card into Spanish. Reinforced the practice through weekly educational huddles; one-on-one observation and a monthly assessment tool.
- **Improve communication with patients.** Made presentations to staff about hourly rounding using the 4 Ps, created a Spanish pocket card and updated lesson plan to facilitate use of the 4 Ps, and monitored and reinforced the practice through huddles, one-on-one observation, staff meetings and data collection.
- **Improve work processes.** Created a white board outlining assignments at nurses' station, increased the number of PCTs during RN shift changes to promote responsiveness and adopted a minimum PCT staffing policy, and increased the number of social workers.

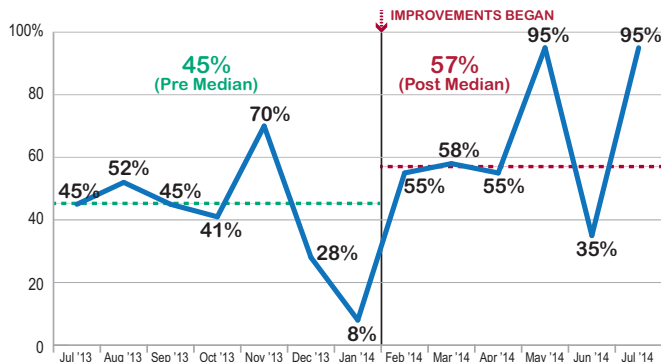
Survey Results: Improved Respect

“How often my coworkers demonstrate mutual respect and etiquette”



Improved HCAHPS Scores

“Always got call button help as soon as I wanted it”



The Results

Call bell use decreased by 85%, from 234 to 34 over a five-day period (see chart). Improvements in the unit's HCAHPS scores (see chart) suggest that patient satisfaction increased because of the team's efforts, and results from the survey question regarding “mutual respect” (see chart) illustrate that staff's treatment of one another improved during the project. The team is committed to monitoring call bell data, HCAHPS scores, and survey results to sustain and improve their outcomes.



BRONX-LEBANON HOSPITAL CENTER: 16TH FLOOR

T.O.G.E.T.H.E.R (Team Opportunity: Grow Each Time, Heal Each Round): A Patient-Centered Care Project

Bronx-Lebanon Hospital is the largest not-for-profit health care system serving the South and Central Bronx. The Labor Management Project provided support for a performance improvement initiative.

The Challenge

Maximize the patient experience by increasing staff responsiveness to call bells and improving communication, teamwork, and work processes, both within and across disciplines.

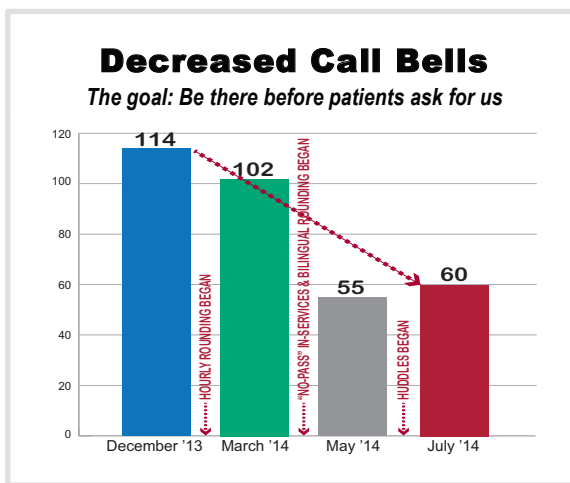
The Solution

A two-day Labor Management Project (LMP) training prepared nine Bronx-Lebanon Hospital Center (BLHC) union and management employees to coach staff through performance improvement projects aimed at improving patient satisfaction. With support from the LMP, two coaches guided a team of union and management staff on the 16th floor (a medical-surgical unit) as they identified problems, established project goals, implemented improvements and tracked outcomes. The team adopted these improvements:

- **Improve interdisciplinary and patient communication.** Implemented huddles for day and night shifts and morning huddles for critical care patients; incorporated nurse-physician rounding for day and night shifts; increased number and use of language phones for patients.
- **Reenergize the “No Pass Zone” policy.** Educated more than 100 staff on how to answer call bells; helped provide an in-service to the housekeeping department.
- **Promote hourly rounding using the 4 Ps** (assistance with pain, potty, position, and access to possessions). Placed 4 Ps poster and hourly rounding log in all patient rooms, provided staff with laminated pocket-sized hourly rounding cards and offered 4 Ps Spanish lessons and tools to non-Spanish-speaking staff.
- **Solicit suggestions for improvement.** Created suggestion box for patients, visitors and staff. Developed suggestion slips for patient admission packets and a tracking process for suggestions.

The Results

Call bell use decreased 47% (see chart). HCAHPS scores for “Always got call button help as soon as I wanted” increased from 33% to an average of 55%. The team is committed to sustaining and improving its outcomes.



Positive Feedback

RN: “Staff feel like we have a voice and a better working environment because of this initiative.”

1199SEIU member and housekeeper: “Communication has improved and we are helping each other. I learned a lot and feel more like a part of the team.”

Resident and member of SEIU Healthcare Committee of Interns and Residents: “There is more of a sense that every patient is everyone’s patient.”

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

Labor Management Project Consultant: “This proves that when healthcare workers come together in partnership, they truly can facilitate process improvement.”

1199SEIU member and unit associate: “Staff are responding to call bells. By the time I answer the bell at the desk, the staff are already in the room.”



