



# 2019 Hospital Quality Symposium

August 8, 2019 – Redding

# HOUSEKEEPING



- Restroom Locations
- Electronic Devices
- Wi-Fi Code
- Evaluation
- CE/CME – must sign in
- Materials

# CONFLICTS OF INTEREST

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

# GROUND RULES

- Begin and end on time
- Be open-minded – respect all ideas and opinions
- Use technology sparingly and place on silent
  - If you must take a call, please step out of the room
- Be engaged – participate
- **Share & Learn!!**

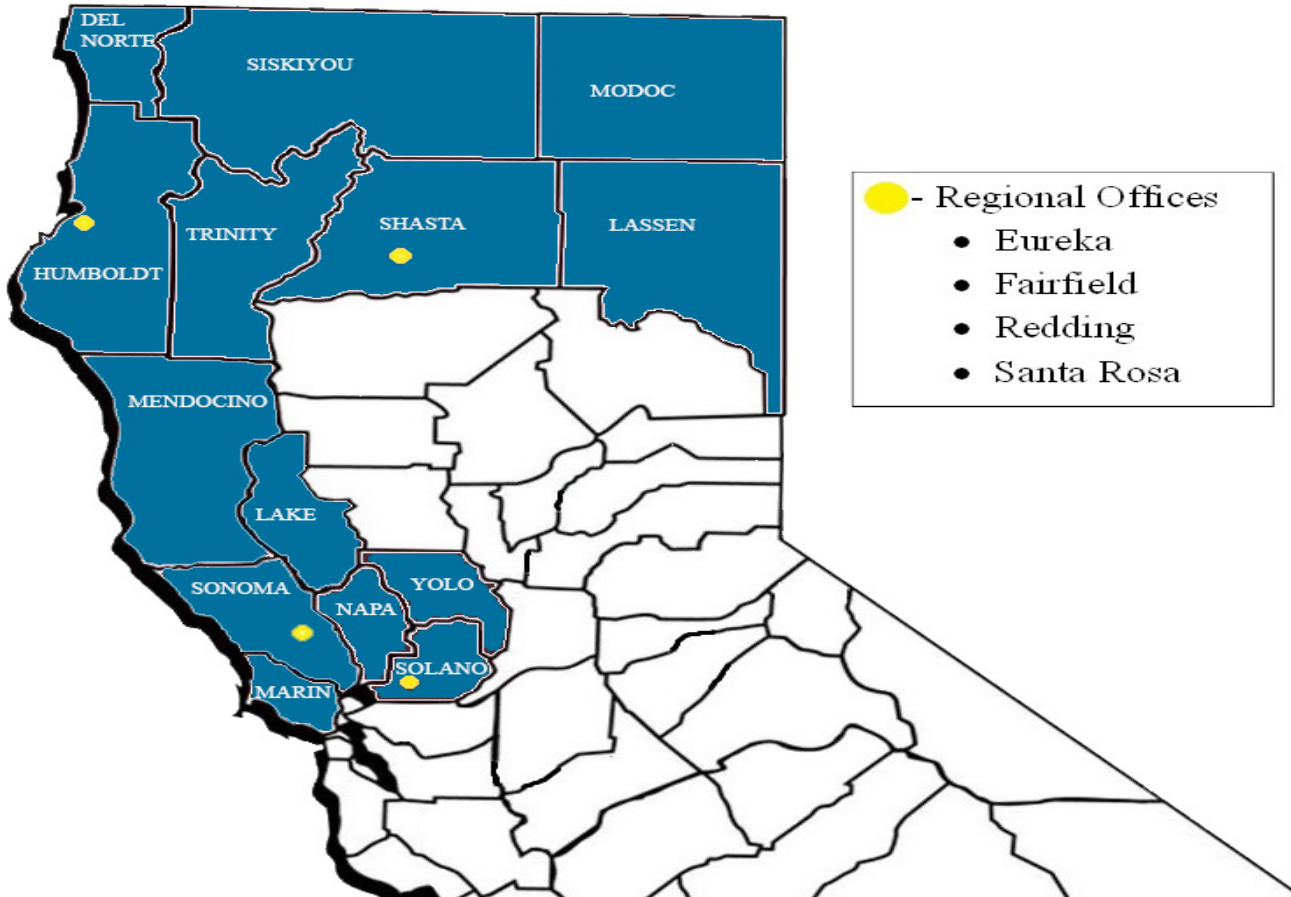
# Welcome and Introductions from Partnership HealthPlan of California



**Dr. Robert Moore, MD, MPH, MBA**  
*Chief Medical Officer*  
*Partnership HealthPlan of California*



# About Us



## Mission:

*To help our members, and the communities we serve, be healthy.*

## Vision:

*To be the most highly regarded managed care plan in California.*

# How We Are Organized

## **PHC is a County Organized Health Systems (COHS) Plan**

### **Non-Profit Public Plan**

Low administrative Rate (less than 4 percent) allows for PHC to have a higher provider reimbursement rate and support community initiatives

### **Local Control and Autonomy**

A local governance that is sensitive and responsive to the area's healthcare needs

### **Community Involvement**

Advisory boards that participate in collective decision making regarding the direction of the plan

# Major PHC Updates

- Partnership Wellness and Recovery Program
- Changes in DHCS Quality Measures
- NCQA Accreditation



# Ways PHC supports hospital quality

- Incentivize hospital performance on a set of meaningful measures (Hospital QIP)
- Find ways to support small + rural hospitals in PHC network
- Develop platforms for hospital-hospital collaboration
- Seek + disseminate new and current information



# Hospital Quality Improvement Program

- Pay-for-performance program started to **support hospitals** serving PHC members **to improve quality and health outcomes.**
- Substantial Financial Incentives; approximately \$12.5 million awarded among 26 hospitals in 2017-2018
- Six domains: Readmissions, Advance Care Planning, Clinical Quality: OB/Newborn/Pediatrics, Patient Safety, and Operations and Efficiency



# Guiding Principles

1. Where possible, pay for outcomes instead of processes
2. Actionable measures
3. Feasible data collection
4. Collaboration with providers in measure development
5. Simplicity in the number of measures
6. Representation of different domains of care
7. Align measures that are meaningful
8. Stable measures



# Hospital QIP

- For 2019-20, we have outreached to 27 hospitals
- Hospitals located in: Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Tehama, and Trinity counties

# For More Information about HQIP...

- Visit our website: [www.partnershiphp.org](http://www.partnershiphp.org)
- Email us: [HQIP@partnershiphp.org](mailto:HQIP@partnershiphp.org)
- See handout to learn more!

# Formula for Success: Empowerment + Engagement = Happy High Reliability



**Jacque Maples, MAOL, CPXP**  
Regional Care Experience Officer  
Providence St. Joseph Health





# *Our Formula For Success*

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*Empowerment + Engagement =  
Happy High Reliability*

*Jacque Maples, MAOL, CPXP*

*Regional Executive, Caregiver and Patient Experience*

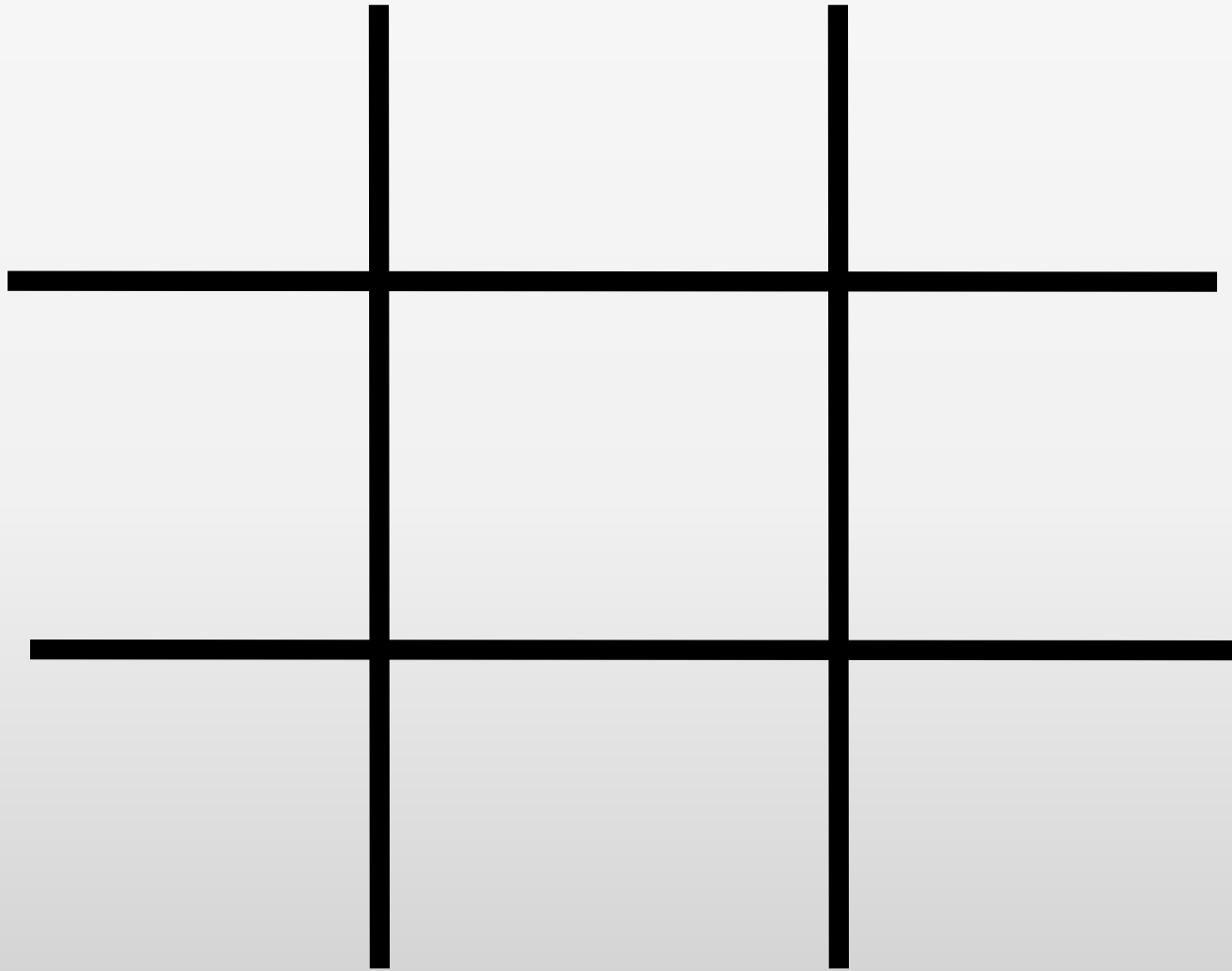
*Northern California*

St. Joseph Health 

*MY WHY*







Partner - "X"

