

# THE CASE FOR PATIENT EXPERIENCE

Alameda County Board of Supervisors  
Health Committee Meeting

December 10, 2012  
Kimberly Horton, CNE



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Medical Center

# TODAY'S DISCUSSION

- Patient Experience and Health Care Reform
- Quality Aims for the 21<sup>st</sup> Century Health System
- ACMC Redefining Healthcare
- ACMC Current and Future State of Patient and Family Centered Care



# PATIENT EXPERIENCE AND HEALTH CARE REFORM

## Key Areas of Focus

- Satisfaction
- Quality



# SIX QUALITY AIMS FOR 21<sup>ST</sup> CENTURY HEALTH SYSTEM

1. Safe – avoiding injuries
2. Effective – providing services based on scientific knowledge
3. Patient-centered – providing care that is respectful and responsive
4. Timely – reducing waits and harmful delays
5. Efficient – avoiding waste of equipment, supplies, ideas, and energy
6. Equitable – providing care that does not vary in quality because of personal characteristics

*Institute of Medicine (IOM) Recommendations*



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# SAFE CARE

- Assaults @ John George Psychiatric Pavilion (JGPP)
  - 35% reduction in assaults, with or without injury (J)
- CLABSI
  - Zero CLABSI infections inside and outside the ICU (H)
- HAPU
  - Overall incidence of HAPU at Fairmont and Highland <2% (H/F)
- Readmission
  - 20% reduction in all-cause readmissions for med/surg patients within 30 days of discharge (H)
- Sepsis Mortality
  - 5% reduction in sepsis mortalities compared to baseline (H)



# SAFE CARE

- SSI
  - 20% reduction in SSIs for colon resections, total joint surgeries and hysterectomies (H)
- Electronic Health Record (EHR)
  - Seamless flow of information (System)
- Access
  - Reduce unnecessary delays/reduce patient risk (A)
- Care Coordination
  - Medical Home and Panel Management (A)
- Chronic Disease Management
  - Disease Registries (A)



# EFFECTIVE

## Hospital Value-Based Purchasing (VBP):

- Beginning in October 2012, when patients are hospitalized, there will be certain tasks that will be measured to assess the quality of care provided to them. The majority of the tasks relate directly to standards of care.



# EFFECTIVE

## VBP Measures:

- Percent of AMI patients given fibrinolytic medications within 30 minutes
- PCI within 90 minutes
- CHF with discharge instructions
- Blood cultures and antibiotics for Pneumonia patients
- Antibiotic Selection
- Prophylactic antibiotic timing in surgery cases
- Antibiotic discontinuance
- Surgery patients glucose control
- Surgery patients beta blocker administration
- DVT prophylaxis





# PATIENT AND FAMILY CENTERED CARE

Partnership with Patients and Family Members:

- Adoption of the Institute of Patient and Family-Centered Care Practices
- Initiation of the Patient and Family Advisory Council (PFAC)
- Viewing the care experience through the eyes of the receiver of services
- Changing the relationship between caregivers and patients/families



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# TIMELY

- Illness prevention and wellness programs
- Ensuring services are available when needed
- Movement toward Same Day Services
- Appropriate alternative to ED visits for Primary Care.

