

Align Care Teams and Enhance Patient Care

April 1, 2010

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RUSH UNIVERSITY
MEDICAL CENTER

Speakers:



Rush University Medical Center:

- Jane Grady, Assistant Vice President, Human Resources



- Angela Smith, SR. Employee & Organization Development Consultant



Catalyst Learning Company:

- Lynn Fischer, Founder and CEO

Agenda

Rush Project Overview:

- **Goals and Guiding Principals**
- **Participants**
- **Focus**
- **Interventions**
- **Results**

CLC Patient Satisfaction Study:

- **Background**
- **Methodology/Participants**
- **Results**

Q/A



**RUSH UNIVERSITY
MEDICAL CENTER**



Who is Rush University Medical Center?

- Academic medical center located on Chicago's Westside
- Aprox. 8,000 employees and 2,000 students
- Consistently rated among the top hospitals by U.S. News and World Report and the University Healthsystem Consortium

How We Got Here

- Union avoidance
- Years of anecdotal report about poor relationships between Patient Care Techs and RNs
- Numerous attempts by nursing to solve relationship problems

Project Goal and Guiding Principles

Goal = to enable Rush to recruit, retain and reward the best PCTs in the Chicago metro area.

Principles

1. Data driven
2. Nursing leadership support and participation
3. Nurse and Patient Care Team staff participation and communication
4. Best practices

Who was Involved?

- **Steering Committee Members**

- Jane Grady, PhD
- Beverly Hancock, RN
- Julie Lopez, RN
- Marsha Mulbarger, RN
- Jake Nuber, MA
- Angela L Smith, MSW
- Maria Zajac, RN

- **Our partners**

- Unit Leadership
- Nursing Finance and HRIS
- Nursing Education
- Recruitment
- Employee & Org. Development
- Employee Relations
- Professional Nursing Staff
- Nursing Leadership

What are PCTs?

- Patient Care Technicians (PCTs) are nurse assistive personnel
- Require a CNA plus completion of Rush's 2-week pre-service training and evaluation

Processes We Investigated

- Recruitment
- PCT Pre-service education
- PCT/RN Relationships
- Discipline – how many instances came to Employee Relations
- Turnover

Our data collection efforts...

Recruitment Data

- A typical PCT class (6 per year)
 - 1,200 applicants
 - 100 candidates test/Interview with HR
 - 60 candidates fail PCT Testing
 - 40 candidates are interviewed by HR and 20 of these are eliminated
 - 20 candidates interview with Unit hiring managers
 - 12 employment offers are extended
- For 2008
 - 7,173 applicants
 - 57 total hired

Recruitment Data (cont.)

- Analyzed resumes of hired PCTs and reviewed sourcing data
- Upgraded screening instrument and questioned its validity
 - Annual performance evaluation rating vs. Screening score

PCT Pre-service Data

- What is it?
 - 2 week class to orient PCTs to the work at Rush
 - Validation of 68 individual skills
- What we found?
 - No objective measures for success
 - Behavioral expectations were not clearly defined
 - Lack of coordinated transition from pre-service onto unit

PCT/RN Relationship Data

- How we collected this data:
 - Focus groups with RNs and PCTs
- What we found:
 - Little collaboration between PCTs and RNs
 - No explicit behavioral standards
 - RN recognition but no PCT recognition
 - Work assignments limited RN/PCT partnering

Discipline Data

- How we got it:
 - Discussions with Employee Relations
 - Discussions with Unit Directors and Clinical Nurse Coordinators
- What we found:
 - Few disciplinary actions for behavior
 - Unit Directors were reluctant to give discipline due to unclear standards