FLUSHING HOSPITAL MEDICAL CENTER

A Performance Improvement Initiative for Patient-Centered Care

Flushing Hospital Medical Center is a 325-bed, not-for-profit teaching hospital in Queens. The Labor Management Project supported a performance improvement initiative aimed at improving two key HCAHPS scores.

The Challenge

The hospital's geriatric units wanted to improve two key indicators of patient satisfaction on the HCAHPS survey: processes and patient perception regarding pain management and communication between hospital staff and patients and their families regarding medication. These were particularly challenging issues for these units because their patients are linguistically diverse and many have dementia.

The Solution

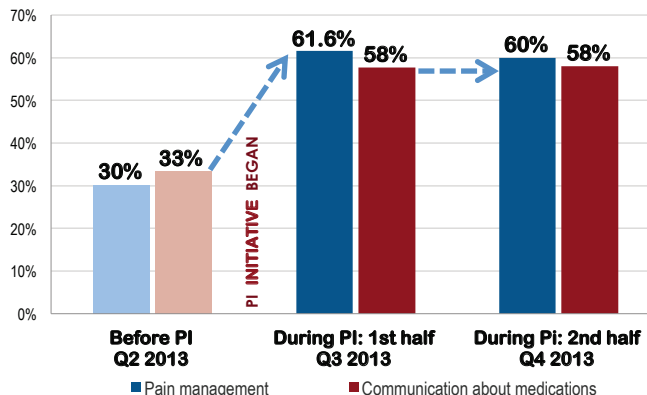
Union and management sponsors invited the Labor Management Project (LMP) to facilitate patient-centered care trainings for hospital staff and then initiate a performance improvement project, focused on improving pain management and communication about medication, in two medical-surgical geriatric units. The two were consolidated into one unit, 2N, for the purposes of the initiative. During a two-day launch, the LMP worked with a team of unit employees and managers to establish goals and a work plan. The team then conducted staff in-services, one on using the Patient Education about Medication protocol to help patients and their relatives ask questions about medications and one on hourly rounding using the 4 Ps (assistance with pain, potty, position, and access to possessions). The team tracked how often staff discussed pain with patients and distributed prompts in several languages to help patients and family members communicate with staff.

The Results

The unit's HCAHPS scores in "Pain Management" and "Communication about Medication" increased by nearly 100% (see chart) even though the team faced many challenges over the course of the project, including unit closures, leadership changes and staff reassignments. Team members anticipate that improvements will persist, as the group will continue to meet, measure, and improve the unit's outcomes. Flushing's sponsors requested the LMP's support in establishing a committee to implement additional performance improvement initiatives.

Improvement in HCAHPS Scores

Flushing Hospital - Unit 2N



Positive Feedback

Brian Joseph, 1199SEIU Vice President: "We see ourselves as business partners with Flushing. We are here for the same purpose. We can only succeed as a team. We will continue to improve the institution so our HCAHPS scores continue to go up."

Robert Levine, Flushing Hospital Medical Center Executive Vice President and COO: "What you have accomplished and what we will continue to accomplish through this initiative will help Flushing provide an excellent experience for patients. We look forward to continuing this work with our partners in 1199."

Paul Cormerais, RN on 2N: "It was nice working with 1199 on this great project. I look forward to expanding this to other floors."



ST. JOHN'S EPISCOPAL HOSPITAL

A Patient-Centered Care Performance Improvement Project

St. John's is a 240-bed community hospital in Far Rockaway, New York. The Labor Management Project supported performance improvement work aimed at improving staff responsiveness to improve the patient experience.

The Challenge

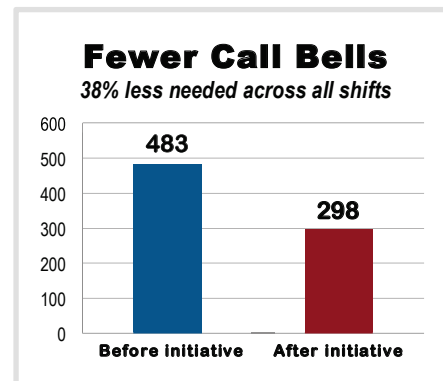
Union and management leaders at St. John's Episcopal have committed themselves to cultivating a culture of excellence and high-quality service through collaboration. In pursuit of that goal, and in hopes of improving patient satisfaction scores on their HCAHPS surveys, they enlisted the Labor Management Project (LMP) to conduct a series of patient-centered care trainings.

The Solution

The LMP trained 169 hospital employees and managers on patient-centered care and then conducted a performance improvement project aimed at improving staff responsiveness to patients' needs on Tower 11 (a telemetry unit). A team of managers and 1199SEIU representatives from the unit selected a reduction in the use of call bells as its key measure. All nurses were trained on hourly rounding with the 4 Ps (assistance with pain, potty, position, and access to possessions), using whiteboards, customized rounding pocket cards, and bedside logs; implementing huddles and one-on-ones to get staff input and problem solve; and "staying in district," i.e. remaining near their room assignments. The team also trained over 200 staff from departments like Food & Nutrition, Environmental, Medical, Rehabilitation, Imaging, and Respiratory, who interact with patients on the unit, on the "no pass" policy of responding to call bells. Lastly, the team identified and addressed issues that hindered staff's ability to adequately respond to patients' needs, such as staffing for high-volume times, language barriers and supply shortages. This process took approximately three months.

The Results

The use of call bells decreased by 38% (from 483 to 298 over a 7-day period, including day, evening and night shifts), with day and night shifts reducing their call bells by 54% and 52% respectively. HCAHPS scores also improved, by 20% on the survey questions for "staff responsiveness," from 8% to 71% on the "hospital rating" question and from 14% to 71% on "likeliness to recommend hospital." St. John is supporting the group's commitment to continue training its peers, collecting call bell data, and meeting once a month to monitor progress.