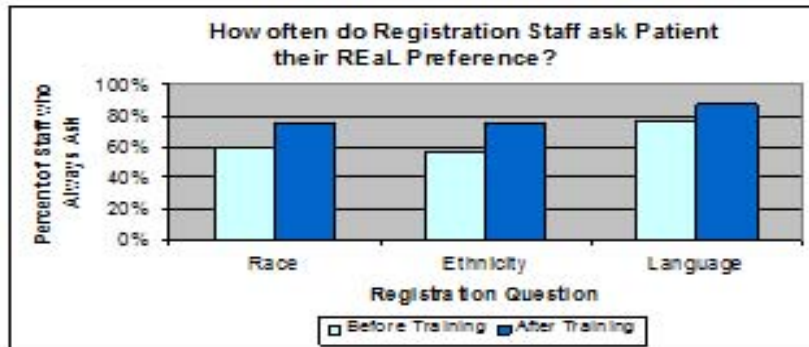


# EQUITABLE

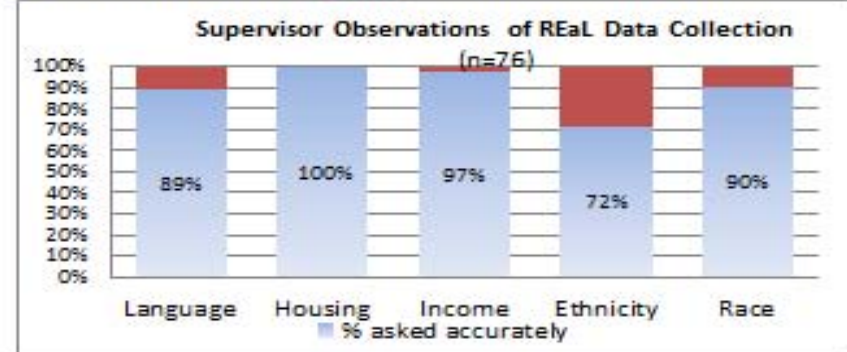
## REAL Phase1 Post Training Assessment:

### Improving Registration Staff Collection of Race, Ethnicity, and Language (REaL) Data at APMC

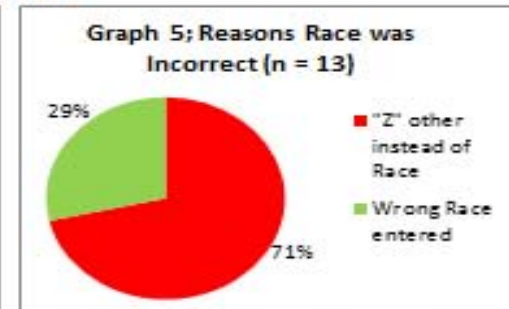
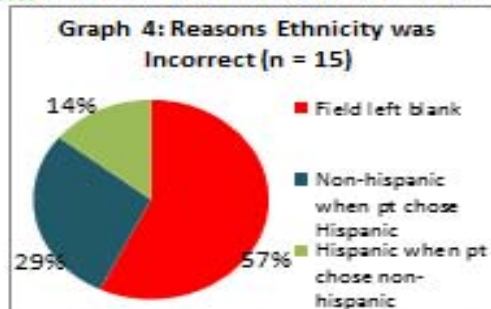
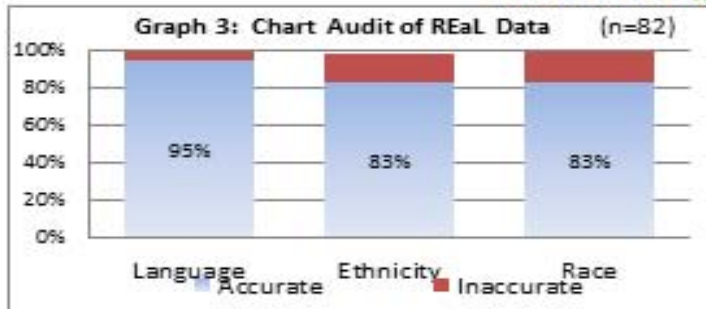
Graph 1: Staff Self-Reported Performance



Graph 2: Staff Performance Under Known Supervisor Observation



### Staff Performance Under Unknown Chart Auditing (Secret Shopper Data)



**Findings:** Based on the before and after trainings surveys, staff self-reported an increase in always asking patients for their race, ethnicity, and language (REaL) preference rather than making assumptions or skipping the question (graph 1). When staff collected REaL data under known supervisor observation, all fields were above 89% accurate except for ethnicity (72%) (graph 2). According to secret shopper data (unknown chart audits), staff were 95% accurate with language, but less accurate with ethnicity (83%) and race (84%) (graph 3). When examining the reasons for this inaccuracy with ethnicity and race, the top reason for inaccurate ethnicity was leaving the field blank (graph 4), while the top reason for inaccurate race was selecting "Other" instead of asking the patient for their race (graph 5). Overall, the data shows that the training helped to raise staff awareness to always ask patients for their REaL preference. However, there is still room to improve accurate recording of ethnicity and race.