Turnover Data

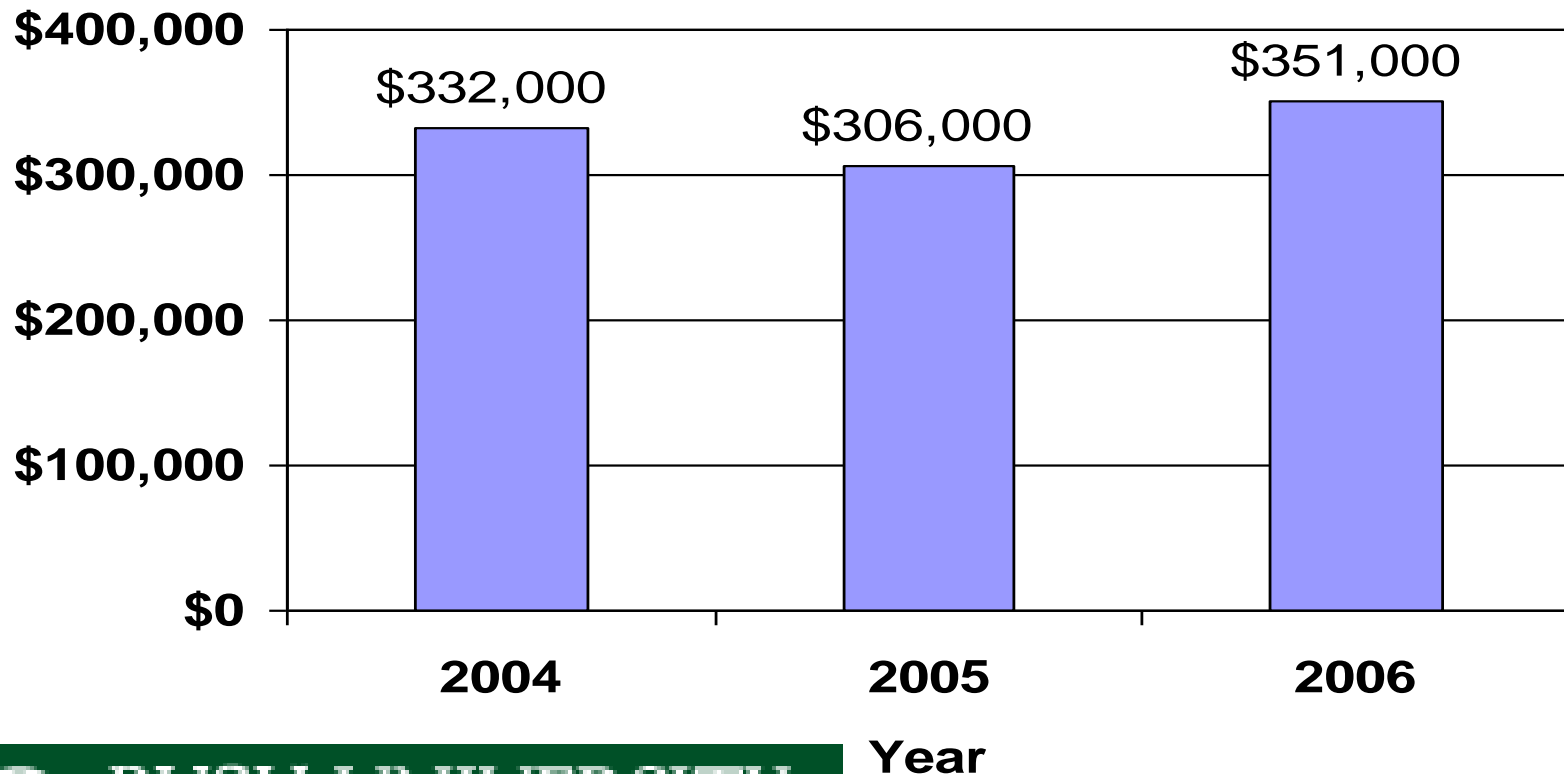
PCT Turnover Rates

2004 = 28.53%

2005 = 25.97%

2006 = 30.86%

Cost Associated with Turnover Data



What we did...