Partner - "O"

2 in a row = 1 pt

3 in a row = 4 pt

*Only 1 rule in this game:*

*This is Not Tic Tac Toe*

**60 Seconds!**

|            |            |            |
|------------|------------|------------|
| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |

|            |            |            |
|------------|------------|------------|
| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |

|            |            |            |
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| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| XXXXXXXXXX | XXXXXXXXXX | XXXXXXXXXX |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |
| OOOOOOOO   | OOOOOOOO   | OOOOOOOO   |

Partner - "X"  
Partner - "O"

2 in a row = 1 pt  
3 in a row = 4 pt



# *The Results Pyramid*



*Focus on  
Experience*

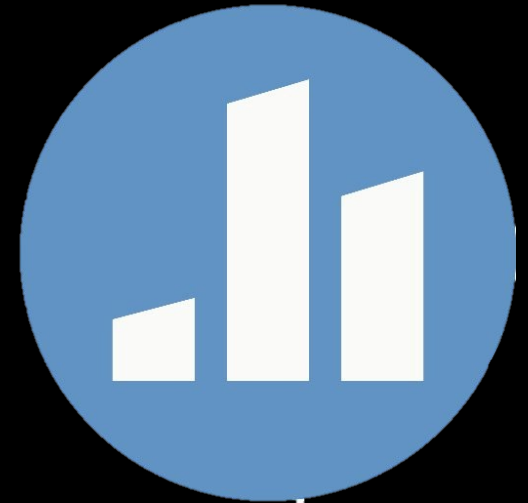


# *Collaborative Approach*

Your audience texts **JACQUEMAPLES792** once to **22333** to join your session.



*Name One  
Word That  
Describes the  
Heart of  
Culture*



2019: Broadening Perspective

2019

communication  
employee engagement

access

cultural transformation

quality

leader rounding

patient experience  
nurse communication

training

safety  
quality and safety

staff engagement

bedside shift report  
discharge process



Clinical Performance

Patient  
Experience



VALUE

Engaged Caregivers

*Our  
Caregivers  
are the  
Foundation*



St. Joseph Health 



*FROM WORST  
TO FIRST*

# 2017

## Opportunities

| Question  | % Favorable | % Point Difference From |         |      |
|---|-------------|-------------------------|---------|------|
|   |             | Parent                  | Overall | Norm |
| 63 I am confident in the long-term future of this organization. ★ »                                     | 58          | -2                      | -17*    | -25* |
| 42 I can see a clear link between my work and my organization's goals. ★ »                              | 69          | 0                       | -10*    | -24* |
| 40 I would recommend my organization to family and friends as a good place to receive medical care. ★ » | 69          | 1                       | -14*    | -13* |

# Caregiver Experience

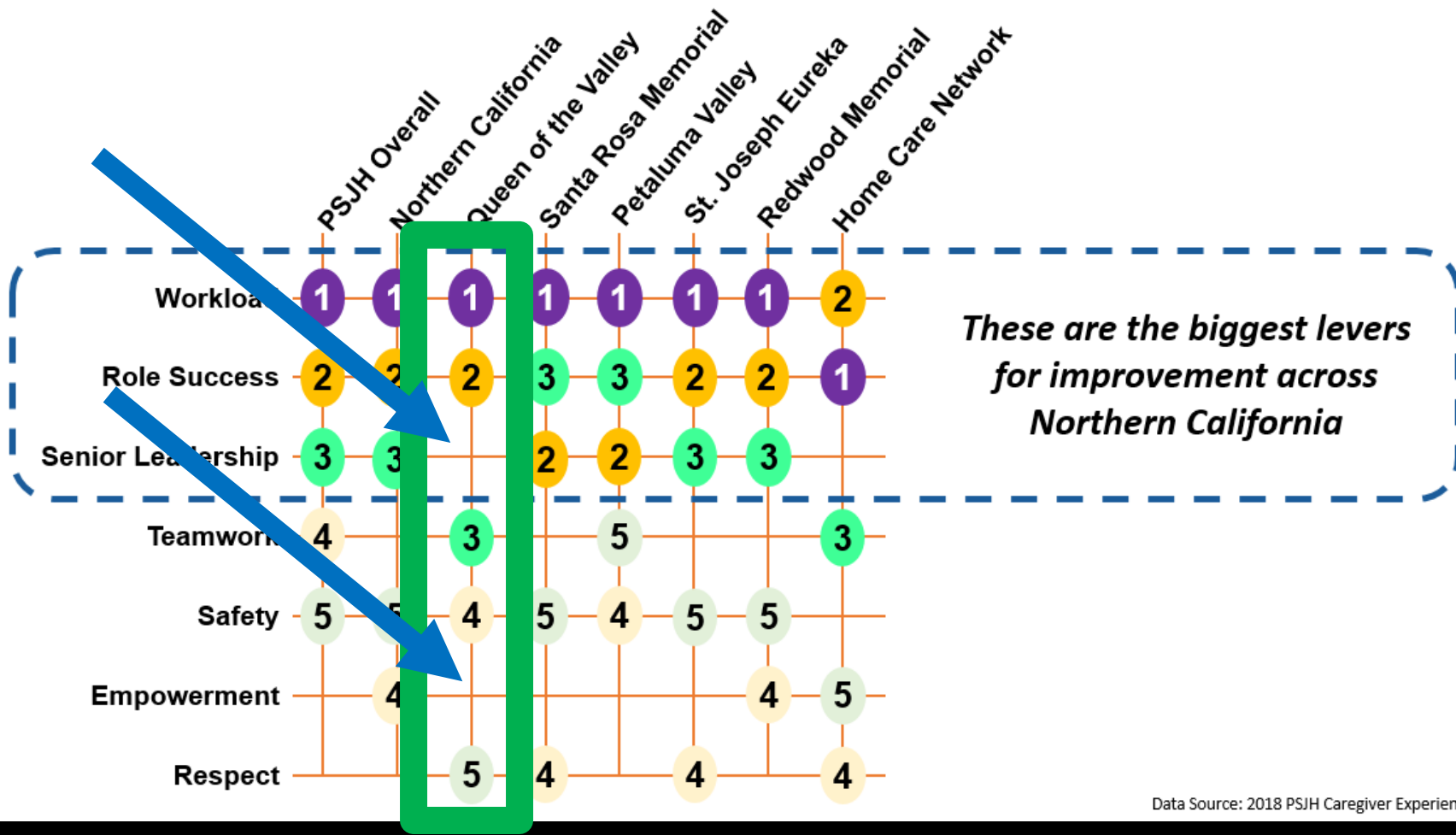
# 2018

|                  |   | Total Favorable Score | Queen of the Valley Medical Center 2017 |
|------------------|---|-----------------------|---|
| <b>Engaged</b>   |   |                       |   |
| 3                | I believe strongly in the goals and objectives of this organization. <input checked="" type="checkbox"/>  | 79                    | 4                                       |
| 5                | I am willing to put in a great deal of effort beyond what is normally expected to help my organization succeed. <input checked="" type="checkbox"/> | 88                    | 1                                       |
| 16               | I am proud to tell others I work for my organization. <input checked="" type="checkbox"/>   | 73                    | 1                                       |
| <b>Energized</b> |   |                       |   |
| 26               | I am able to sustain the level of energy I need throughout the work day. <input checked="" type="checkbox"/>  | 79                    | 3                                       |
| 57               | I have access to the equipment and supplies I need to do my work. <input checked="" type="checkbox"/>   | 77                    | 8*                                      |

## *Caregiver Experience*

# 2018

#1 in the region in Caregiver Engagement



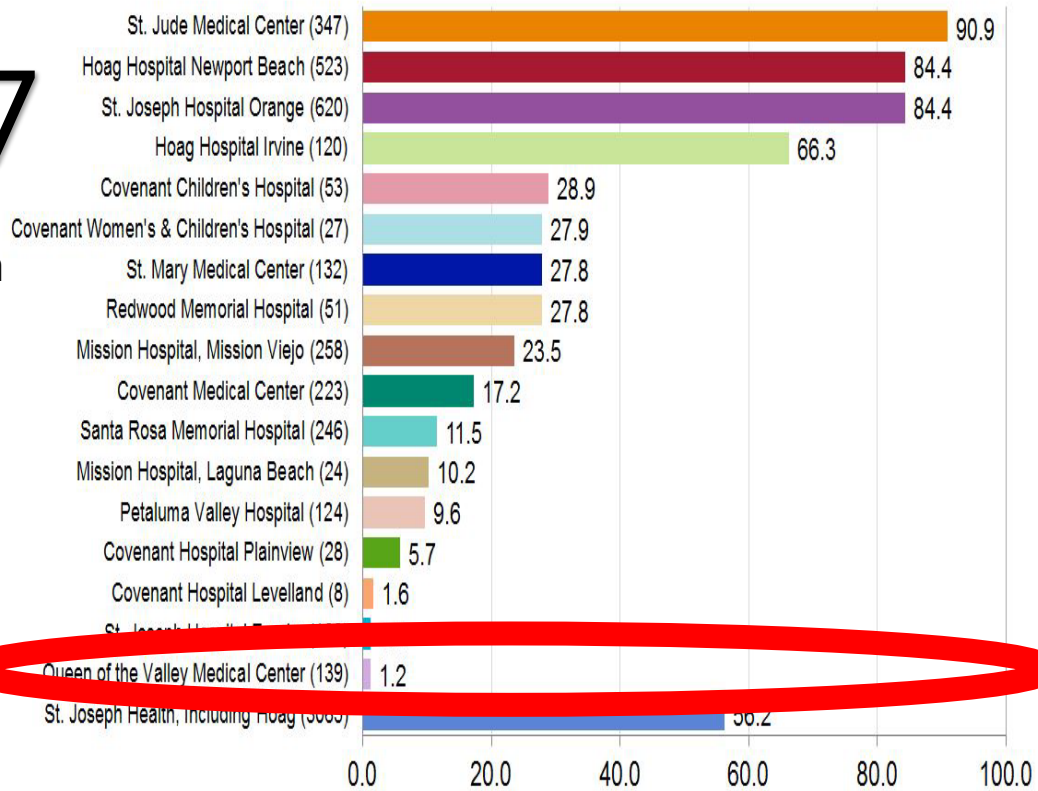
Data Source: 2018 PSJH Caregiver Experience Survey