**Recommendations:** Although there is improvement in staff knowledge and practice, it is essential to reinforce the importance of collecting REaL data and that race and ethnicity are two separate items. Ongoing training should continue to reinforce REaL data collection best practices.

# CULTURAL SHIFT

- Strategic Planning with Service Focus
- Enhanced Culture of Accountability
- Employee Driven Change
- ACMC and Union Partnership
- System Transformation



# REDEFINING HEALTH CARE

*Through ACMC's Delivery System Reform Incentive Pool Program (DSRIP), several projects areas were established to transform our traditional public health system into a reliable, patient-centered, and cost effective public delivery system.*

## Creation of System Transformation Center (STC)

- Developed Kaizen Promotions Office (KPO)
- Established Patient & Family Centered Care Department (PFCC)
  - Patient Experience Transformation Team (PETT) – Administrative
  - Transitional Care Committee (TCC) – Staff Driven
  - Patient Care Committees (PCC) – Union/Staff Partnership
  - Patient & Family Advisory Council (PFAC) – Patient & Family Driven



# ACMC LEAN INITIATIVE

- Multi-departmental participation in Process Improvement (PI) initiatives
- Over 225 staff trained to use Lean methodologies
- Projects: Value Stream Mapping – ER, Customer Service Improvement – Pharmacy, Staff Communication – JGPP, & PDSA Projects



## To Date

- 13 Kaizen Rapid Improvement Projects
- 4 5's Workshops
- 5 VSM sessions

# PATIENT FAMILY CENTERED CARE (PFCC)

## Partnership

- Patient
- Family
- Health care team

## Care

- Compassionate
- Respectful
- Competent
- Responsive

## Meet/Exceed patient and family

- Needs
- Values
- Beliefs
- Preferences
- Cultural background



## NURSING TRANSITIONAL CARE COMMITTEE: *BRIDGING THE GAPS BETWEEN DEPARTMENTS & NURSING UNITS*

### Current Projects

- Certified Nursing Assistant (C.N.A) as Patient Care Technician (PCT)
- Volunteer Project
- Meet weekly



- Multi-disciplinary team of RNs & CNAs
- Focus on resolving problems related to patient care and improving the patient experience
- Strong support from nursing leadership