Positive Feedback

Brian Joseph, Vice President Health System II, 1199SEIU: "The Steering Committee plays a vital role in where this project goes. We are here and committed to supporting you."

Sharika Gordon, Vice President, SJE Human Resources, St. John's: "What you've done is truly inspiring. I look forward to implementing this in other areas."

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

Dennis Alfred, co-lead and Tower 11 Service Assistant: "When I needed help, I was never turned down from either union or management. Management has committed to be there for us, union has committed to be there for us. The patients need us, and all we have to do is be committed too."



BROOKLYN HOSPITAL CENTER

A Performance Improvement Project to Decrease Response Times

Brooklyn Hospital Center is a 464-bed, full-service community teaching hospital located in Downtown Brooklyn. The Labor Management Project supported a performance improvement project aimed at improving staff responsiveness to improve the patient experience.

The Challenge

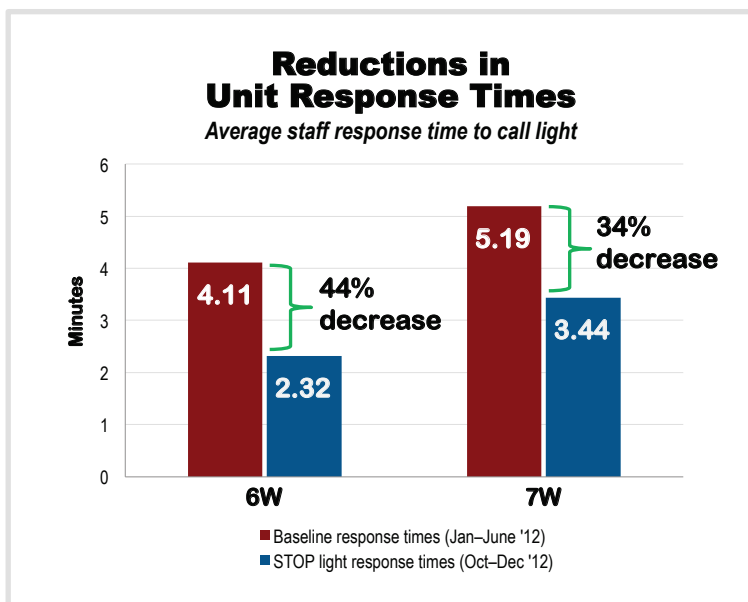
In an effort to address lower than desired HCAHPS scores, the hospital worked with the Labor Management Project (LMP) to reduce patients' need to use call bells and to better meet patients' dietary needs.

The Solution

After facilitating a series of person-centered care trainings with hospital staff and management, the LMP guided a performance improvement initiative targeting staff responsiveness on two units, 6W and 7W, which were chosen based on the strength of their leadership teams. Both teams chose to address staff responsiveness to call lights by implementing STOP Light, an initiative that encourages the participation of all staff (e.g., nurses, housekeepers, transporters, physicians, and dietitians) in responding quickly to call lights. The teams also rounded once with representatives from the food and nutrition department to determine ways of better meeting patients' dietary needs. Over the course of three months, the teams met weekly to evaluate their progress.

The Results

With the assistance of a call light tracking system, the teams on 6W and 7W were able to measure changes in staff response times. 6W decreased its average response time from 4:11 minutes to 2:32 minutes while 7W reduced its average response time from 5:19 minutes to 3:44 minutes, for improvements of 44% and 34% respectively. Hospital management was so impressed that they decided to replicate the performance improvement project hospital-wide, with the assistance of the leaders who emerged on 6W and 7W.



Positive Feedback

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

John Lasky, Senior Vice President of Human Resources, Brooklyn Hospital: "I'm extraordinarily impressed with the results on the call bell. It's measureable... And not only can we measure the results, it's incredible. It's really, really good."

Wayne Allen, Vice President of Support Services, Brooklyn Hospital: "You did a great job engaging the various constituents and we need to make this a part of orientation."

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



MOUNT SINAI QUEENS HOSPITAL

Improving Response to Call Lights through Performance Improvement

Mount Sinai Queens Hospital is a newly designated magnet hospital in Astoria, Queens. The Labor Management Project supported the hospital's efforts to improve staff responsiveness by helping to establish and facilitate a successful performance improvement initiative.

The Challenge

Mount Sinai Queens wanted to improve the patient experience by improving staff response time to patient call lights.

The Solution

The Labor Management Project provided facilitation and training to help establish a multi-disciplinary team with equal representation from 1199SEIU members and hospital management. After identifying a unit, 3 East, on which to work, the team collected data through focus groups, an employee survey, and measuring the response time to call lights. The team then developed a curriculum and training program called HEADS UP to provide guidance for all staff—including those in housekeeping, engineering, food and nutrition, laboratory, and transport—on how to respond to call lights. The acronym stands for: **H** = Heads up! Look up when you are in patient areas and be aware if call lights are lit; **E** = Enter the room and introduce yourself if call light is on; **A** = Attend to the patient; ask what the patient needs; **D** = Determine what you can or cannot do; **S** = Safety first! Make sure never to put the patient at risk; **U** = Understand what the patient needs and provide assistance if you can; **P** = Pass it on if you cannot fill the need yourself.



