

IMPROVING CARE, LOWERING COSTS

How Front-Line Hospital Workers Are
Transforming Healthcare





THE RIGHT PATIENT CARE TEAM:

Doctors, Nurses And All Other Front-Line Hospital Workers Are Essential To Quality Improvement

Today, more than 1 million healthcare workers are united in the Service Employees International Union (SEIU) to improve the quality of their work and the quality of care they deliver to patients, clients and consumers.

Even before the passage of the Affordable Care Act, SEIU members at hospitals and health systems across the country had launched new partnerships to tackle some of the most intractable and costly problems in healthcare, including hospital-acquired conditions, and chronic diseases such as asthma, diabetes and hypertension.

While there has been a systemic focus on the role of doctors and nurses in hospital quality improvement, half of the workforce who interact with patients and affect patient experience and health outcomes work in a range of roles: from respiratory care to lab and imaging technicians, nursing assistants, and dietary and environmental service workers.

Improving the quality of patient care requires the full patient care team—doctors, nurses and all front-line hospital workers—to identify emerging challenges in care delivery and define and implement solutions to improve the quality of care and lower overall healthcare costs.

“As the largest union of healthcare workers, SEIU members believe that a seat at the table and a voice in improving care is essential to improving the work life of the women and men who make our nation’s hospitals run.”

—**Kristie Bruner**, RN, Allegheny General Hospital, SEIU Healthcare Pennsylvania



The National Hospital Quality Initiative

In 2014, SEIU Healthcare launched a National Hospital Quality Initiative to expand the number of front-line workers engaged in quality improvement projects, partner with more hospitals, and learn as much as we can about what's working within this arena.

In addition, through this initiative, SEIU is tracking projects that address core components hospital workers need to be successful in their new roles, such as:

- Hands-on and real-time training with the entire patient care team, including the care setting.
- The right resources for the unit at work, including proper staffing, equipment and supplies.
- An established communication system to provide feedback, identify challenges and adjust processes.

SEIU Local 1199NW and Valley Medical Center (Renton, Wash.)

PROJECT: Improving Patient Care Through Nurse-Driven Staffing

BACKGROUND: In January 2014, SEIU nurses and hospital management launched a study to determine whether nurse-driven staffing would improve patient outcomes and result in greater cost effectiveness. Reduction in Medicare payments to hospitals with poor quality care provided an opportunity to examine the connection between nurse staffing, quality of care, and hospital payments. For the purposes of this study “nurse-driven staffing” was defined as a process where the charge nurse determines what number and mix of staff is needed to care for patients, in collaboration with shift nurses.

Dr. Jack Needleman of UCLA and Dr. Pam Mitchell of the University of Washington are the primary investigators in the project. The design includes a control group that will not only analyze patient outcome measures, costs, mortality rates, patient and staff satisfaction, but also group process and degree of “missed nursing.”

** Study findings are anticipated in spring 2015.*



Valley Medical Center unit-based project committee.