What We Did

- **Recruitment**

- Implemented a new standardized screening tool and increased unit leadership's behavioral interviewing skills
- Piloting a “Targeted Selection” program
- Continuing to assess the value of screening instrument

What We Did

- **PCT Pre-service**

- Re-organized the course content using 3 primary job components: promoting comfort, preventing complications and promoting safety
- Introduced behavioral expectations in addition to skill validation
- Restructured skills validation process
- Brought in PCTs that have shown excellence on their Unit into pre-service to describe best practices

What We Did

- **PCT Pre-service (cont.)**
 - Created a PCT pre-service contract in partnership with Nursing Education
 - Included unit leadership in welcoming events and provided more support with transition to units

What We Did

- **PCT/RN Relationships**
 - Assigned PCTs to RN, not by geography
 - Conducted leadership development sessions to help create improved teamwork
 - Behavioral standards created with unit leadership

What We Did

- **Behavioral Standards Implementation**
 - Created an online course to introduce the behavioral standards to staff
 - Provided a toolkit for unit leadership that consisted of monthly topics and activities around the standards
 - Incorporated the behavioral standards in annual performance reviews



Patient Care Team Implementation Plan Overview



Implementation Sample

1. Staff introduction to the standards

- **Where** : Staff meeting
- **How long**: 10 - 15 minutes
- **Objectives:**
 - Explain why the standards were created and why they are important
 - Introduce the behavioral standards to the staff
 - Review the implementation plan (how you are going to support staff in incorporating the behavioral standards in their work)

What you will need:

- *Manager Talking points for Introducing the Behavioral Standards*
- *Standards poster*
- *Instructions for completing the LEAP Online module*
- *Rush Values Award*
- *Resources sheet and LEAP calendar*

2. Completion of the LEAP Online Module

- **Where:** Any computer that has internet access
- **How Long:** 15 – 20 minutes
- **Objectives:**
 - Understand the rationale and context for developing behavioral standards
 - Identify the three categories of behavioral standards expected of all patient care team members
 - Recognize the relationship between the behavioral standards and the ICARE Values
 - Provide resources to support all patient care team members in meeting the behavioral standards

3. In-depth look at standards

- **Where:** Staff meetings
- **How long:** 15 minute session for each category (45 minutes)
- **Objectives:**
 - Give staff a chance to examine the behaviors that make up the individual categories more closely
 - Provide staff an opportunity to ask questions about the standards
 - Establish a common understanding of the standards and accountabilities
 - Create team building opportunities and increased communication
- **What you will need to accomplish:**
 - *Session # 1 : Courtesy Design*
 - *Session # 2 : Supporting Teamwork Design*
 - *Session # 3 : Focus on the Patient Design*



What We Did

- **Disciplines**
 - Conducted 2 leadership development sessions to clarify the disciplinary process
 - Facilitated leadership development sessions to support providing feedback on the behavioral standards

What We Did

- **PCT Recognition**
 - Partnered with Professional Nursing Staff to provide recognition opportunities for PCTs

Our new data...

Where We Are Now

- PCT recognition was kicked off with great success
- Over 250 attended the celebration
- Asked “What do you like most about your job?”
 - “everybody working as a team”
 - “being part of a family here on [my unit]”
 - “professionalism, friendship and cooperation with the RNs when handling difficult situations”

Where We Are Now

- Reasons for termination:
 - In 2007 and 2008, approximately 25% of terminations were involuntary
 - So far in 2009, over 50% of terminations were involuntary