## Caregiver Experience

# Providers' Perceptions of Place to Practice

2017

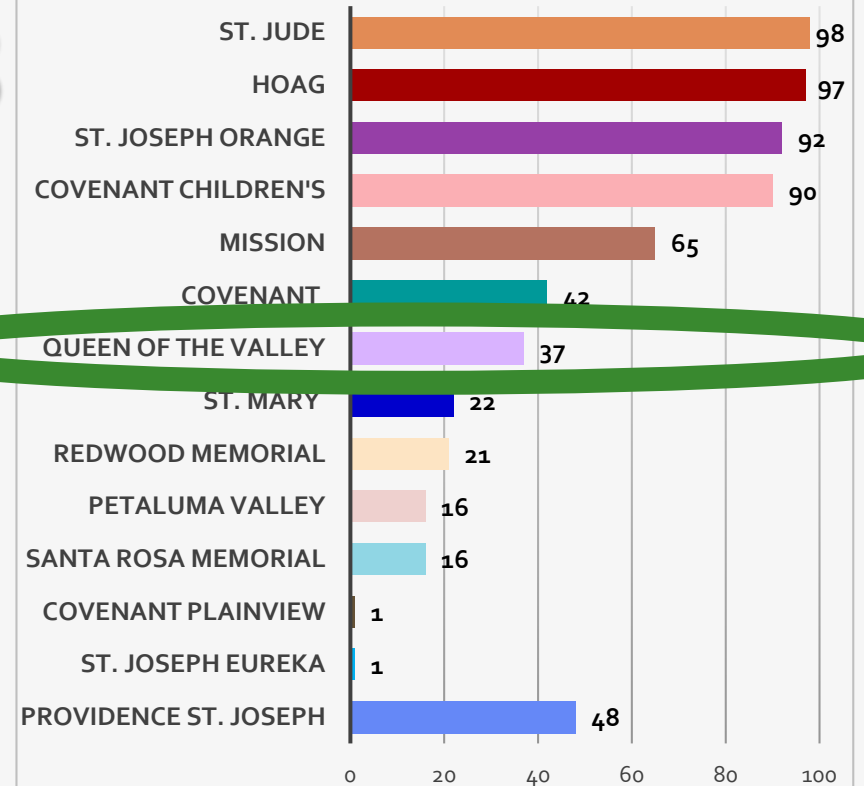
#17<sup>th</sup>  
in the  
System



2018

#7<sup>th</sup>  
in the  
System

## Recommend as a Good Place to Practice 2018

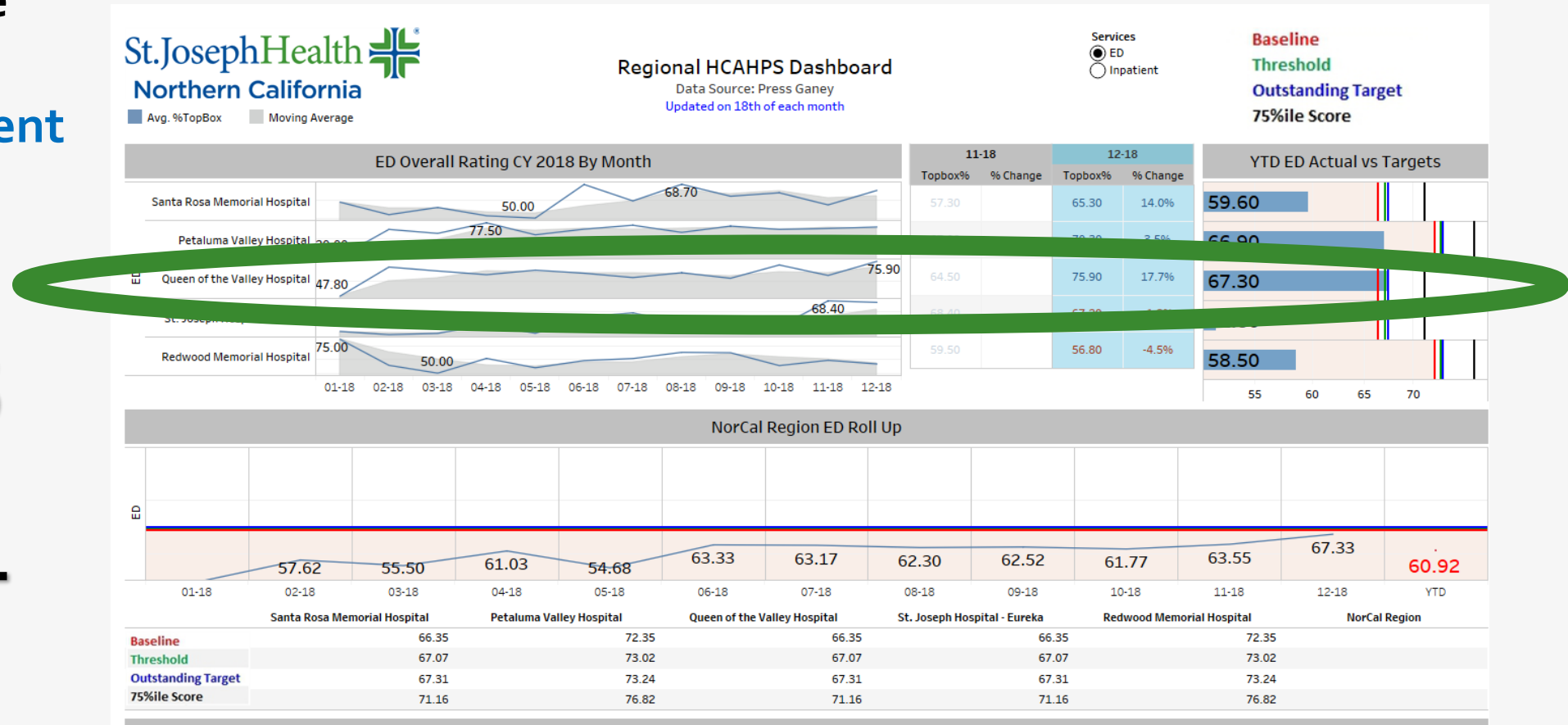


*Physician Experience*

# Performance in the Region for the Emergency Department Overall Rating

2017 = #3

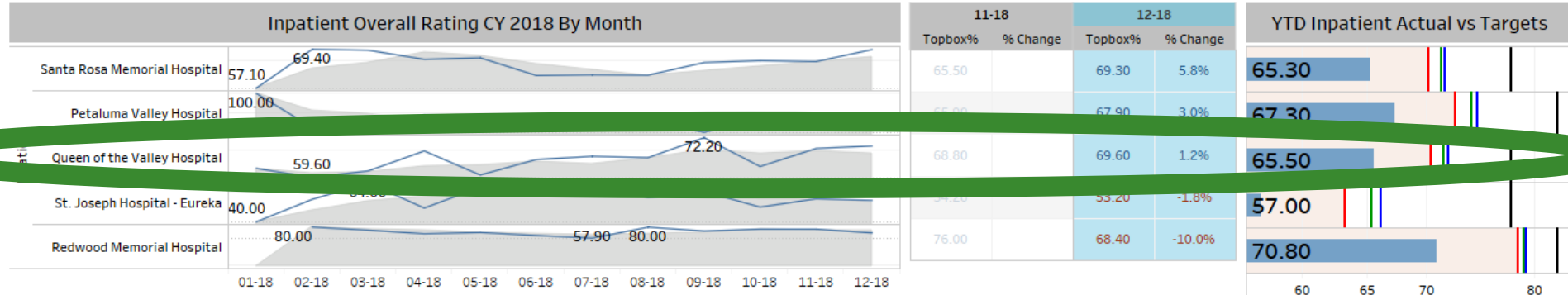
2018 = #1



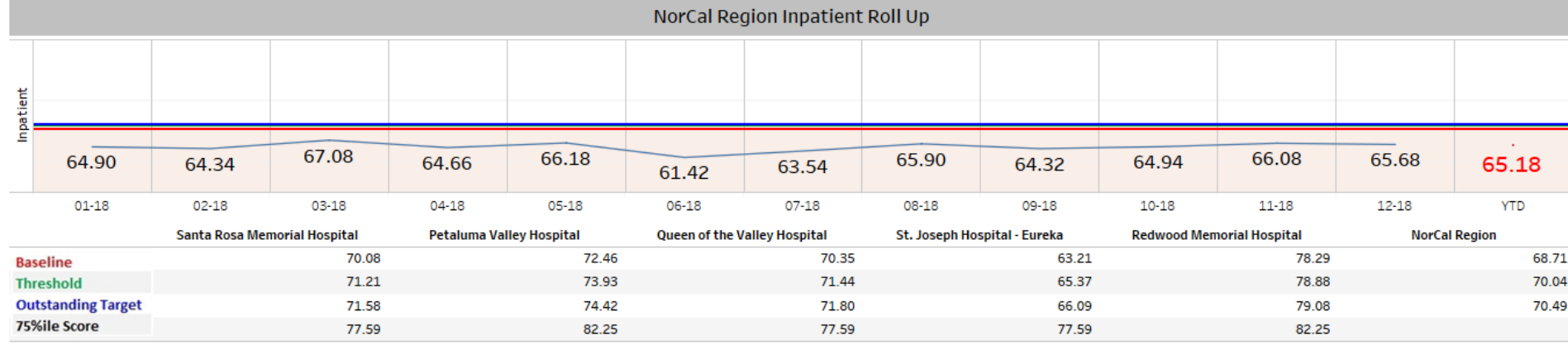
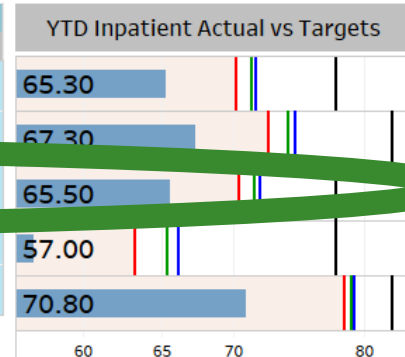
*Patient Experience – Emergency Room*

# Performance in the Region – Large Hospitals **Inpatient** Overall Rating

2017 = #5  
2018 = #1



| 11-18   |          | 12-18   |          |
|---------|----------|---------|----------|
| Topbox% | % Change | Topbox% | % Change |
| 65.50   |          | 69.30   | 5.8%     |
| 67.30   |          | 67.90   | 3.0%     |
| 68.80   |          | 69.60   | 1.2%     |
| 55.20   | -1.8%    |         |          |
| 76.00   |          | 68.40   | -10.0%   |



# Patient Experience – Inpatient



LEAPFROG  
HOSPITAL  
SURVEY

SAFETY GR**A**DE

2017



2018



*Leapfrog*



2017



2018



*CMS Star Rating*

# 2018

**America's 250 Best Hospitals** are in the top 5% in the nation for overall clinical excellence for the current year. This award was previously known as Distinguished Hospital Award for Clinical Excellence.