The Results

Patients' perception of responsiveness of staff increased substantially over several months following the implementation of HEADS UP. Success in the unit led the hospital to expand the initiative throughout the hospital, with members of the labor-management team conducting observations and providing support and feedback to staff on other units. Sustaining the gain has been a challenge, especially due to new competing priorities. The team is reviewing the program and generating ideas for revisiting the in-service training, implementing monthly activities around HEADS UP, and marketing the initiative to staff. A group of labor and management sponsors are working on a reward and recognition program to be presented to the unit with the highest responsiveness score monthly, in an attempt to further engage staff.

Positive Feedback

Ilyssa Decasperis, 1199SEIU sponsor: "This is the best team I've ever worked with. Everybody's voice was recognized." In addition, she said, the diverse labor-management team communicated well with the rest of the hospital. "We got a lot of buy-in."



MOUNT SINAI QUEENS HOSPITAL

Improving Patient Flow and Experience in the Emergency Radiology Department

Mount Sinai Queens Hospital is a newly designed magnet hospital in Astoria, Queens. For this project, the Labor Management Project (LMP) supported the hospital's efforts to improve staff responsiveness by improving patient flow and experience in the Emergency Radiology Department.

The Challenge

Long waiting times for the Emergency Radiology Department were contributing to lower than desired patient satisfaction HCAHPS scores.

The Solution

In spring 2014, 1199SEIU members and the Mount Sinai Queens hospital management started a performance improvement initiative to reduce waiting times in the department. The LMP provided skill development, project team facilitation and technical assistance as a team of more than 30 frontline staff, including technologists, unit clerks, transporters and management, worked collaboratively to improve patient flow and the patient experience using the “Plan, Do, Study, Act” methodology. The interdisciplinary team developed a standard communication tool to provide patients with realistic expectations about waiting times for tests and turnaround times for test results. It also improved the coordination of patient transfers between Radiology and the Emergency department.

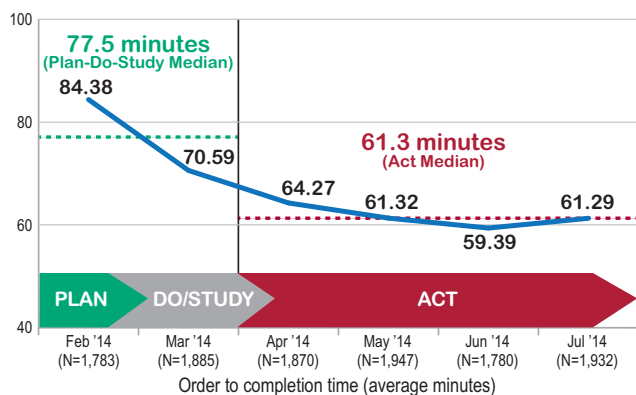


The Results

The team reduced “order to completion” time for tests from 77.5 minutes on average to 61.3 minutes. Scores on the relation Press Ganey patient satisfaction question rose from 70.1 percent to 75.8 percent.

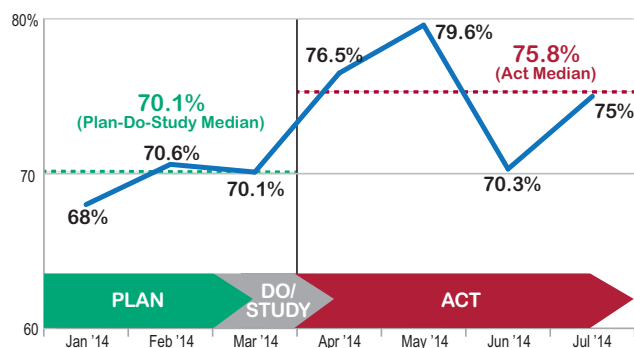
Reduced “Order to Completion” Times for ED Radiology Tests

Mount Sinai Queens Hospital study results



Upward Trend in Press Ganey Scores

Satisfaction with “Waiting Time for ED Radiology Tests”





MOUNT SINAI ROOSEVELT HOSPITAL

A Patient-Centered Care Performance Improvement Project

Mount Sinai Roosevelt is a 505-bed hospital serving Midtown and the West Side of Manhattan in New York City. The Labor Management Project supported performance improvement work aimed at enhancing the patient experience by improving staff responsiveness.

The Challenge

As part of its long-term commitment to creating a culture of excellence through collaboration, union and management leaders enlisted the Labor Management Project to help them improve staff responsiveness.

The Solution

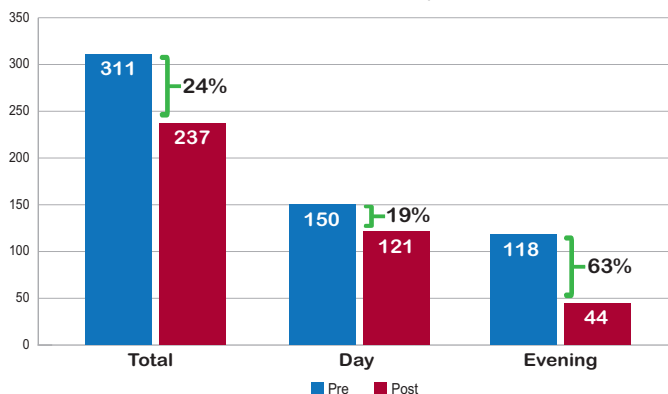
After conducting patient-centered care trainings for nearly 200 hospital employees and managers, the Labor Management Project (LMP) guided a performance improvement initiative by 1199SEIU representatives and managers aimed at improving employees' responsiveness to patients on unit 9B. The team chose to focus on reducing the number of call bells. With assistance from the LMP, two co-leads—one management and one union representative—guided the team as it helped staff implement new responsiveness policies (hourly rounding and “stay in district,” which encourages workers to stay near their room assignments), cultivate culture change (monthly unit meetings encourage engagement) and troubleshoot issues that hindered responsiveness to patients' needs. The team also trained all 178 support and medical staff on the unit to respond to call bells, following a “no pass” policy. This process took approximately three months.