Where We Are Now

PCT Turnover Rates

2004 = 28.53%

2005 = 25.97%

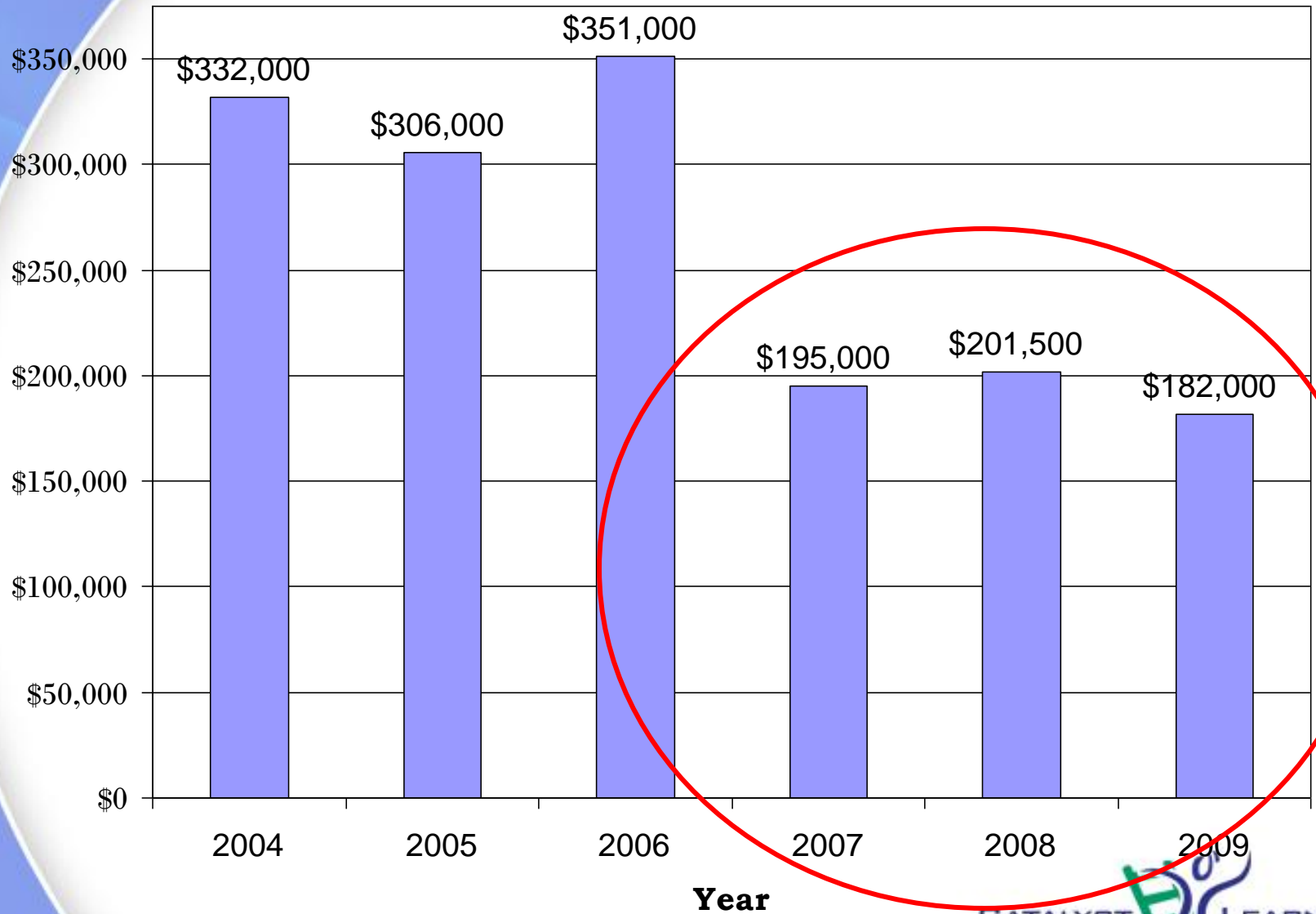
2006 = 30.86%

2007 = 17.47%

2008 = 17.88%

2009 = 16.27%

Where We Are Now



Where We Are Now

- Focus groups indicate that behavioral standards are having a positive impact on the units
- PCTs and RNs both reports improved partnerships
- Continuing to support nursing leadership
- Increasing partnership with unit leadership around survey results and other consultative services

What's Next?