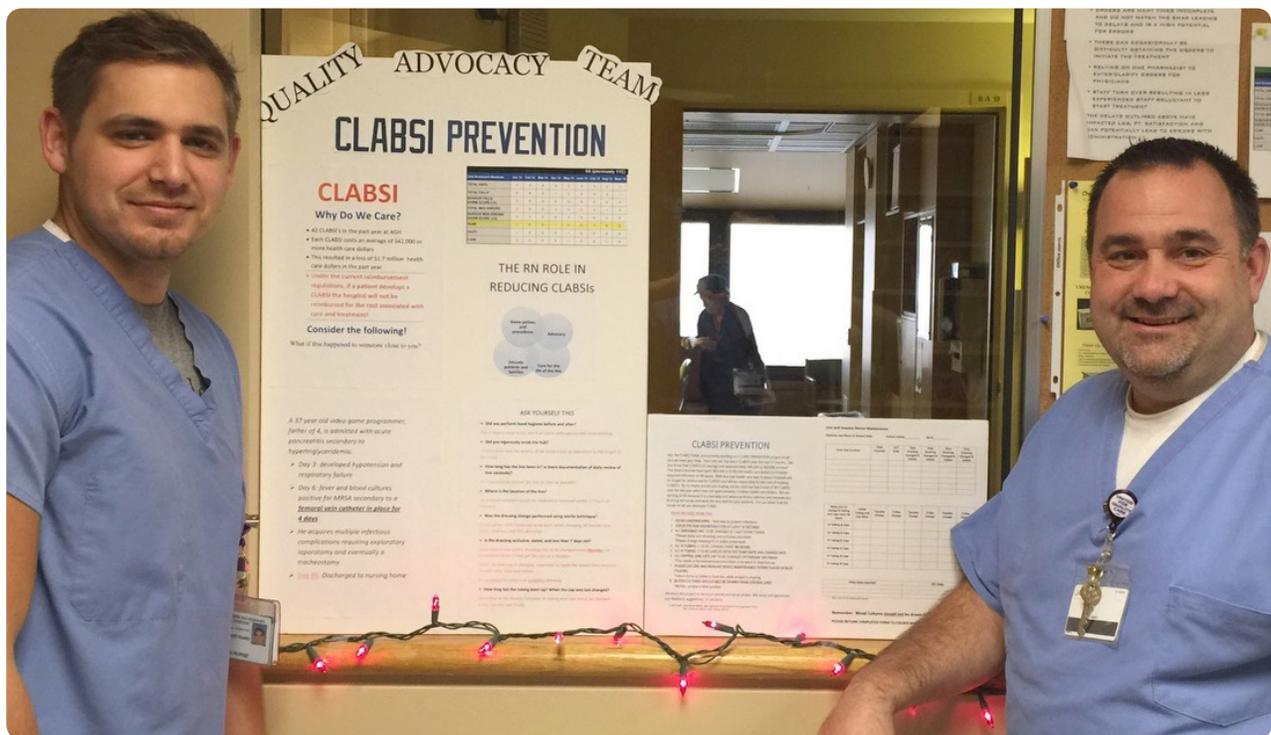
SEIU Healthcare Pennsylvania and Allegheny General Hospital (Pittsburgh)

PROJECT: Reducing Hospital-Acquired Conditions

BACKGROUND: In 2014, five registered nurses at Allegheny General Hospital in Pittsburgh planned and implemented a work plan to reduce two “hospital-acquired conditions” as identified by the Centers for Medicare and Medicaid Services (CMS). The team addressed central line associated bloodstream infections (CLABSIs) in the oncology and SICU departments; and catheter associated urinary tract infections (CAUTIs) in the MICU and step down units at the hospital.

OUTCOMES:

- Virtual elimination of CLABSIs in targeted units. (Zero central line infections in oncology; one infection in SICU since the initiative began.)
- Virtual elimination of CAUTIs in targeted units in the first month of the initiative.



“We believe that our establishment of a labor-management partnership will significantly improve our patient outcomes and provide the framework necessary for collaboration on all patient care issues that are important to both SEIU and Allegheny General Hospital.”

—Marge DiCuccio, chief nursing officer, Allegheny General Hospital

SEIU Local 1991 and Jackson Memorial Hospital (Miami)

PROJECT: Keeping Patients and Healthcare Workers Safe – Improving Safe Patient Handling

BACKGROUND: SEIU Local 1991 and Jackson Health System are partnering to implement a systemwide Safe Patient Handling program (SPH). The program aims to protect and improve patient and employee safety by decreasing injuries and improving patient care, while realizing cost savings to the hospital. The committee leading this program is chaired by a Local 1991 nurse and consists of several staff nurses, a physical therapist, a clinical expert from a safe lift contractor, a leading healthcare consultant in this field, and hospital management.



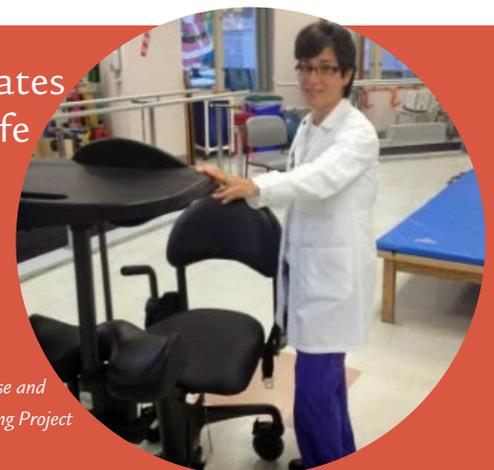
SPECIFIC INITIATIVES BEING MEASURED INCLUDE:

- Pressure ulcer prevention (PUP);
- Length of stay (LOS) decrease;
- Decrease in patient falls;
- Decreased staff turnover and improved satisfaction;
- Improved patient satisfaction; and
- Decreased worker compensation injuries and decreased worker costs, such as overtime and lost time due to injuries.