The Results

Within three months, overall call bell use had decreased by 24% (see chart), including a 63% decrease on the evening shift. (Data was collected for 7 days per period on the day shift, 5 days on the night shift, and 4 days on the evening shift.) With an estimated 4 minutes spent on each call response, this decrease saved the unit an average of 74 minutes on each evening shift—time that could be devoted to other patient care needs.

Reduction in Call Bells

November 2012 (pre)–February 2013 (post)



Positive Feedback

Roopchan (Bob) Baboolal, ANCC, the team's union co-lead: “The project was effective and had a good outcome. From my observations, the best results are achieved when practices are done from the heart and with love for what you do.”

Andre George, team member from Materials Management: “The opportunity to engage with staff across the departments empowered us to be leaders in striving for change.”

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

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



QUALITY IMPROVEMENT RESULTS

Labor Management Project consultants work with 1199SEIU and League leaders to implement quality improvement efforts unrelated to the Patient-Centered Care Program as well.

These projects, campaigns, and trainings engage multiple disciplines, often at the unit level. Their aim is advancing organizational performance, enhancing work processes, improving the quality of care, and/or promoting patient and staff satisfaction.

The following summaries highlight the objectives, processes, and outcomes of the Labor Management Project's quality improvement initiatives at various New York City-area hospitals.



REDUCING PATIENT TRANSPORT DELAYS

Kingsbrook Jewish Medical Center

Kingsbrook Jewish Medical Center is a full-service teaching hospital in Brooklyn, New York. The Labor Management Project supported performance improvement work aimed at reducing delays in patient transport.

The Challenge

Various units experienced delays and cancellations in patient transport between nursing and clinical procedures. Most delays (80%, n=87) occurred because the patient was not ready.

To improve the patient experience of care and reduce patient length of stay, some units aimed to reduce their transport delays from 35% to 20% and cancellations from 25% to 15%.



The Solution

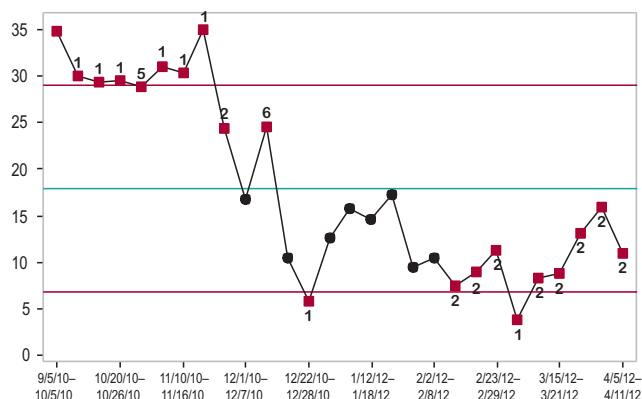
With support from the Labor Management Project, the hospital created a labor-management team of patient transporters, patient care technicians, unit clerks, radiology technicians, and supervisors from Radiology, Transport, and Nursing. The team created a process flow map to help clarify the handoff process, identified barriers, and wrote a script to help transporters communicate with patients, nursing staff and physicians. Team members communicated project goals to peers in 15-minute huddles and met with managers to align the goals with daily operations. They also constructed a binding contract between the hospital's executive sponsors, stakeholders and frontline staff that articulated the standard flow of patient transport from nursing to radiology. Staff now document and update goals, progress, and performance using a Kaizen Board (storyboard) posted in each department, updating the contract as processes improve.

The Results

Transport delays decreased from 34.9% in October 2011 to 12.4% in February 2012, while transport cancellations decreased from 24.1% to 18.1%. The percentage of patients who strongly agreed that nurses communicated the procedure to them increased more than fourfold, from 15% to 70%. The percentage who strongly agreed that technologists treated them with courtesy and respect increased from 77% to 90%, and those who strongly agreed that they were transported back without delay improved from 38% to 60%. The average length of stay for patients decreased from 7.1 to 5.9 days. The hospital's overall rating improved from 55% to 58.8%.

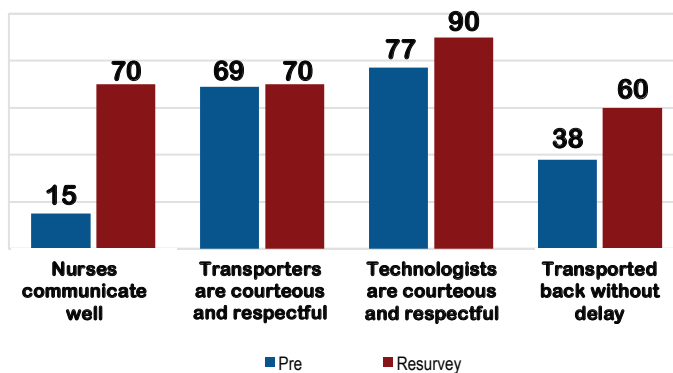
Transport Delays

Delays decreased significantly during the initiative



Percentage of Patients Who Strongly Agree

Pre and post implementation phase (B3)





IMPROVING PATIENT FLOW AND REDUCING WAIT TIMES

Mount Sinai Queens ED Radiology Department

Mount Sinai Queens is a newly designated magnet hospital in Astoria, Queens. The Labor Management Project supported performance improvement work in its Emergency Department's Radiology Department to improve patient flow and experience.