*Healthgrades*

Mission Hospital - Mission Viejo

Including:

Mission Hospital - Laguna Beach

- ★ Northridge Hospital Medical Center
  - Palomar Medical Center Downtown Escondido
  - PIH Health Hospital - Whittier
  - ★ Providence Holy Cross Medical Center
  - ★ Providence Saint Joseph Medical Center
  - ★ Providence Tarzana Medical Center
  - ★ Queen Of The Valley Medical Center
  - ★ Ronald Reagan UCLA Medical Center
  - ★ Scripps Green Hospital
  - Scripps Memorial Hospital Encinitas
  - Scripps Memorial Hospital La Jolla
  - Scripps Mercy Hospital San Diego
- Including:
- Scripps Mercy Hospital Chula Vista



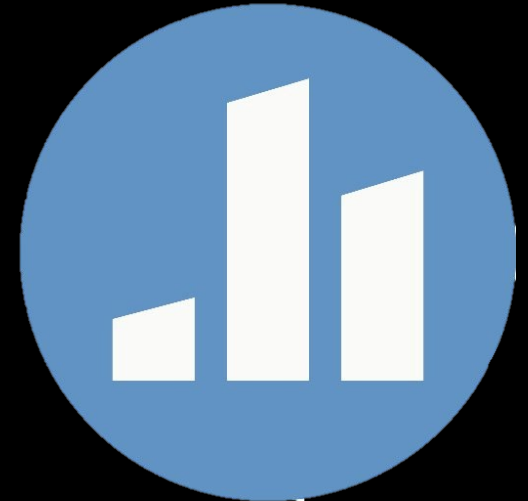
|                         | 2017    | 2018    | +/-     |
|-------------------------|---------|---------|---------|
| Admits (incl. OBS)      | 7,565   | 7,932   | + 5%    |
| Urology Services        | 161     | 386     | + 140%  |
| GI Procedures           | 759     | 2,601   | + 243%  |
| Bariatrics (Oct. start) | 0       | 29      | N/A     |
| ED Visits               | 29,531  | 30,016  | + 1.6%  |
| Prompt Care             | 4,587   | 7,002   | + 52.6% |
| Lab Tests               | 467,312 | 482,981 | +4%     |

*Overall Growth*

Your audience texts **JACQUEMAPLES792** once to **22333** to join your session.



*What is the key to driving results?*



*Empowering Caregivers to Build an Improvement Culture*

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# *ROADMAP TO SUCCESS*



# *Burning Platform*

- Regional & Cross Ministry Disconnect of Initiatives
- Bottom Quartile CAHPS Performance
- Bottom Quartile Caregiver & Provider Engagement
- Low Quality Scores

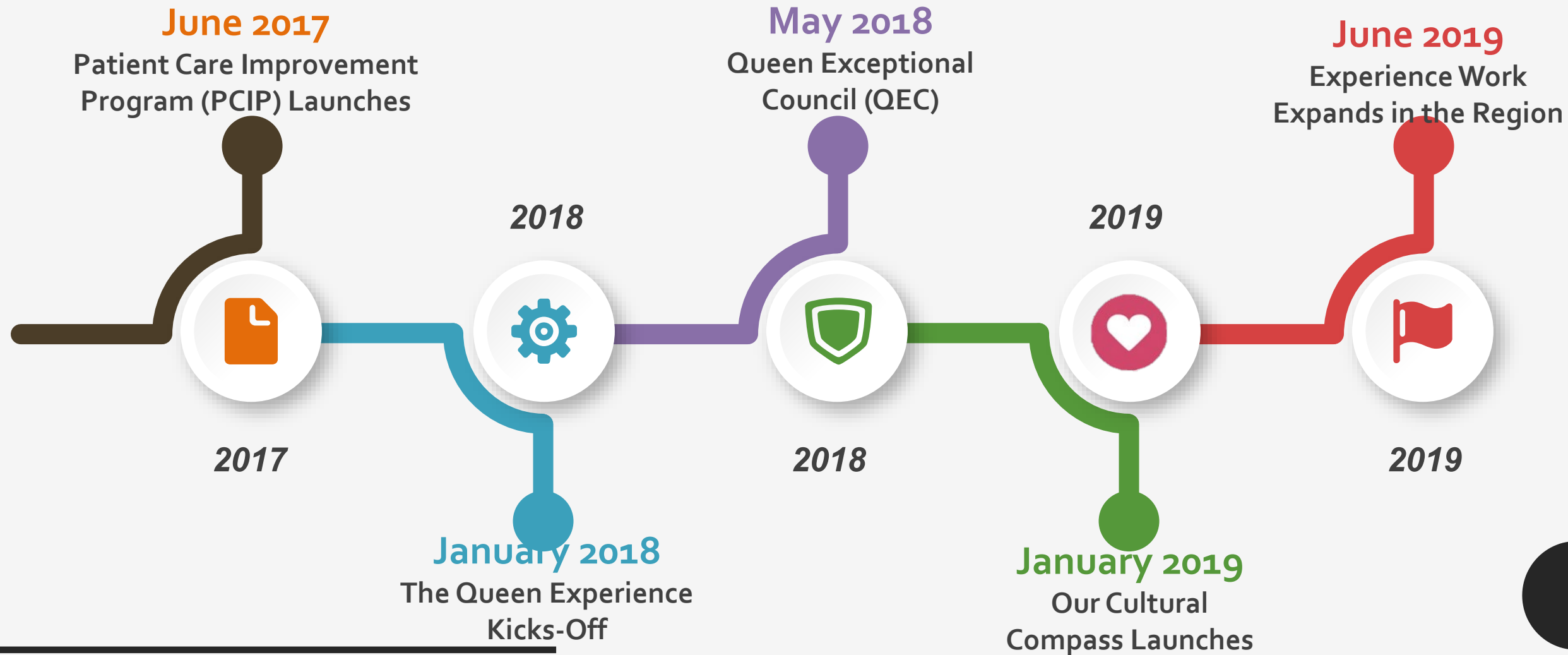
# *Culture*

Culture is a way of life at a particular time, though dynamic it has a very strong element of consistency. It involves practices and shared values that are considered the norm among a group of people at that time. These values and practices are learnt through social interactions and distinguish the group from others.

- *infomory.com*



# Key Points In Our Journey





“When You  
Think different  
Do different  
You Get different”

- Akshay Sonare



# *THE PATIENT CARE IMPROVEMENT PROGRAM (PCIP)*

**P C I P**

PATIENT CARE IMPROVEMENT PROGRAM

Delivering exceptional care, **every patient,**  
**every time, every caregiver**

*Departmental Improvement through  
Caregiver Empowerment*

St. Joseph Health 

*What is the  
Patient Care  
Improvement  
Program (PCIP)?*

- **Team-based** approach to improve the way we work
- Program designed to transform our **caregiver, provider and patient** experience
- An intense innovative program that takes a **deep-dive** into each individual department
- Applies **lean six sigma** and **change management** methodologies to transform each area

8-12 week  
transformation

# *Experience Design Process*



"Some 80% of an organization's  
potential for improvement lies in  
front-line ideas"

- IDO

# *R.I.E. Leading Experience Design*



- 1. Capture the Experience**  
Gemba Walk
- 2. Understand the Experience**  
Summarize information, affinity diagram
- 3. Improve the Experience**  
Co-design & turn experience into action
- 4. Measure the Experience**  
Evaluate improvements  
Foster accountability for sustaining change

# Experience Design Process on 2N

St. Joseph Health 

## Burning Platform:

- High volume
- High impact unit
- Lowest performing in caregiver and patient experience

*2N -  
Telemetry*

**Opportunities  
for  
Improvement**

**117**

# Top Opportunities for Improvement

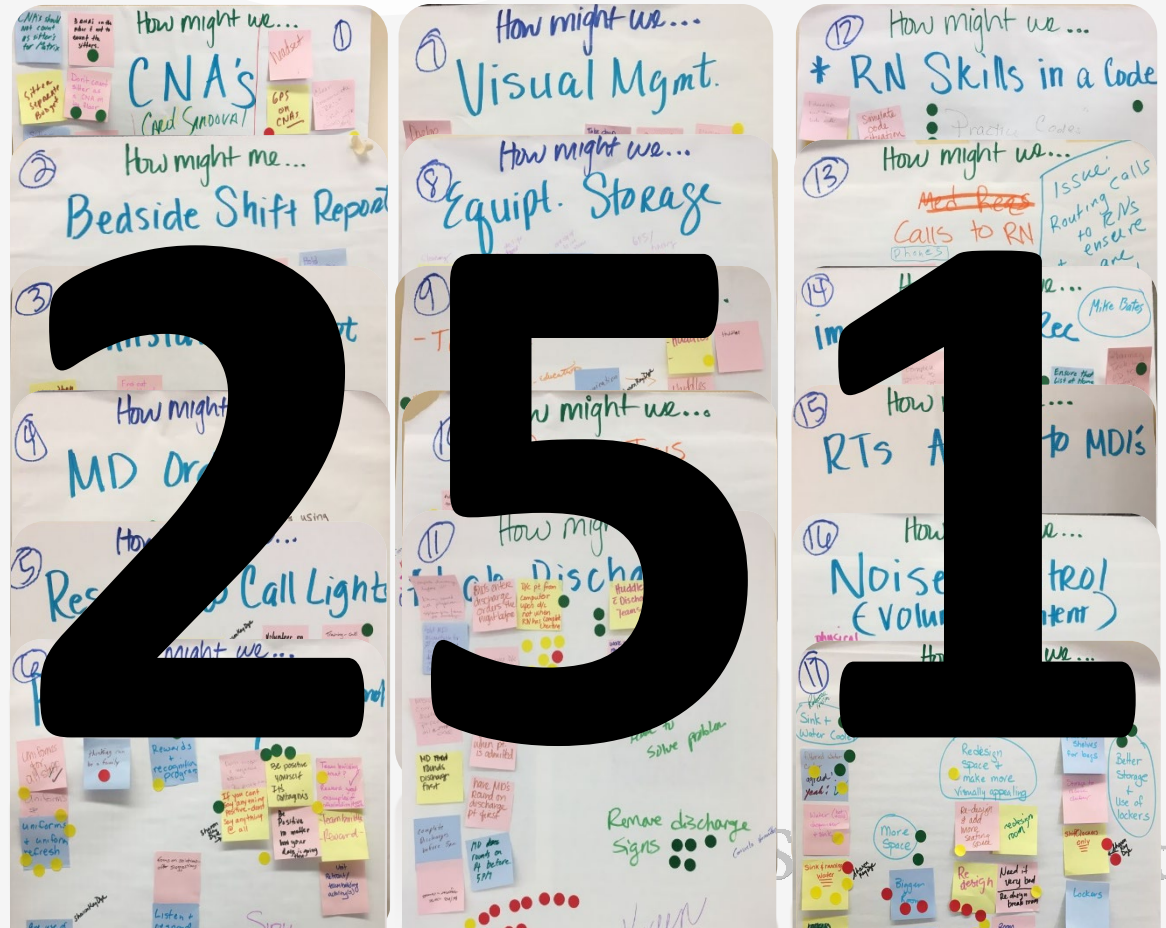
## 2N - *Telemetry*

1. Breakroom Refresh
2. Equipment Storage
3. Isolation Equipment
4. Visual Management
5. Positive Attitude/Professionalism
6. Teamwork
7. Noise Control (*Volume/Content*)
8. Response to Call Lights
9. Bedside Shift Report
10. RT's Access to MDI's
11. Onboard UA's
12. RN Skills Code
13. Calls to RN
14. Passing Trays
15. Improve Med Rec
16. MD Orders
17. Late Discharge