Project outcomes are due by December 2015 and are projected to include a \$9 million to \$13 million annual savings for Jackson Health System, as well as achieving the objectives outlined above.

“Given the statistics for injuries on the job, obesity rates and our aging workforce, getting proactive about safe patient handling is one of the most important steps we can take to keep our patients and our members healthier. It’s also a very smart move for hospitals. Safe care is not only better—it’s less expensive.”

—**Barbara “Vicki” Gonzalez**, RN, BSN, a wound ostomy nurse and committee chair, Safe Patient Handling Project



1199SEIU United Healthcare Workers East and Mount Sinai Queens (New York)

1199SEIU United Healthcare Workers East has been working jointly with union hospital employers through the 1199SEIU Labor-Management Partnership for many years. Together, the hospitals in the partnership have been able to increase Patient Satisfaction HCAHPS scores in targeted units, decrease call lights, decrease transport delays and pharmacy delays, decrease length of stays, and improve quality patient care outcomes. Here is just one case study:

PROJECT: Improving Patient Flow and Experience in the Emergency Radiology Department

BACKGROUND: In spring 2014, 1199SEIU members and Mount Sinai–Queens hospital management started a performance improvement initiative to reduce waiting times in the Emergency Radiology Department. Over the course of four months, a team of more than 30 front-line staff, including technologists, unit clerks, and transporters and management staff worked collaboratively to improve patient flow and patient experience using the “Plan, Do, Study, Act” methodology.



ACTIONS:

- An interdisciplinary team developed a standard communication tool to provide patients with realistic expectations of waiting times for tests, and turnaround time for test results.
- The team improved the coordination of patient transfers between Radiology and the emergency department.
- The Labor-Management Partnership provided skill development, project team facilitation, and technical assistance to the union membership and management.

OUTCOMES:

- Reduced “Order to Completion Time” for tests from 77.5 minutes to 61.3 minutes.
- Increased scores on the related Press Ganey patient satisfaction question from 70.1 percent to 75.8 percent.

SEIU Local 721 and Los Angeles County Department of Health Services (DHS) (Los Angeles)

PROJECT: Expanding and Training Care Improvement Teams (CITs) to Improve Patient Care

BACKGROUND: In June 2013, SEIU members and L.A. County DHS launched care improvement teams in ambulatory care centers across multiple sites to: reduce registration time, reduce wait times to be seen by a physician, and to improve the overall patient experience. In addition, the labor-management council created a specific training component for 8,000 workers with a coaching and rounding component. The project completion date was March 1, 2015.

OUTCOMES: Case Study of Martin Luther King Jr Outpatient Center

- **Oral and Maxillofacial Surgery Department:** Reduced wait time between patient registrations to taking patient vital signs from 22 minutes to 8.4 minutes.
- **Hematology/Oncology Department:** Reduced wait time between registrations to vitals from 23 minutes to 3 minutes.
- **Rehab:** Increased the percent of patients who see their provider within 5 minutes of scheduled appointment from 62 percent to 80 percent and sustained this from March to August 2014.
- **Pediatrics HUB:** Decreased 8:00 a.m. patient wait time from registration to exam room from 45 minutes to 20 minutes.
- **Environmental Services (EVS):** Developed new process for cleaning restrooms and reduced cleaning time from 20 minutes to 13 minutes while ensuring adherence to all infection control protocols.



“CIT’s are helping lead the transformation of our system. SEIU members are now at the forefront of change and have a real voice in quality of care issues we see every day.”

—Wilson Mendez, *Physical Therapy Supervisor, SEIU local 721*



SEIU-UHW, as part of the Coalition of Kaiser Permanente Unions and Labor-Management Partnership with Kaiser Permanente

Kaiser is among the top performing health systems in the country on all value-based purchasing and other quality measures. One reason for this is the long running Labor-Management Partnership and the role of Unit-Based Teams within Kaiser hospitals.

