TODAY’S DISCUSSION

• Patient Experience and Health Care Reform
• Quality Aims for the 21st 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 21ST 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
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)
• 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)
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.
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
- Illness prevention and wellness programs
- Ensuring services are available when needed
- Movement toward Same Day Services
- Appropriate alternative to ED visits for Primary Care.
REAL Phase1 Post Training Assessment:
Improving Registration Staff Collection of Race, Ethnicity, and Language (REAL) Data at ACMC

Graph 1: Staff Self-Reported Performance

How often do Registration Staff ask Patient their REAL Preference?

<table>
<thead>
<tr>
<th>Registration Question</th>
<th>Before Training</th>
<th>After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graph 2: Staff Performance Under Known Supervisor Observation

Supervisor Observations of REAL Data Collection
(n=76)

<table>
<thead>
<tr>
<th>Language</th>
<th>Housing</th>
<th>Income</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>% asked accurately</td>
<td>89%</td>
<td>100%</td>
<td>97%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Graph 3: Chart Audit of REAL Data
(n=82)

<table>
<thead>
<tr>
<th>Language</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate</td>
<td>95%</td>
<td>83%</td>
</tr>
<tr>
<td>Inaccurate</td>
<td>83%</td>
<td></td>
</tr>
</tbody>
</table>

Graph 4: Reasons Ethnicity was Incorrect (n = 15)

- Field left blank: 14%
- Non-hispanic when pt chose Hispanic: 29%
- Hispanic when pt chose non-hispanic: 57%

Graph 5: Reasons Race was Incorrect (n = 13)

- "2" other instead of Race: 29%
- Wrong Race entered: 71%

Findings: Based on 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 (82%) 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 (PFC C)

Partnership
• Patient
• Family
• Health care team

Care
• Compassionate
• Respectful
• Competent
• Responsive

Meet/Exceed patient and family
• Needs
• Values
• Beliefs
• Preferences
• Cultural background

Alameda County Medical Center
Building Excellence
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
## 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