# 2N - Telemetry

# Solutions



# *Top Priorities*

1. Breakroom Refresh
2. Equipment Storage
3. Designated Isolation Equipment
4. Standards/Behavior Training *(Be Exceptional)*
  - Hourly Rounding
  - Bedside Shift Report
  - Quietness
  - Positive Attitude
  - Teamwork
5. Visual Management Boards



# 2N Quarterly Improvement



Increased  
in Every  
Domain

Queen of the Valley Medical Center

Multiple VBP Thresholds ?

75th

QVMC - 2NO/2NW Telemetry/Step Down

|                       |        |       |      | Oct-Dec 16 | Jan-Mar 17 | Apr-Jun 17 | Jul-Sep 17 |
|-----------------------|--------|-------|------|------------|------------|------------|------------|
| Nurses                | Yellow | Green | Blue | 70.98      | 75.07      | 67.13      | 77.44      |
| Nurse Respect         |        |       |      | 84.13      | 87.80      | 82.72      | 85.07      |
| Nurse Listen          |        |       |      | 70.31      | 79.76      | 68.75      | 85.71      |
| Nurse Explain         |        |       |      | 75.00      | 72.94      | 65.82      | 71.19      |
| Doctors               | Yellow | Green | Blue | 73.28      | 73.64      | 67.31      | 77.06      |
| Doctor Respect        |        |       |      | 87.50      | 84.71      | 80.25      | 85.96      |
| Doctor Listen         |        |       |      | 73.44      | 76.47      | 68.75      | 82.46      |
| Doctor Explain        |        |       |      | 70.31      | 71.43      | 69.14      | 78.05      |
| Responsiveness        | Yellow | Green | Blue | 56.96      | 50.55      | 47.24      | 61.77      |
| Call Button           |        |       |      | 59.26      | 51.39      | 40.91      | 57.14      |
| Bathroom Help         |        |       |      | 70.27      | 65.31      | 61.36      | 74.19      |
| Pain Management       |        |       |      | 69.94      | 61.09      | 52.65      | 74.67      |
| Pain Controlled       |        |       |      | 76.47      | 63.64      | 48.84      | 70.00      |
| Help with Pain        |        |       |      | 79.41      | 74.55      | 70.45      | 82.33      |
| Medicines             | Yellow | Green | Blue | 42.72      | 56.27      | 51.81      | 59.64      |
| Med Explanation       |        |       |      | 67.50      | 72.22      | 74.42      | 81.82      |
| Med Side Effects      |        |       |      | 33.33      | 52.73      | 37.21      | 45.45      |
| Environment           | Yellow | Green | Blue | 53.49      | 50.23      | 51.34      | 53.29      |
| Cleanliness           |        |       |      | 75.00      | 72.29      | 75.64      | 78.95      |
| Quiet                 |        |       |      | 46.88      | 44.58      | 43.04      | 43.64      |
| Discharge Info*       | Yellow | Green | Blue | 85.28      | 85.42      | 79.02      | 80.04      |
| Help After Discharge* |        |       |      | 83.33      | 90.91      | 83.10      | 76.41      |
| Symptoms to Monitor*  |        |       |      | 91.23      | 85.53      | 81.33      | 89.08      |
| Care Transition^      | Yellow | Green | Blue | 42.57      | 42.14      | 48.52      | 50.00      |
| Care Preferences^     |        |       |      | 46.77      | 43.21      | 38.67      | 43.64      |
| Responsibilities^     |        |       |      | 53.12      | 49.41      | 56.79      | 56.14      |
| Medications^          |        |       |      | 48.21      | 52.11      | 60.32      | 63.18      |
| Overall Rating+       | Yellow | Green | Blue | 58.26      | 62.44      | 60.43      | 67.73      |
| Surveys               |        |       |      | 64         | 85         | 81         | 57         |

# Unit Quarterly Comparison



Highest in Every Domain

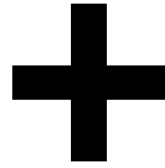
2N Highest Performing Unit

Queen of the Valley Medical Center

FFY 2019 VBP Thresholds

|                       | FFY 2019 VBP Thresholds |       |       | QVMC - 1 South Med/Surg | QVMC - 2NO/2NW Telemetry/Step Down | QVMC - 3rd NO Med/Surg |
|-----------------------|-------------------------|-------|-------|-------------------------|------------------------------------|------------------------|
|                       | A                       | 75th  | B     | Jul-Sep 17              | Jul-Sep 17                         | Jul-Sep 17             |
| Nurses                | 78.69                   | 83.29 | 86.97 | 64.81                   | 77.44                              | 69.47                  |
| Nurse Respect         |                         |       |       | 73.08                   | 81.08                              | 81.08                  |
| Nurse Listen          |                         |       |       | 70.59                   | 85.71                              | 70.27                  |
| Nurse Explain         |                         |       |       | 66.67                   | 72.97                              | 72.97                  |
| Doctors               | 80.32                   | 84.93 | 88.62 | 63.37                   | 77.06                              | 60.89                  |
| Doctor Respect        |                         |       |       | 78.85                   | 78.85                              | 78.38                  |
| Doctor Listen         |                         |       |       | 66.67                   | 82.46                              | 58.33                  |
| Doctor Explain        |                         |       |       | 60.78                   | 62.16                              | 62.16                  |
| Responsiveness        | 65.16                   | 73.49 | 80.15 | 54.43                   | 61.77                              | 52.38                  |
| Call Button           |                         |       |       | 53.33                   | 43.33                              | 43.33                  |
| Bathroom Help         |                         |       |       | 63.33                   | 74.19                              | 69.23                  |
| Pain Management       |                         |       |       | 55.02                   | 74.67                              | 55.50                  |
| Pain Controlled       |                         |       |       | 58.14                   | 70.00                              | 65.00                  |
| Help with Pain        |                         |       |       | 65.91                   | 60.00                              | 60.00                  |
| Medicines             | 63.26                   | 68.97 | 73.53 | 62.87                   | 59.64                              | 57.90                  |
| Med Explanation       |                         |       |       | 78.57                   | 85.71                              | 85.71                  |
| Med Side Effects      |                         |       |       | 55.17                   | 38.10                              | 38.10                  |
| Environment           | 65.58                   | 73.07 | 79.06 | 48.62                   | 53.29                              | 50.33                  |
| Cleanliness           |                         |       |       | 69.23                   | 75.00                              | 75.00                  |
| Quiet                 |                         |       |       | 44.00                   | 41.67                              | 41.67                  |
| Discharge Info*       | 87.05                   | 89.73 | 91.87 | 80.58                   | 80.04                              | 83.92                  |
| Help After Discharge* |                         |       |       | 77.55                   | 83.33                              | 83.33                  |
| Symptoms to Monitor*  |                         |       |       | 90.00                   | 90.91                              | 90.91                  |
| Care Transition^      | 51.42                   | 57.73 | 62.77 | 40.94                   | 50.00                              | 41.21                  |
| Care Preferences^     |                         |       |       | 30.61                   | 36.11                              | 36.11                  |
| Responsibilities^     |                         |       |       | 46.00                   | 56.14                              | 58.33                  |
| Medications^          |                         |       |       | 56.41                   | 39.39                              | 39.39                  |
| Overall Rating+       | 70.85                   | 78.62 | 84.83 | 63.63                   | 67.73                              | 54.46                  |
| Surveys               |                         |       |       | 52                      | 37                                 | 37                     |

**Empowerment**



**Engagement**

*KEYS TO SUCCESS*

# THE QUEEN EXPERIENCE



*Caregiver Empowerment & Leadership Rounding*

32% of caregivers were unwilling to recommend Queen of the Valley as a place to receive care.

# *THE CALL TO ACTION*

Over 40% said there were obstacles at work to doing their job well.