PROJECT: Patient Outreach Project Improves Follow-Up Care, Lowers Readmission Costs (Redwood City, Calif.)

BACKGROUND: From July 2013 to January 2014, unit assistants on one floor at the **Kaiser Permanente Redwood City Medical Center** took time to determine patient preferences for follow-up appointments, helped patients keep these critical post-discharge appointments, and as a result, avoided tens of thousands of dollars in readmission costs. Since the success of this project, this practice has spread throughout the hospital.

OUTCOMES:

- Increased number of follow-up appointments that occur within seven days of discharge from 31 percent to 91 percent.
- Increased percentage of follow-up appointments kept from 53 percent to 88 percent.



UHW members ICU/PCU Unit Assistant Stephanie Valencia and Main OR/PACU Senior Unit Assistant Judith Gonzales at a Kaiser workstation discussing the contents of a discharge questionnaire.

PROJECT: Patient Outreach Reduces High Blood Pressure Disparities in African American Patients (Los Angeles)

BACKGROUND: Nearly 45 percent of African Americans suffer from high blood pressure—a rate much higher than that of other racial and ethnic groups. From April 2013 to February 2014, the internal medicine unit at **Kaiser Permanente Los Angeles Medical Center** tackled this disparity by hosting a special one-day clinic specifically for African American patients with uncontrolled high blood pressure. LVNs and social workers on the team developed a script that emphasized the doctor's desire for the patient to go to the clinic and that there was no co-payment for appointments. The teams made daily outreach calls to these patients, inviting them to the clinic.

OUTCOME: The team's work helped close the gap between African American patients and those of other races or ethnicities. As of February 2014, the disparity had decreased from 5.5% to 4.1%. This model is now being used in Kaiser with other patient groups around other health issues.

SEIU Healthcare Committee of Interns and Residents (CIR) and Brookdale University Hospital and Medical Center (Brooklyn, N.Y.)

PROJECT: House Staff Safety Council as a Medium for Culture Change

BACKGROUND: In 2014, hospital leaders and residents worked together to create a new culture of patient safety. The joint project brought the Patient Safety Education Partnership, a comprehensive program developed by Northwestern University for physicians responding to adverse events to the hospital. The House Staff Safety Council was formed to give residents a forum in which to discuss reducing risks to patients and improving processes of care delivery. The project revamped patient safety reporting tools, such as the **“Patient Safety Notification Form”** and its distribution and filing process for staff, created a forum for open and honest conversations about culture change, and resulted in better communications and identification of possible patient risks.

OUTCOMES:

- The project succeeded in increasing the identification and reporting by front-line house staff of possible patient risks by nearly 100 percent over an eight month period (February through October 2014).
- Teams expect to see better patient outcomes in 2015 as a result of this ongoing work.



The National Learning Collaborative

To ensure success of these projects, SEIU Healthcare launched a National Learning Collaborative to share program and plan designs as well as lessons learned with other front-line hospital workers throughout the country. The collaborative focuses on sharing empirical evidence that define best practices and related education and training curriculums. It brings together SEIU’s education, training and process improvement experts as well as health policy experts from across the country to present case studies of ongoing quality improvement projects on a quarterly basis.



At the National Learning Collaborative conference in January 2015, SEIU-UHW member Ilda Luna (right) talks to fellow SEIU members about her experience working on a unit-based team at Kaiser.

The Role of Union Workers in the New Healthcare System

Given the rapid changes taking place in the healthcare system today, with more emphasis on quality patient care, engaging frontline workers is more important than ever. By tapping the experience and knowledge of frontline staff, hospitals and health systems are improving patient care, improving patient experience, and lowering costs.

The projects summarized in this brochure are only some examples of the positive difference that labor-management partnerships are making in the healthcare system today. These serve as an important vision for how health care can be delivered in this new era, and the important role of union healthcare workers in that vision.

SEIU is launching additional projects in partnership with our union hospitals and health systems in order to continue to improve healthcare quality. To join us, please contact your SEIU Healthcare Local Union.



The Service Employees International Union (SEIU) unites 2 million diverse members in the United States, Canada and Puerto Rico. SEIU members working in the healthcare industry, public sector and property services believe in the power of joining together on the job to win higher wages and benefits and to create better communities while fighting for a more just society and an economy that works for all of us, not just corporations and the wealthy.

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