- Help unit leadership identify high priority issues in their work
- Facilitate the prioritizing and development of action plans
- Identify medical center resources that can support achievement of the action plans

Catalyst Learning Company

“Our SAW graduates credit CLC with **building their self-confidence** in successfully managing academic work and in providing the necessary motivation to begin actively managing their careers. **Graduates perform better at their job and serve as role models for others in their departments.** They become even better employees – and great stewards of our mission,” **John T. Fox, President & CEO of Emory Healthcare.**

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Clinical Microsystem Research

Concept brought to CLC's attention by VAMC customers

See Quality and Safety in Healthcare web site, "Improving safety on the front lines: the role of clinical microsystems." <http://qshc.bmj.com/content/11/1/45.full>

"Health care is provided to patients by caregivers who work in complex organizational arrangements, but the overwhelming amount of their own daily work is as part of "clinical microsystems". **The basic concept of clinical microsystems—small organized groups of providers and staff caring for a defined population of patients—is not new. However, often people lack awareness of the elements and the dynamics of the small systems in which they work. Microsystems are often not recognized as a functioning unit by the larger organizations** that provide the organizational context for their work. "...

The essential elements of a microsystem are defined as (a) a core team of healthcare professionals; (b) the defined population they care for; (c) an information environment to support the work of caregivers and patients; and (d) support staff, equipment, and a work environment. A focus on microsystems is a way to provide (1) greater standardization of common activities and customization of care to individual patients, (2) greater use and analysis of information to support daily work, (3) consistent measured improvement in performance, (4) extensive cooperation and teamwork across disciplines and specialties within the microsystem, and (5) an opportunity for spread of best practices across microsystems within their larger organizations." ...

"Initiating the improvement of the safety of care for patients and populations in clinical microsystems involves increasing the work unit's "awareness" of its functioning as a microsystem and a "mindfulness" of its reliability...."

Impact of Front-Line Employee Engagement on Care Teams

Catalyst Learning Company

- RUMC has been a customer since 2005
- Advocate for entry-level employees
- Provider of School at Work® “Building A Career Ladder in Healthcare” career development system

Annual Return on Investment Studies

- 2009. Nurse and Patient Satisfaction
- Headline: Small investment in front-line pays dividends in nurse/patient sat.

Align Care Teams and Enhance Patient Care

Engagement Fundamental: Employees , including the entry-level, want to have a chance to learn and develop

SAW Career Development System = Education and Career Planning/Advising

HEALTHCARE CAREER LADDER EXAMPLES



RoI Study Background

- Part of continuing series begun in 2004
- 2008 Emphasis – Employee Engagement
- 2009 Emphasis – Nursing and Patient sat. Inspired by 2008 AONE/Aramark work
- As part of our advocacy on behalf of entry-level employees, can we connect SAW results to:
 - performance improvement, engagement?
 - patient satisfaction?
- Study participants
 - Managers of 400 SAW students from 26 sites.
 - Areas: EVS/Dietary – 21%; Nursing – 18%; Clinical – 16%; Other Non-Clinical 30%; Admin 15%