The Queen Experience



*Paradigm Shift:  
Empowering  
Front-Line  
Caregivers*

Front Line Team

Front Line Leaders

Mid-Level Leaders

Senior Leaders

Executive Leaders



*Using  
improvement  
science to build  
the foundation  
for caring  
reliably*



The Queen Experience

## The Queen Experience Schedule

Monday, Wednesday, Friday

No Fly Zone (no meetings) 8:30 a.m. - 10:00 a.m.

| When      | What  | Where                     | Who  |
|-----------|---|---------------------------|--|
| 8:30 a.m. | <b>Nursing Huddle</b><br><i>(Leadership huddle template)</i>  | ACR2                      | House Supervisor,<br>Nursing Directors,<br>Managers, Leads |
| 8:45 a.m. | <b>OMT Safety Huddle</b><br><i>(Nursing huddle report out and<br/>safety huddle report out)</i>               | ACR2                      | OMT <i>(Operational<br/>Management Team)</i>               |
| 8:55 a.m. | <b>Hallway Leadership</b>   | Administration<br>Hallway | OMT  |
| 9:00 a.m. | <b>Glass Wall presentation -<br/>hospital leadership</b>  | ACR2                      | OMT  |
| 9:10 a.m. | <b>Gemba Rounds</b><br><i>(Managers and Directors round<br/>on staff and support board<br/>presentations)</i> | Routes 1-5                | EMT <i>(Executive<br/>Management Team)</i> +<br>Directors  |
| 9:15 a.m. | <b>Gemba presentation 1</b>   | Designated<br>Department  | EMT + Directors  |
| 9:22 a.m. | <b>Gemba presentation 2</b>   | Designated<br>Department  | EMT + Directors  |
| 9:29 a.m. | <b>Gemba presentation 3</b>   | Designated<br>Department  | EMT + Directors  |
| 9:36 a.m. | <b>Gemba presentation 4</b>   | Designated<br>Department  | EMT + Directors  |
| 9:43 a.m. | <b>Gemba presentation 5</b>   | Designated<br>Department  | EMT + Directors  |
| 9:50 a.m. | <b>Gemba debrief (10 min max)</b>   | Designated<br>Department  | EMT + Directors  |

|           |                            |                          |                 |
|-----------|----------------------------|--------------------------|-----------------|
| 9:50 a.m. | Gemba debrief (10 min max) | Designated<br>Department | EMT + Directors |
| 9:43 a.m. | Gemba presentation 5       | Designated<br>Department | EMT + Directors |
| 9:36 a.m. | Gemba presentation 4       | Designated<br>Department | EMT + Directors |
| 9:29 a.m. | Gemba presentation 3       | Designated<br>Department | EMT + Directors |
| 9:22 a.m. | Gemba presentation 2       | Designated<br>Department | EMT + Directors |
| 9:15 a.m. | Gemba presentation 1       | Designated<br>Department | EMT + Directors |

# No Fly Zone & Leadership Rounding 8:30 a.m. – 10:00 a.m.



## The Queen Experience

Date Tuesday, January 30, 2018

| Nursing Departments          | Departmental Bed Count | Current Census | Telemetry Census | Obs Census | Obs Census > 24 Hrs | # of Closed Beds | Admits in Last 24 Hrs | # of Potential Discharges | Readmit HIGH RISK - D/C 24 hr | # of Available Beds | # of Sitters | 1:1      | Vents    | Central Lines | Foleys   | Foleys > 2 days | Falls    | Restraints | Rapid Responses / Codes | # of Isolations | # of Pressure Ulcers | HAPI     | Confirmed C-diff cases | High Risk of C-diff |
|------------------------------|------------------------|----------------|------------------|------------|---------------------|------------------|-----------------------|---------------------------|-------------------------------|---------------------|--------------|----------|----------|---------------|----------|-----------------|----------|------------|-------------------------|-----------------|----------------------|----------|------------------------|---------------------|
| ARU                          | 8                      |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| ARU- MS                      | 4                      |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| 3S                           | 24                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| 2S                           | 16                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| 2N                           | 29                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| 2NW                          | 7                      |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| 3N                           | 24                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| ICU                          | 20                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| L/D                          | 5                      |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| M/B                          | 10                     |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| NICU                         | 6                      |                |                  |            |                     |                  |                       |                           |                               |                     |              |          |          |               |          |                 |          |            |                         |                 |                      |          |                        |                     |
| <b>Total Acute Bed Count</b> | <b>153</b>             | <b>0</b>       | <b>0</b>         | <b>0</b>   | <b>0</b>            | <b>0</b>         | <b>0</b>              | <b>0</b>                  | <b>0</b>                      | <b>0</b>            | <b>0</b>     | <b>0</b> | <b>0</b> | <b>0</b>      | <b>0</b> | <b>0</b>        | <b>0</b> | <b>0</b>   | <b>0</b>                | <b>0</b>        | <b>0</b>             | <b>0</b> | <b>0</b>               | <b>0</b>            |

|   |                      |                         |                      |                                      |
|---|----------------------|-------------------------|----------------------|--------------------------------------|
| <b>ED</b>   |                      | <b>ED Times</b>         |                      | <b>CMS Goal</b>                      |
| Census (7am)                                      | <input type="text"/> | Arrival to Room         | <input type="text"/> | 20 min                               |
| Census (24 hrs)                                   | <input type="text"/> | Arrival to Provider     | <input type="text"/> | 30 min                               |
| Holds   | <input type="text"/> | Arrival to Admit        | <input type="text"/> | 176 min                              |
| LWBS  | <input type="text"/> | Admit Decision to Flr   | <input type="text"/> | 60 min                               |
| Admits (last 24 hours)                            | <input type="text"/> | Arrival to Depart (OP)  | <input type="text"/> | 90 min                               |
| ED Transfers and Why <input type="text"/>         |                      |                         |                      |                                      |
| <hr/>   |                      |                         |                      |                                      |
| <b>Main OR</b>                                    |                      | <b>Procedural Areas</b> |                      | <b>OSPC</b>                          |
| Total cases                                       | <input type="text"/> | Cath Lab - Ttl          | <input type="text"/> | # of Surgeries <input type="text"/>  |
| AM Admits Ttl                                     | <input type="text"/> | Cath Lab - AM Adm       | <input type="text"/> | # of Procedures <input type="text"/> |
| Next Day Admits Ttl                               | <input type="text"/> | Infusion # of Pt Tx     | <input type="text"/> |                                      |
| <hr/>   |                      |                         |                      |                                      |
| Anticipated staffing issues in the next 24 hours? |                      |                         |                      |                                      |
| Transfers Accepted                                | <input type="text"/> | Why                     | <input type="text"/> |                                      |
| Transfers Declined                                | <input type="text"/> | Why                     | <input type="text"/> |                                      |
| <hr/>   |                      |                         |                      |                                      |
| Readmissions?                                     |                      |                         |                      |                                      |
| Readmit Diagnoses                                 | <input type="text"/> |                         |                      |                                      |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

# Nursing Huddle

## 8:30 a.m.



# The Queen Experience

## The Queen Experience OMT Huddle Script

|                                  |   |
|----------------------------------|---|
| 1                                | Good Morning Team! Welcome to the Queen Experience Safety Huddle.   |
| 2                                | Reflection  |
| <b>Patient Experience</b>        |   |
| 3                                | Clinical Report <i>(House Supervisor to provide Nursing Huddle Report as collected from the 0830 Nursing Huddle)</i>  |
| 4                                | Were there any <u>falls</u> or other <u>patient safety issues</u> in the last 48 hours?   |
| 5                                | Is there anything going on today that could have an impact on patient safety?   |
| 6                                | Is anyone aware of any patients or physicians who require <u>special attention</u> today?   |
| 7                                | Does anyone need help with <u>service recovery</u> for a patient or family member?  |
| <b>Caregiver Experience</b>      |   |
| 8                                | Were there any <u>falls</u> or other <u>employee safety issues</u> in the last 48 hours? <i>(Caregiver Health)</i>  |
| 9                                | Is there any lack of compliance with <u>Core Measures, CMS/ CDPH/ Joint Commission Standards</u> ?  |
| 10                               | Are there any <u>meetings</u> or <u>hospital rumors</u> that others need to be made aware of?   |
| 11                               | Are there any <u>events (internal or external)</u> coming up?   |
| 12                               | Would anyone like to recognize an individual for going above and beyond?  |
| 13                               | Would anyone like to recognize an individual for reporting a near miss or good catch?   |
| <b>Follow-Up Issues</b>          |   |
| 14                               | Review issues log & call out any new issues from night rounds <i>(issues that have not been escalated through the Manager/Director first and/or a ticket has not been entered do not go on this list)</i> |
| 15                               | Is there anything else that wasn't covered in any of the other categories that needs to be brought up?  |
| <b>Rounding/Huddle Logistics</b> |   |
| 16                               | Does anyone need a rounding replacement for today or for the next Gemba Day?  |
| 17                               | Who would like to lead the next huddle? <i>(Huddle will only be cancelled if it's holiday or Joint Commission/CMS house-wide survey or disaster)</i>  |
| <b>Hallway Leadership</b>        |   |
| 18                               | Does anyone need to meet with any of the leaders present in the room before glass wall? <i>(5 mins)</i>   |
| <b>Glass Wall</b>                |   |
| 19                               | Leaders present on key metrics  |

|                   |   |
|-------------------|---|
| 18                | Does anyone need to meet with any of the leaders present in the room before glass wall? <i>(5 mins)</i> |
| <b>Glass Wall</b> |   |
| 19                | Leaders present on key metrics  |

# OMT Safety Huddle & Hallway Leadership 8:45 a.m.



## The Queen Experience

## The Queen Experience Huddle Routes

| Time      | Route A              | Route B          | Route C                | Route D             |
|-----------|----------------------|------------------|------------------------|---------------------|
| 9:15 a.m. | Materials Management | IN/ARC           | ICU                    | Case Management/HIM |
| 9:25 a.m. | Cath Lab             | Rad Onc          | Surgical Services/PACU | Respiratory Therapy |
| 9:35 a.m. | ER                   | Food & Nutrition | Lab/Pathology          | Oncology            |
| 9:45 a.m. | Radiology            | Patient Access   | Maternal Child         | Pharmacy            |

| Time      | Route E                    | Route F              | Route G               | Route H |
|-----------|----------------------------|----------------------|-----------------------|---------|
| 9:15 a.m. | Foundation                 | Mission Services     | Community Outreach    | OSPC    |
| 9:25 a.m. | EVS                        | Quality/Risk         | OP Rehab              | 2N/2NW  |
| 9:35 a.m. | HR                         | Center of Excellence | Breast Center         | SS      |
| 9:45 a.m. | Patient Financial Services | CJ/IT                | Profil Imaging Center | SN      |