The Challenge

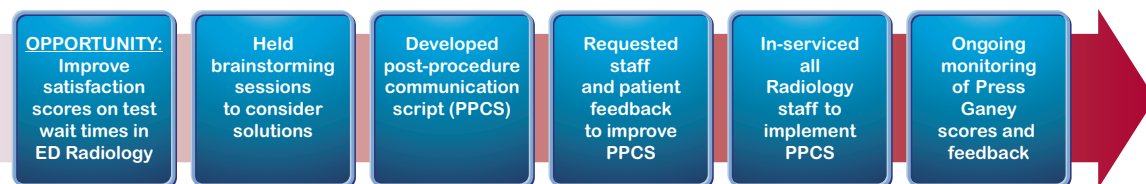
Mount Sinai Queens (MSQ) leaders enlisted the Labor Management Project to reduce overcrowding in the Emergency Department (ED), improve patient handoffs, prevent delays, and reduce patients' anxiety about radiology testing procedures by facilitating improved coordination between the ED and the Radiology Department within the ED.

The Solution

Over the course of four months, a team of over 30 MSQ frontline union (technologists, unit clerks, transporters) and management staff worked collaboratively to reduce average waiting times for ED radiology tests and improve Press Ganey "Waiting Time for ED Radiology Test" scores. Outlined below is the team's strategy, which followed the Plan-Do-Study-Act methodology.

The Results

The ED Radiology team reduced median Press Ganey "Order to Completion Time" for tests from 77.5 to 61.3 minutes and increased median "Waiting Time for ED Radiology Tests" scores from 70.1% to 75.8%. Median "Schedule to Completion Time" for tests was reduced from 20.5 to 12.7 minutes.



Positive Feedback

MSQ Chief Operating Officer: "This project transformed the department - a true culture change."

Lead Technologist and 1199SEIU Project Champion: "Improved communication leads to changes in behavior and perspective that can result in an important milestone toward reaching goals."

Senior Technical Analyst and Management Project Champion: "Active listening, being supportive, and working together has given rise to service gains on every level, for patients and fellow staff."

MRI Technologist and 1199SEIU Delegate and Project Champion: "The patient experience has improved as a result of the PPCS (Post-Procedure Communication Script)."

MRI Technologist and 1199SEIU delegate: "Our patients are sick, in pain, and often anxious about the results of their tests. The PPCS helps us explain the procedures and answer questions. It helps patients feel better."

Assistant Director, Human Resources: "The project brought the labor-management team together in a way it had never come together before. Everyone learned and grew in the process."



IMPROVING THE CARE TRANSITIONS DEPARTMENT

St. Barnabas Hospital

St. Barnabas Hospital is a 461-bed, not-for-profit acute care community hospital and Level I Trauma Center located in the Bronx, New York. The Labor Management Project helped the hospital improve operations within the Care Transitions Department.

The Challenge

Relationships within the Care Transitions department were strained. Miscommunication was frequent, and there was a general sense of frustration. Social workers felt as if they did not have adequate equipment (e.g. computers), workspace, or guidance from management. They also felt that they were getting mixed messages about their discharge work, charged with providing excellent discharge planning and support for patients while at the same time making sure the patients move out as soon as possible. Managers felt that the social workers were resisting the case management system they were supposed to be implementing.

The Solution

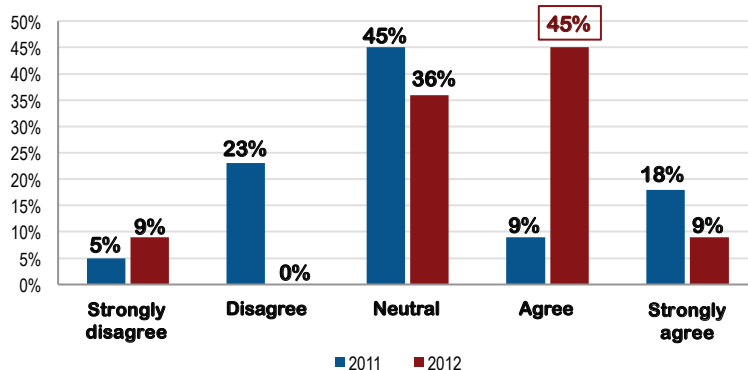
To improve inter- and intra-departmental communications and staff morale, Labor Management Project consultants worked with the hospital to establish a Care Transitions Labor Management Steering Committee that consisted of representatives from both management and frontline staff, including nurses and social workers. The committee addressed communication, staffing, social work supervision, teamwork, HCAHPS scores and availability of computer equipment. It also investigated training programs to provide RNs and social workers with the skills needed to successfully perform discharge planning. Members of the Care Transition staff were surveyed in the fall of 2011 and the summer of 2012 to measure their



perceptions of their department's progress.

Increased Staff Satisfaction Scores

"I have easy access to the supplies and equipment I need to do my work"



The Results

Improvements were made in most of the problem areas addressed by the committee. For instance, availability of space for the social workers improved, computer software and equipment were updated and staffing was increased on both the nursing and social work sides. The survey showed slight but significant progress on most issues.



TCAB INITIATIVE

Transforming Care at the Bedside

The RN Labor Management Initiative provided program support to several medical-surgical units seeking to implement Transforming Care at the Bedside (TCAB), a program aimed at increasing the amount of time members of the health care team spend with patients.