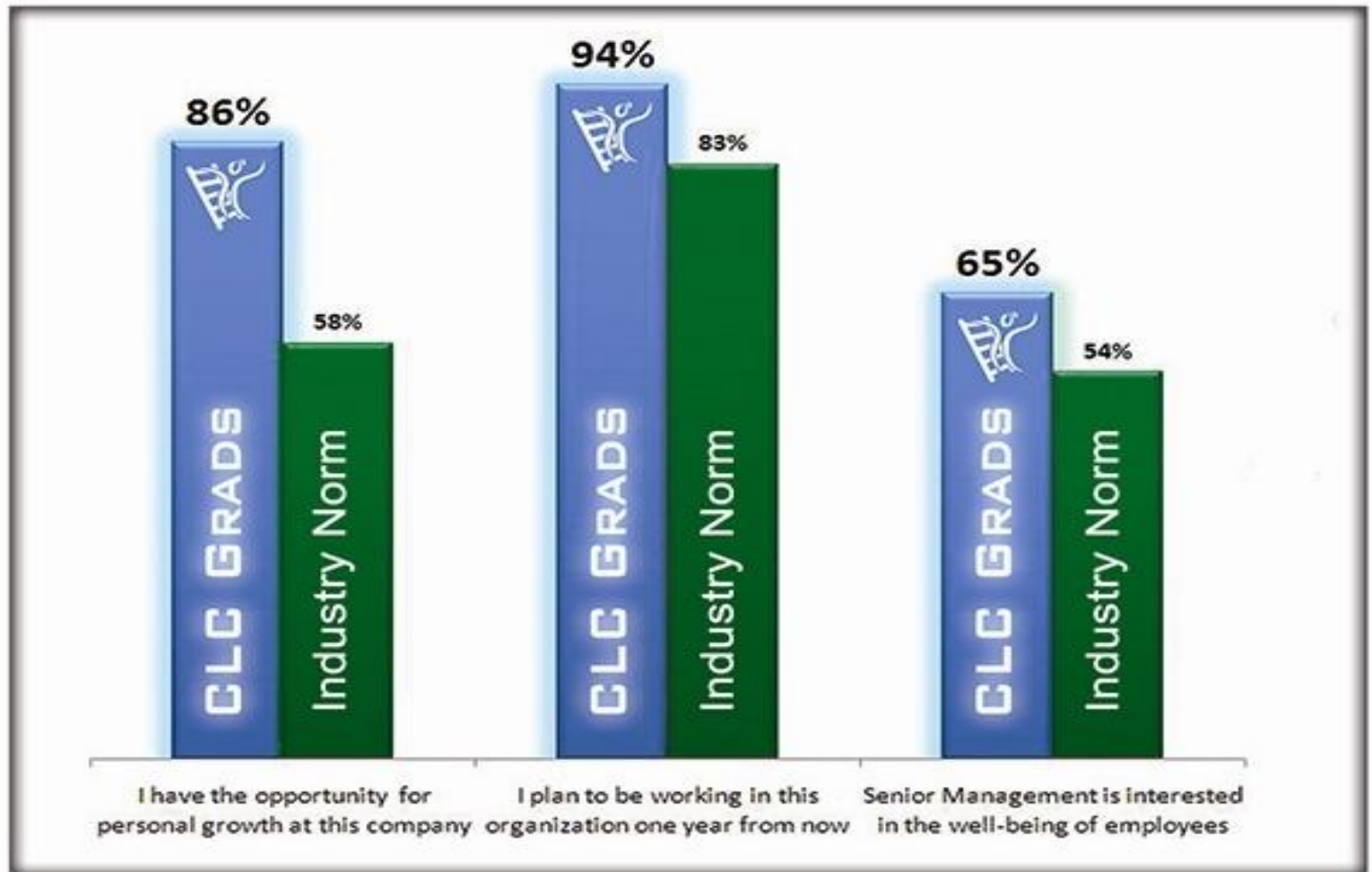
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School at Work/ECHO's Impact on Front-Line Engagement

This graph represents feedback from CLC program users at over 50 hospitals.