### PM Rounds

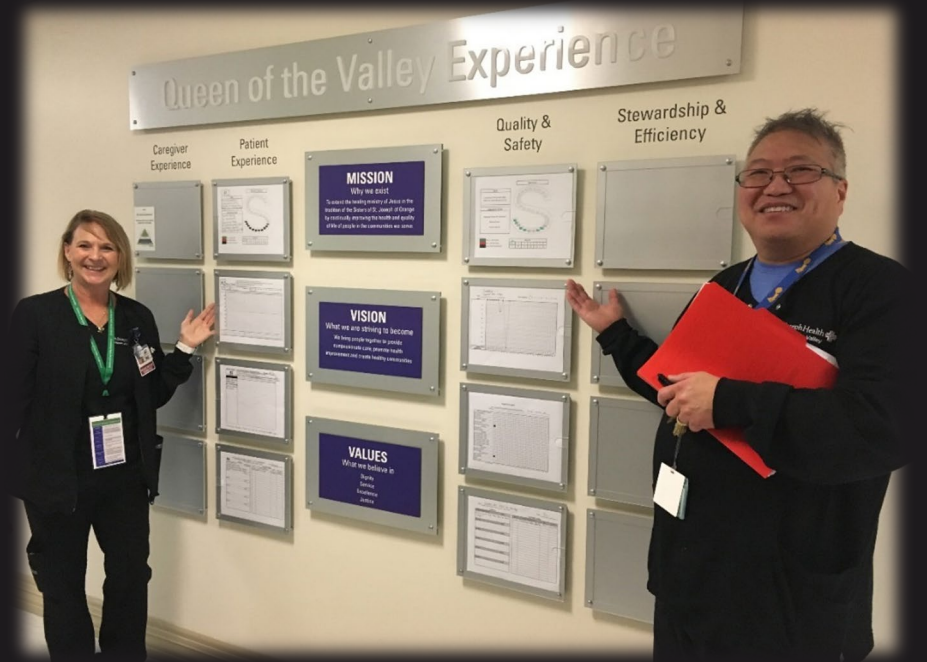
| Time      | Route I        | Route J  | Route K |
|-----------|----------------|----------|---------|
| 7:45 p.m. | EVS/Facilities | Pharmacy | Lab     |
| 7:55 p.m. | Dietary        | 2N/2NW   | ICU     |
| 8:05 p.m. | Radiology      | ARC      | SN      |
| 8:15 p.m. | ER             | OB       | SS      |

| Time      | Route L  | Route M  | Route N  |
|-----------|----------|----------|----------|
| 8:15 p.m. | ER       | OB       | SS       |
| 8:25 p.m. | Pharmacy | Pharmacy | Pharmacy |
| 8:35 p.m. | Pharmacy | Pharmacy | Pharmacy |
| 8:45 p.m. | Pharmacy | Pharmacy | Pharmacy |

# Gemba Rounds 9:15 a.m. – 10:00 a.m.

### The Queen Experience—Presenter Script

|                                |   |
|--------------------------------|---|
| <b>Introduction</b>            | <ul style="list-style-type: none"> <li>Introduce yourself and your area</li> </ul>  |
| <b>Present "Left to Right"</b> | <ul style="list-style-type: none"> <li>State the Metric and read the Goal</li> <li><b>Green Metric</b>—"Met Target Yesterday"</li> <li><b>Red Metric</b>—"Missed Target Yesterday"</li> </ul>                   |
| <b>If Target is Green</b>      | <ul style="list-style-type: none"> <li>Go to next Metric</li> </ul>   |
| <b>If Target is Red</b>        | <ul style="list-style-type: none"> <li>Review living pareto &amp; state reason why missed yesterday</li> </ul>  |
| <b>Living Pareto Summary</b>   | <ul style="list-style-type: none"> <li>"No significant data trend at this time" <b>OR</b></li> <li>"Yes we have data trend and this is what we are doing"</li> </ul>  |
| <b>Problem Solving Review</b>  | <ul style="list-style-type: none"> <li>"Our problem statement is defined as..."</li> <li>Working 5 Whys</li> <li>Developing counter measures (action)</li> <li>Implementation status of action plans</li> </ul> |
| <b>Action Plan</b>             | <ul style="list-style-type: none"> <li>Any "Just do it" actions implemented</li> <li>Current actions working on</li> </ul>  |
| <b>Barriers</b>                | <ul style="list-style-type: none"> <li>"Yes" or "No" we have any barriers</li> </ul>  |
| <b>Thank You</b>               |   |



# The Queen Experience

# #1 CAREGIVER EXPERIENCE

Month Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Goal



# #1 PATIENT EXPERIENCE

Month Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

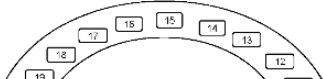
Goal



# #1 QUALITY & SAFETY

Month Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Goal

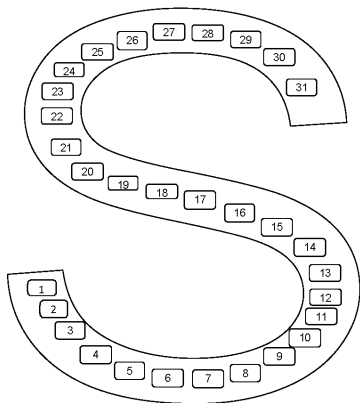


# #1 STEWARDSHIP & EFFICIENCY

Month Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Goal

Importance of Goal



| 1 | 2 | 3 | 4  | 5  | 6  |
|---|---|---|----|----|----|
| 7 | 8 | 9 | 10 | 11 | 12 |

|   |   |   |    |    |    |
|---|---|---|----|----|----|
| 1 | 8 | 9 | 10 | 11 | 12 |
| 7 | 5 | 3 | 4  | 2  | 6  |

# Gemba Improvement Forms

## #2 RUN CHART

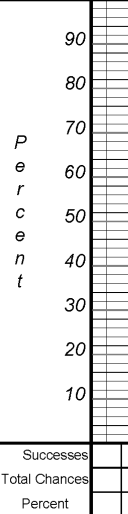
1. Draw a straight line in green across the page to indicate your target success
2. Draw an arrow up or down by the word percent representing which direction the trend should go to meet the goal
3. Determine percent correct by dividing the successes by the total chances
4. Place a dot next to the percent success each day
5. Connect the dots with a line (% may not apply to all goals, edit chart to effectively track)

Circle Pillar: C P Q S

Circle Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Day of the Month

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



## #3 PARETO CHART

1. Each day that the goal is not met, write the reason (obstacle) on a line below
2. Each time the obstacle occurs, color in a box in black

Start Date: \_\_\_\_\_

| Obstacles | # of times the obstacle occurs |
|-----------|--------------------------------|
|           |                                |
|           |                                |
|           |                                |
|           |                                |
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|           |                                |
|           |                                |
|           |                                |

## #4 5 WHY'S

1. List the problem you are trying to address in order to achieve your goal
2. Identify your first leading obstacle from the Pareto Chart (#3) and list it in your first why
3. When you resolve and fix your first why, move onto the second, use Why's 2-5 to address additional opportunities from the Pareto Chart (#3), solving for one Why at a time

| PROBLEM DESCRIPTION (What is the problem you are trying to address to achieve this goal?) | Date:       |
|---|-------------|
|   |             |
| <b>1ST WHY</b> (Why is the problem occurring?)  | Date: _____ |
|   |             |
| <b>2ND WHY</b> (Why is the problem occurring?)  | Date: _____ |
|   |             |
| <b>3RD WHY</b> (Why is the problem occurring?)  | Date: _____ |
|   |             |
| <b>4TH WHY</b> (Why is the problem occurring?)  | Date: _____ |
|   |             |
| <b>5TH WHY</b> (Why is the problem occurring?)  | Date: _____ |
|   |             |

## ACTION ITEMS

1. Document each action taken to achieve your overall goal, including the steps taken to resolve each of The 5 Whys
2. Identify how long you will track/focus/work on each item

| Date Action Taken | Action Taken (Document each step taken to achieve the goal) | Owner | Target Completion Date |
|-------------------|---|-------|------------------------|
|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |
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|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |
|                   |   |       |                        |

Green = MET GOAL  
 Red = MISSED GOAL  
 Black = NOT SCHEDULED

Black = NOT SCHEDULED  
 Red = MISSED GOAL  
 Green = MET GOAL

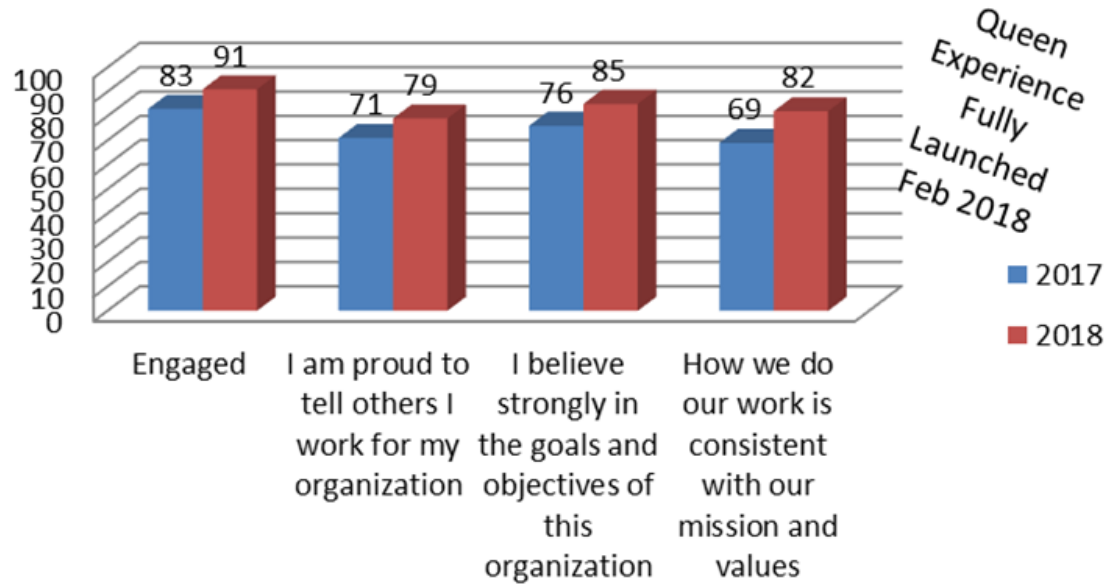


# Queen Experience Successes

- Over 200 metrics successfully retired
- **Improved nurse communication from 74.8% to 77.8% through caregiver focus & empowerment**
- Team approach to bathing patients every hour
- Radiology & ED – Foundation sponsored Trauma Gurneys
- ARC - clothing donated so that patients can wear their own clothes
- Parking lot lights replaced
- Increased security hours
- Dental van - patient in chair within 10 minutes of arrival
- Thoughtful goodbye in Radiology
- 30/60/90 follow-up in HR



## Caregiver Engagement Scores



# What Our Caregivers Say About The Queen Experience:

- Encourages teamwork
- Promotes communication between departments
- Problems are solved more quickly
- We have a voice
- We like seeing the A Team in our space

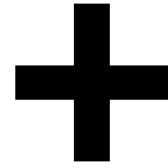
## Percent Improvement



Key Caregiver Focus Categories



**Empowerment**



**Engagement**

*KEYS TO SUCCESS*

# *THE QUEEN EXCEPTIONAL COUNCIL*



*Multi-Disciplinary Improvement Council*

St. Joseph Health 

From  
Nursing Shared  
Governance  
→ to →  
Queen Exceptional  
Council

- **Purpose:** A multi-disciplinary council to focus on hospital wide improvements that impact caregiver and patient experience, quality and safety, stewardship and efficiency.
- **Goals:**
  1. Identify hospital wide improvements
  2. Develop and implement measurable actions
  3. Facilitate the celebration of “wins”

# *Key Areas of Focus*



Caregiver Engagement



Patient Experience



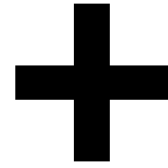
Efficiency



Safety



**Empowerment**



**Engagement**

*KEYS TO SUCCESS*



# *OUR CULTURAL COMPASS*



*Regional Cultural Transformation*



*Our Cultural Compass was written to enliven our mission and vision, and bring out values into our daily routine in a more meaningful way. Every day, we are faced with dozens of decisions. The Cultural Compass not only serves to help guide those decisions, but reminds us of the importance of the outcomes.*

## OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

## OUR VALUES

Compassion  
Dignity  
Justice  
Excellence  
Integrity

## OUR VISION

Health for a better world.