# PATIENT & FAMILY PARTICIPATION

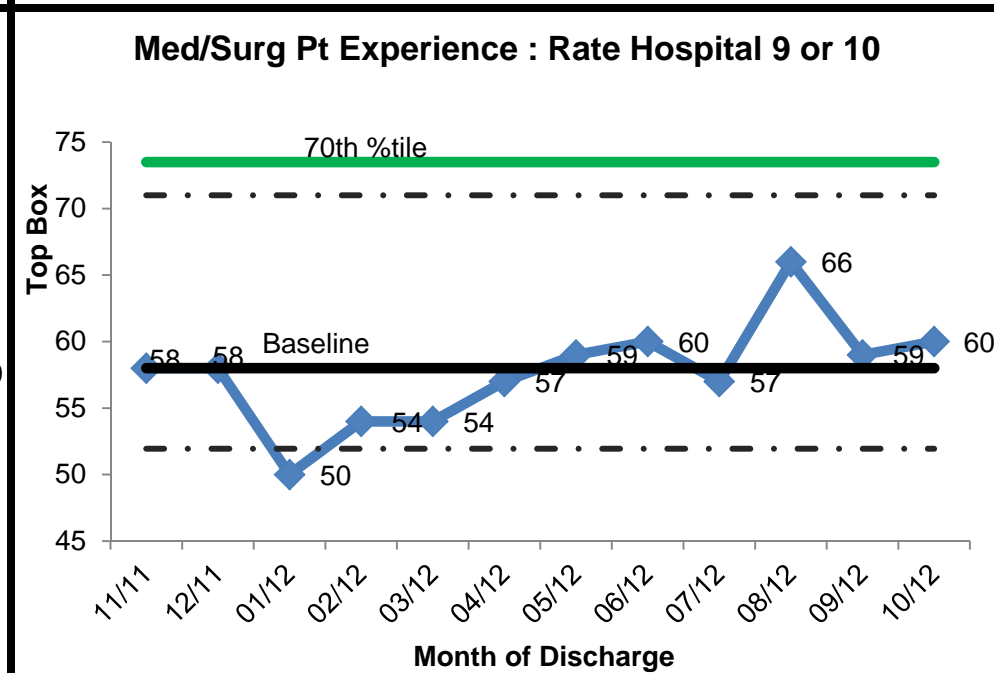
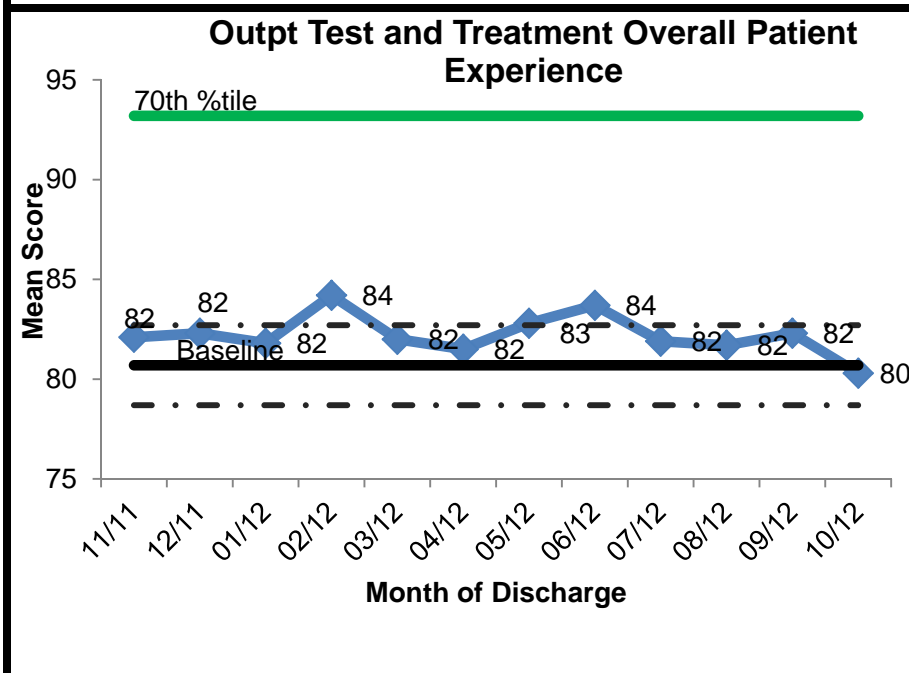
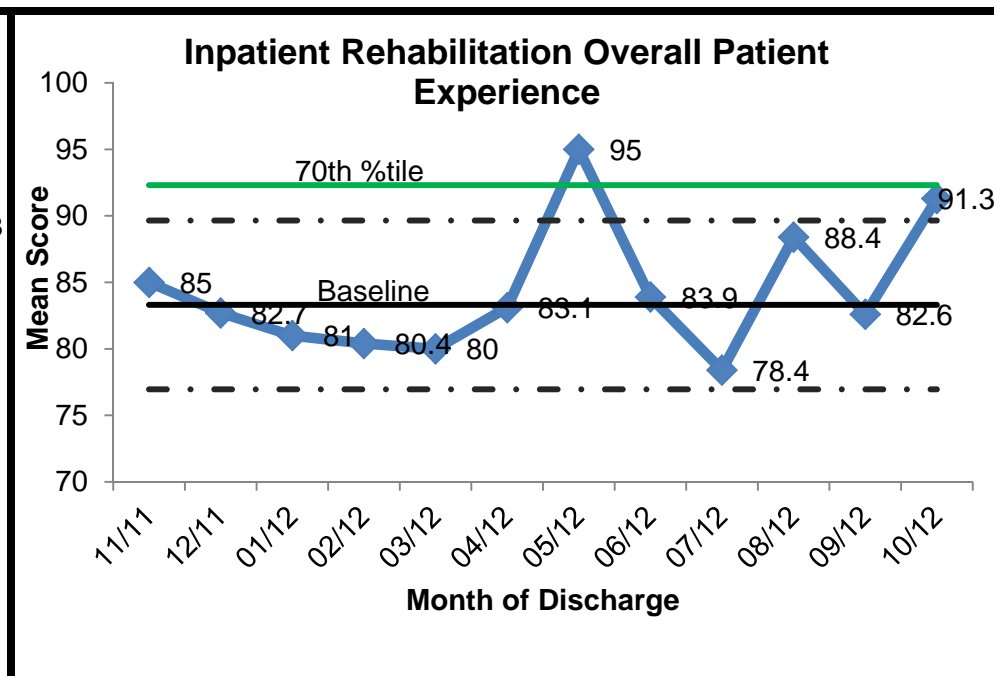
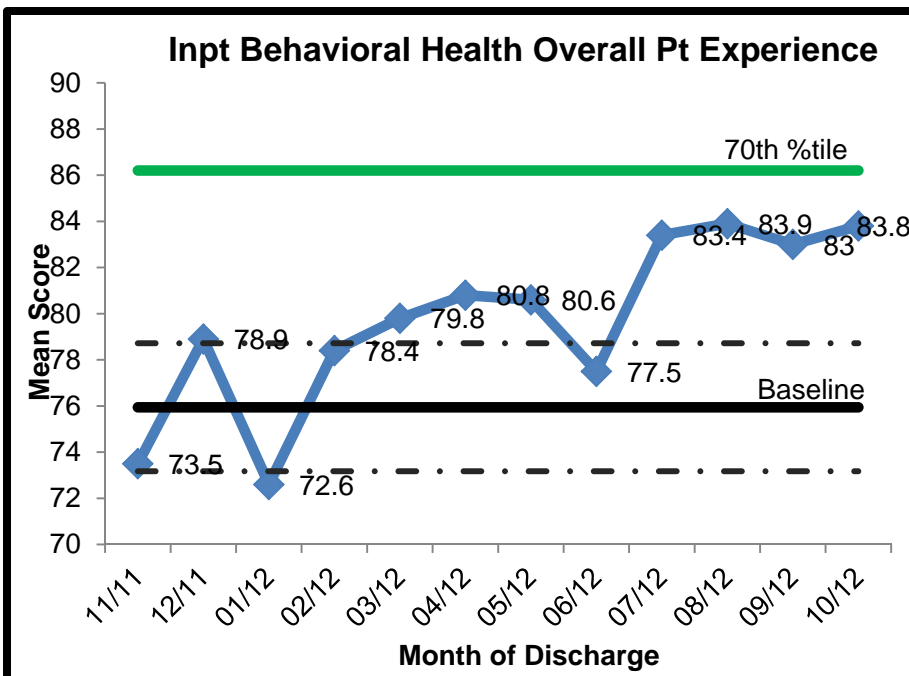
- Highland PFAC (12 Active Council members)
- Advise Executive team in methods to ensure optimal patient care
- Consist of both Patients and Family members
- Meet monthly
- Participation in other service projects
  - Lean, Leadership Development Institute (LDI)



- JGPP advisory group, Fairmont PFAC
- Future plan to include patients & families in Ambulatory committees



# ACMC PATIENT EXPERIENCE SCORES



# PATIENT AND FAMILY CENTERED CARE CURRENT STATE

Conducted Leadership Assessment of PFCC focusing on key indicators

- Leadership
- Mission & Definition of Quality
- Patient & Families as Advisors
- Patterns of Care
- Info & Education for Patients & Families
- Patient & Family Support
- Quality Improvement
- Personnel
- Environment & Design
- Open-Ended Responses



# PATIENT AND FAMILY CENTERED CARE FUTURE STATE

- Redefine the relationships in health care
- Recognize the family role in patient care
- Revise policies and programs to be consistent with PFCC
- Increase patient & family participation & Involvement
- Continue to link all organizational initiatives to the patient experience and “What’s best for the patient & family”
- Increasing patient and family satisfaction



THANK YOU FOR YOUR TIME

Questions



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