Metrics common on all engagement studies

Elements that can be impacted by CLC programs



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Employee Engagement Matters

IMPACT ON FACILITY

PERCENTAGE OF EMPLOYEES WHO INCREASED CAPABILITY OR RESULTS IN THIS SPECIFIC AREA



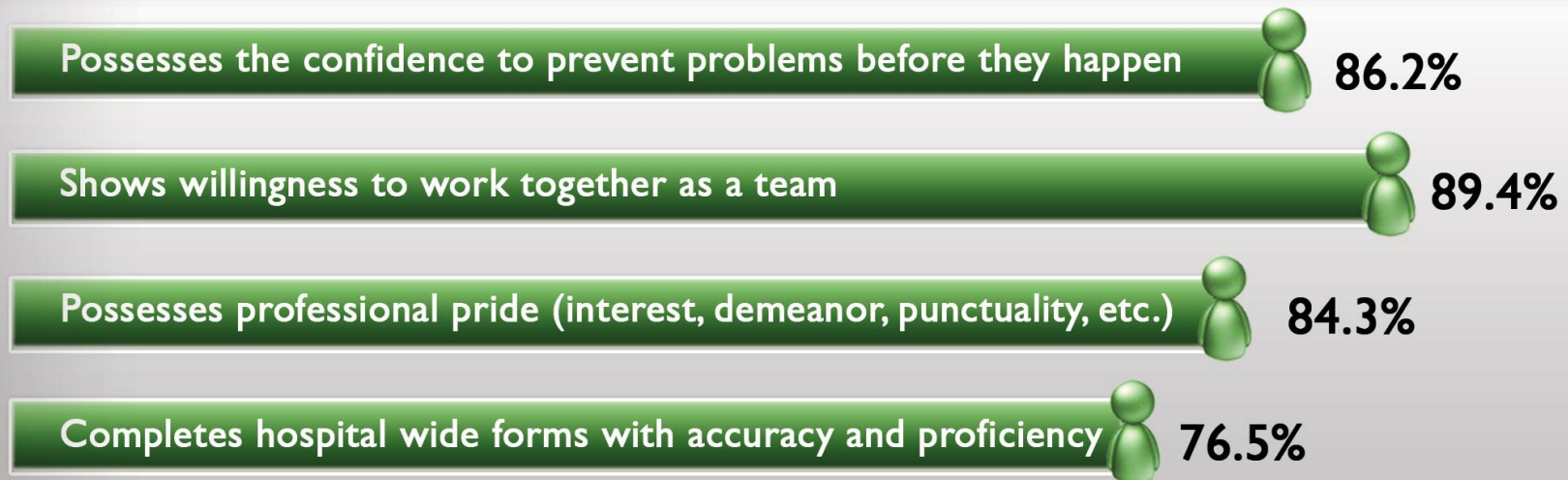
“My employees that participated in SAW are more understanding and compassionate toward the nursing staff; they try to help in any way they can. They have new insight about how to be more in tune to patients’ needs. These are also the people in my department who report if others are not taking care of a patient properly.” Sheila Brooks, Unit Director, Housekeeping; Aultman Hospital, Canton, OH