The Challenge

Hospitals face increasing pressure to improve the quality and safety of patient care, reduce inefficiencies in work processes, increase staff satisfaction and improve retention rates. Making quality improvements often requires altering daily work processes so frontline staff can spend more time providing direct patient care.

The Solution

In 2010, TCAB was piloted in medical-surgical units at several 1199 RN institutions, including Beth Israel Brooklyn 3N, Montefiore North 3N, and North Shore Forest Hills 4N. The initiative was later rolled out to Beth Israel Brooklyn IN and Beth Israel Petrie 7 Linsky. Developed by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, TCAB aims to improve patient care and satisfaction.

It creates a framework for multi-disciplinary teams to work together, review data related to work processes, analyze problems, implement changes, and evaluate outcomes. Each hospital formed a TCAB team with representatives from all areas of patient care, including nurses, managers, physicians, pharmacists, therapists, nursing assistants and transporters. With assistance from the RN Labor Management Initiative, the teams conducted RN Time Studies to evaluate the amount of time nurses engaged in non-value-added activities.

PDA-based software tracked the tasks that took nurses away from

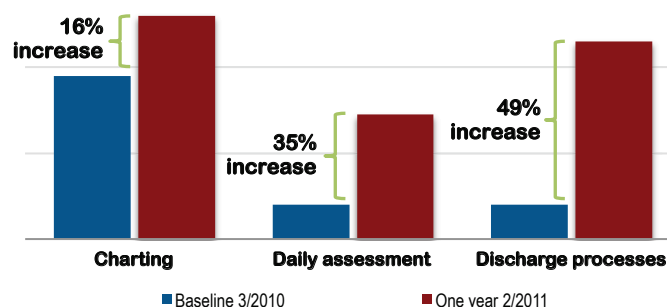
the bedside. Solutions were then developed for the problems identified. For instance, one

TCAB team found that RNs were spending approximately 30 minutes more per trip than the national average waiting for patients' medications at the pharmacy. It worked with the pharmacy and IT departments to replace its paper medication request program with an electronic process. The new system decreases the number of trips staff make to the pharmacy and increases the efficiency of pharmacy runners.



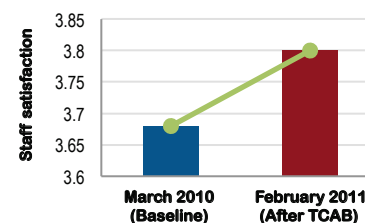
Time Spent on Patient Care

Beth Israel Brooklyn PDA study results



Staff Satisfaction

*Beth Israel Brooklyn scores
N = 48/43*



The Results

TCAB increased the amount of time nurses spent delivering direct patient care and improved satisfaction scores. At Beth Israel Brooklyn, for instance (see chart), nurses spent 35% more time on daily assessment and 49% more on discharge processes, and RN satisfaction scores were significantly improved.



INFECTION PREVENTION CAMPAIGN

Reducing Hospital Acquired Infections

As part of a campaign developed by 1199SEIU United Healthcare Workers East, the 1199SEIU Training and Employment Funds, and the Greater New York Hospital Association, the Labor Management Project worked with several New York-area hospitals to implement infection prevention plans.

The Challenge

While progress has been made in public health and hospital care, hospital-acquired infections affect almost one in ten hospital patients in the United States. The annual medical costs of these infections have been estimated at between \$28.4 and \$33.8 billion dollars (CDC, 2009).



The Solution

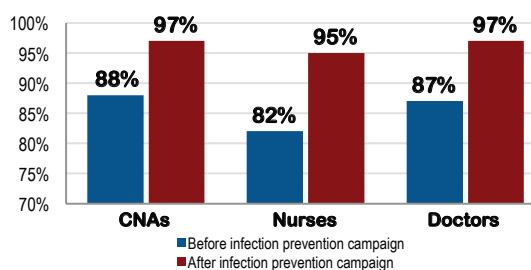
1199SEIU United Healthcare Workers East, the 1199SEIU Training and Employment Funds, and the Greater New York Hospital Association developed and launched the Infection Prevention Control (IPC) campaign in 2007. The Labor Management Project (LMP) trained over 1,100 managers and staff in 18 hospitals as IPC coaches, providing them with a one-day training and a toolkit including a training DVD and Glo-Germ and IPC posters and charging them with promoting infection prevention with their colleagues and throughout the hospital. IPC meetings facilitated by LMP staff began shortly afterward. These focused on developing concise implementation plans and enhancing labor-management collaboration. Each participating hospital adopted various infection control mechanisms, including regular rounding, scheduled meetings, and marketing in the form of weekly bulletins, monthly or quarterly newsletters, posters and buttons.

The Results

Notable improvements include:

- In 2011, St. Luke's Hospital increased hand hygiene compliance from 82% to 95% among nurses, from 88% to 97% among certified nursing assistants and from 87% to 97% among doctors.
- From 2009 to 2011, Long Island Jewish Hospital cut the rate of surgical site infections by 11%, of methicillin-resistant staph infections by 36%, and of ICU central line-associated infections by 92%.
- From the second quarter to the fourth quarter of 2011, The Roosevelt Hospital campus of Continuum increased hand hygiene compliance rate from 92% to 98% for nurses and from 64% to 78% for doctors.
- At Montefiore Medical Center, hand hygiene compliance for all campuses increased from 87% in the fourth quarter of 2010 to 91% in the first quarter of 2011, and HCAHPS scores on cleanliness for the hospital improved from 69% in 2009 to 74% in 2012.