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Employee Engagement Matters

IMPACT ON THE EMPLOYEE

PERCENTAGE OF EMPLOYEES WHO INCREASED CAPABILITY OR RESULTS IN THIS SPECIFIC AREA



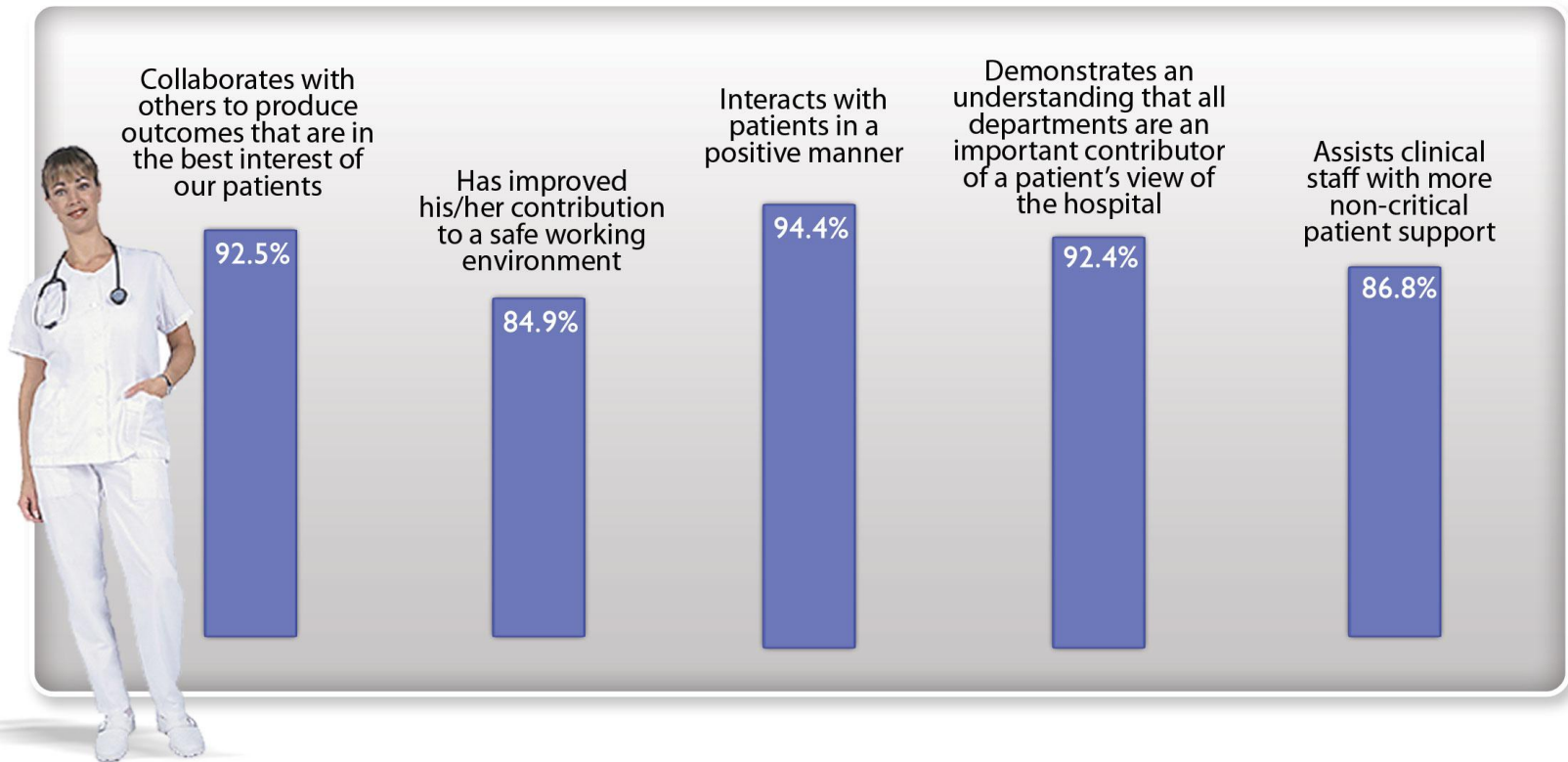
Lori Horne – Dubois Regional Medical Center, LPN in Urology Clinic

*SAW **rebuilt my confidence** and helps me better explain questions asked of me, and to monitor a patient's body language for reassurance and security when they have not asked for it in words.*

Enhancing Patient and Nursing Satisfaction Frontline Employee Engagement Matters

School at Work[®] Impact on Patient Satisfaction

Percentage of Nursing/Clinical Supervisors That Report Improvement in the Following Areas:



Questions and Contact Info

What questions can we answer for you?

Contact Information

RUMC

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Catalyst Learning

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Clinical Microsystems.

Below are excerpts from an article from Quality and Safety in Healthcare web site called, “Improving safety on the front lines: the role of clinical microsystems.” <http://qshc.bmj.com/content/11/1/45.full>

“Health care is provided to patients by caregivers who work in complex organisational arrangements, but the overwhelming amount of their own daily work is as part of “clinical microsystems”. The basic concept of clinical microsystems—small organised groups of providers and staff caring for a defined population of patients—is not new. One can envisage microsystems existing in every healthcare setting—primary care clinics, neonatal intensive care units, renal dialysis units, diabetes care clinics, etc. However, often people lack awareness of the elements and the dynamics of the small systems in which they work. Microsystems are often not recognised as a functioning unit by the larger organisations that provide the organisational context for their work. Research has been important in identifying the extent and general causal pathways of errors in health care. Additional research is needed to develop and test better ways to prevent errors and improve patient safety at the microsystem of healthcare delivery—where patients and providers meet at the front lines of patient care.

The microsystem concept is based on an understanding of systems theory coupled with James Brian Quinn's theory of a smallest replicable unit. Nelson and have described the essential elements of a microsystem as (a) a core team of healthcare professionals; (b) the defined population they care for; (c) an information environment to support the work of caregivers and patients; and (d) support staff,