Hand Hygiene Compliance St. Luke's Hospital Campus of Continuum



Positive Feedback

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



ELECTRONIC MEDICAL RECORDS TRAINING

Preparing staff for the transition

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

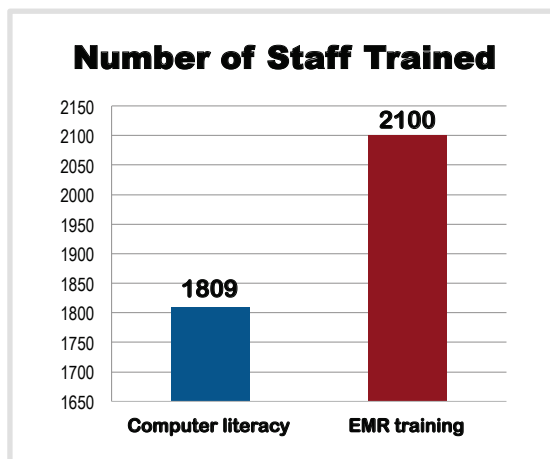
The Challenge

The Centers for Medicare and Medicaid Services (CMS) required that all medical records be converted to electronic form by 2015. Electronic records allow data to be quickly transferred from one department to another and may reduce errors in patient health records, allow for more efficient and timely insurance claims submission, and reduce administrative costs. To facilitate that conversion, providers and hospitals were eligible for incentive payments from CMS starting in 2011 for achieving “Meaningful Use” of a certified electronic medical record (EMR) system. Some hospitals and nursing homes within the 1199SEIU network did not have a system of electronic medical records in 2010 and 2011, and others had an EMR system in some departments but were unable to transfer information to other departments that did not. Before EMR could be installed across the board, many hospital and nursing home staff needed training in basic computer skills as well as EMR systems.



The Solution

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



The Results

With support from Labor Management Project consultants, 398 staff members completed computer literacy training and 299 completed EMR training in 2010. In 2011, 1,411 employees were trained in computer literacy and 1,801 completed EMR training.

Positive Feedback

Maria Rena L. Penecilla, RN, St. Barnabas Hospital: “Combining computer technology with health care was a groundbreaking event in our facility. As a nurse educator, my experience was phenomenal because we trained approximately 800 nursing staff. It has been two years since our first EMR implementation (inpatient) and our transition has been a success.”



TEACHING STAFF HOW TO GO GREEN

From Entry Level to a Green Career: The Green Grant

The Labor Management Project provided training and program support to help three New York City hospitals implement sustainable “green” practices.

The Challenge

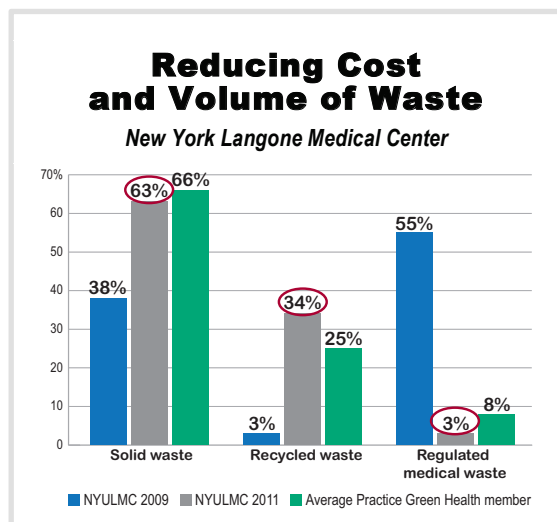
Healthcare institutions must increasingly consider how environmental factors impact health outcomes and sustainability as well as financial bottom lines. Developing efficiencies in the use of energy, water, and waste can make hospitals safer, greener, and more economical. There is, therefore, a need to train Environmental Service/Building Service Department (EVS/BSD) staff in new protocols.



The Solution

With funding from the American Reinvestment and Recovery Act’s Energy Training Partnership Grant, the Labor Management Project (LMP) trained EVS workers at Montefiore Medical Center and New York–Presbyterian Hospital (NYP) and BSD workers at New York University Langone Medical Center (NYULMC). These 52 trainers then facilitated “green” trainings for approximately 800 of their peers.

The LMP also helped establish labor-management EVS/BSD project teams at each hospital. Each EVS/BSD team selected its goals from five options: develop and implement recycling programs to reduce hospital waste, convert chemicals to green chemicals, create energy and water tracking mechanisms for EVS/BSD workers, reduce regulated medical waste by both volume and cost, and develop a sustainable hand-washing program. From 2009 to 2011, the hospitals implemented strategies that benefitted the environment and saved money. In addition, a grant-funded class at Lehman College provided an overview of green practices and environmental cleaning and qualified graduates to become Green Sustainability Coordinators, responsible for sustaining improvements after the grant was completed.



The Results

Of the more than 500 job seekers who completed the LMP’s Green Pre-hire Training Program, 112 were placed in jobs. Seven participants who completed the Lehman College certificate program were upgraded to the new position. NYP reduced its total waste portfolio cost by \$108,500, largely through a 14% reduction of regulated medical waste and a 7% reduction of solid waste. Montefiore increased its recycling share from 6% to 16%. NYULMC avoided approximately \$5,000 in waste expenses by increasing its recycling share from 3% to 34% and saved over \$200,000 by reducing its proportion of regulated medical waste from 55% to 3% (see chart).

Positive Feedback

Montefiore’s EVS Green Coordinator: “For the individuals involved, this project has provided a greater appreciation of and approach to their jobs.”