## OUR PROMISE

"Know me, care for me, ease my way"



*Building on  
Our  
Foundation*



NAVIGATING THE FUTURE TOGETHER.



# Our Cultural Compass Components

- Our Pledge to You
- Caregiver Credos
- OWNIT – GREAT
- OWNIT – ICARE
- Daily Huddle



OUR PLEDGE  
TO **YOU** SHARES  
THE COMMITMENT OF  
THE ORGANIZATION AND  
LEADERS TO ALL  
CAREGIVERS



# Our Pledge To You

Caregivers are the heart of our ministry.

Our commitment is to create an environment where you are respected, appreciated and given an opportunity for personal growth and development.

We value transparent communication, meaningful collaboration and purposeful connection. No matter the challenge, we are stronger when all voices are heard and all hands work together.

Together we make a difference.

## THE CAREGIVER CREDOS

define the behaviors we expect of ourselves and one another on a daily basis. The statements are aligned with and bring "life" to our mission, vision & values.



# Caregiver Credos

1. I **create a welcoming**, positive environment and show appreciation for others.
2. I am proud that **my actions distinguish** St. Joseph Health, Northern California as the provider of choice.
3. I am **resilient and embrace change** to support our common goals.
4. I am **part of a bigger team** and seek opportunities to collaborate, innovate and share best practices.
5. I **foster Sacred Encounters** and am mindful of the impact I have on others.
6. I **understand what is expected of me** and how I contribute to the priorities of our organization.
7. I **embrace diversity** by respecting cultures, beliefs and perspectives that differ from my own.
8. I am **empowered** to make decisions and share ideas to improve our organization.
9. I hold **myself accountable** for excellence in my work and optimizing our resources.
10. I am **dedicated to safety** and uncompromising levels of cleanliness.
11. I build trust by **listening** with intent, communicating with respect and protect privacy.
12. I demonstrate **professionalism** in my language, appearance and behavior.

## OWN IT | GREAT

Our service performance framework. Service performance is as important as clinical performance. It is easy to get so involved in the routine and repetition that we short-change service. Yet treating each patient with empathy and being completely focused on meeting their needs can be as essential as any clinical skill. Your ability to understand the patient and communicate concern for them begins as soon as they enter our doors. Be caring as well as technically skilled.



# OWN IT

## Service Performance Framework

- Greet/Welcome
- Respect
- Engage
- Assist
- Transition/Thank



## OWN IT | ICARE

Our service *recovery* framework. We all know that there will be times that expectations fall short or a person's perceptions about care are negative. This can happen when we fail to understand and manage the expectations of our patients or one another. Service recovery is an opportunity to turn a potentially negative situation into a positive. It also offers us the opportunity to evaluate processes or systems that led to the issue in the first place.



# OWN IT

## Service Recovery Framework

- **Identify**
  - I OWN how I identify the concern by stopping and listening
- **Compassion**
  - I OWN how I compassionately respond
- **Apologize**
  - I OWN how I apologize sincerely
- **Resolve & Report**
  - I OWN how I resolve and report
- **Express Thanks**
  - I OWN how I express thanks and evaluate

## DEFINITION OF A HUDDLE:

Huddles are quick, daily conversations, usually lasting no more than 10 minutes, which focus on the Cultural Compass, team alignment, daily priorities and celebrating successes.



## FOUR COMPONENTS OF THE DAILY HUDDLE:

1. Cultural Compass focus
2. Department priorities and celebrations
3. Rotating topics, focusing on telling our stories, performance excellence or operational announcements
4. Reflections

## HUDDLE BASICS:



- **TIME OF DAY:** Every day, seven days a week. Ideally at the beginning of a shift, but be flexible to caregiver needs.



- **LENGTH OF TIME:** Be on time and try keep to less than 10 minutes.



- **NUMBER OF ATTENDEES:** This can vary; it could be just one department's caregivers or include other members of the health care team.



- **WHO ATTENDS:** Every caregiver in your department/team, clinical and non-clinical. Daily huddles are most effective when caregivers consistently attend.



- **WHO RUNS IT:** At first someone from our core leadership team, but as we all become more familiar with the process anyone can and should lead a huddle.

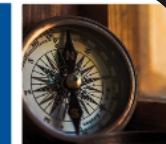


- **WHERE DOES IT TAKE PLACE:** Time and locations should be posted in the department.

# Daily Huddle

## THE DAILY HUDDLE

St. Joseph Health  
Northern California



Saturday, June 15, 2019

### Today's Reflection

"Our lives are not a coincidence. They are a reflection of us." – Unknown

### Credo #3

"I am **resilient** and **embrace change** to support our common goals."

We all can agree change can be difficult. During the development of our Cultural Compass it was noted, however, that the *pain* of change is often less difficult than the pain of staying the same. To that end, our third credo underscores the mantra of being open and engaged when experiencing transition in the work place.

Discuss specific examples of how you can support and have supported the intent of this Credo.

### This Caregiver Rocks!



Eileah Frye-Edmonds, a valued member of the EVS team at St. Joseph Hospital in Eureka, created a "positive, welcoming environment" recently. According to the parent of an ED patient: "[Eileah] greeted everyone entering the Emergency Room. What impressed me was that on her way out, she paused for just a moment to wish everyone a 'quick recovery'. I don't remember exactly what she said, but it conveyed to us that she cared about the patients. Getting that from a staff member who isn't clinical showed that the whole team cared about us and deserves recognition."



• **WHERE DOES IT TAKE PLACE:** Time and locations should be posted in the department.



5500

Welcome  
to the family,  
Caregivers.

New Caregiver Orientation is on  
the Lower Level of this building.

Please proceed  
to the elevators on your right.

New  
Caregiver  
Orientation  
this way.



Welcome  
to **New  
Caregiver  
Orientation**

# New Caregiver Orientation

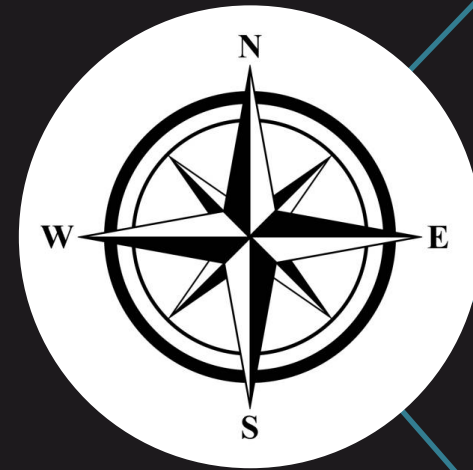
## What's New and Improved

1. Leadership greeters in the parking lot
2. Executive presence at the start of Day One
3. Signage and Wayfinding
4. New Caregiver Badge Reel
5. From one to two days with content mapped to cultural compass material





# Cultural Compass Integration Committee



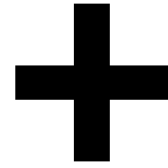
Professional  
Accountability

Leadership  
Literacy

Caregiver  
Engagement

Cultural  
Communication

**Empowerment**



**Engagement**

*KEYS TO SUCCESS*

# *NEXT STEPS*

**St. Joseph Health**  
Northern California (Humboldt,  
Napa, Sonoma counties),  
including St. Joseph Heritage  
Healthcare

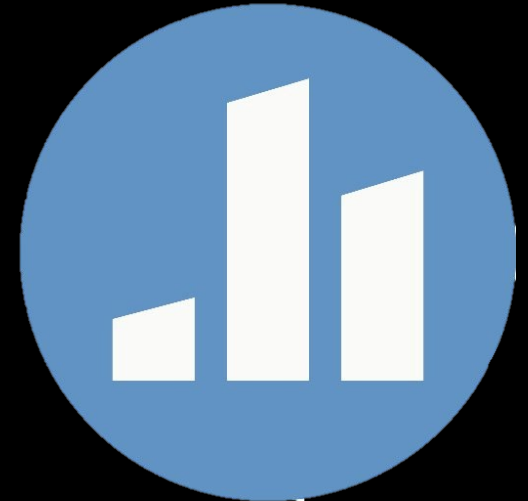


*Expansion across the Northern California Region*

Your audience texts **JACQUEMAPLES792** once to **22333** to join your session.



*What are the  
keys to  
success?*





## SUMMARY

Empowering caregivers to lead transformational change and deliver consistent exceptional experiences resulting in high reliability.

# Breakout Sessions

## Session 1

***Demonstrating a Successful and Collaborative Model of Palliative Care***

Presented by the Mercy Medical Team

## Session 2

***Winning the War Against Sepsis***

Presented by Amy Herold, MD  
Queen of the Valley Medical Center



# Demonstrating a Success and Collaborative Model of Palliative Care



**Sister Brenda O'Keeffe, RN, MS**  
*Vice President, Mission Integration*  
*Dignity Health Hospitals*



**Alexis Ross, MS**  
*Director, Community Health*  
*Dignity Health Hospitals*



**Lauren Loffsner, RN,BSN, PHN, CHPN**  
*Lead Palliative Care Coordinator*  
*Mercy Medical Center*



# Mercy Medical Center Redding Inpatient Palliative Care Services

Presented by:

Sr. Brenda O'Keeffe, VP Mission Integration & Palliative Care Services

Lauren Loffsner, Lead Palliative Care Coordinator

Alexis Ross, Director Community Health



**Dignity Health**<sup>™</sup>



## Objectives of Session

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- Define Palliative Care Services
- Identify a non-traditional model of Palliative Care
- Identify barriers to building an inpatient Palliative Care program
- Overcoming challenges/barriers
- Able to identify key stakeholders within the organization
- Identify relevant data points to help measure success of program

# What is Palliative Care?

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- What Palliative Care IS:

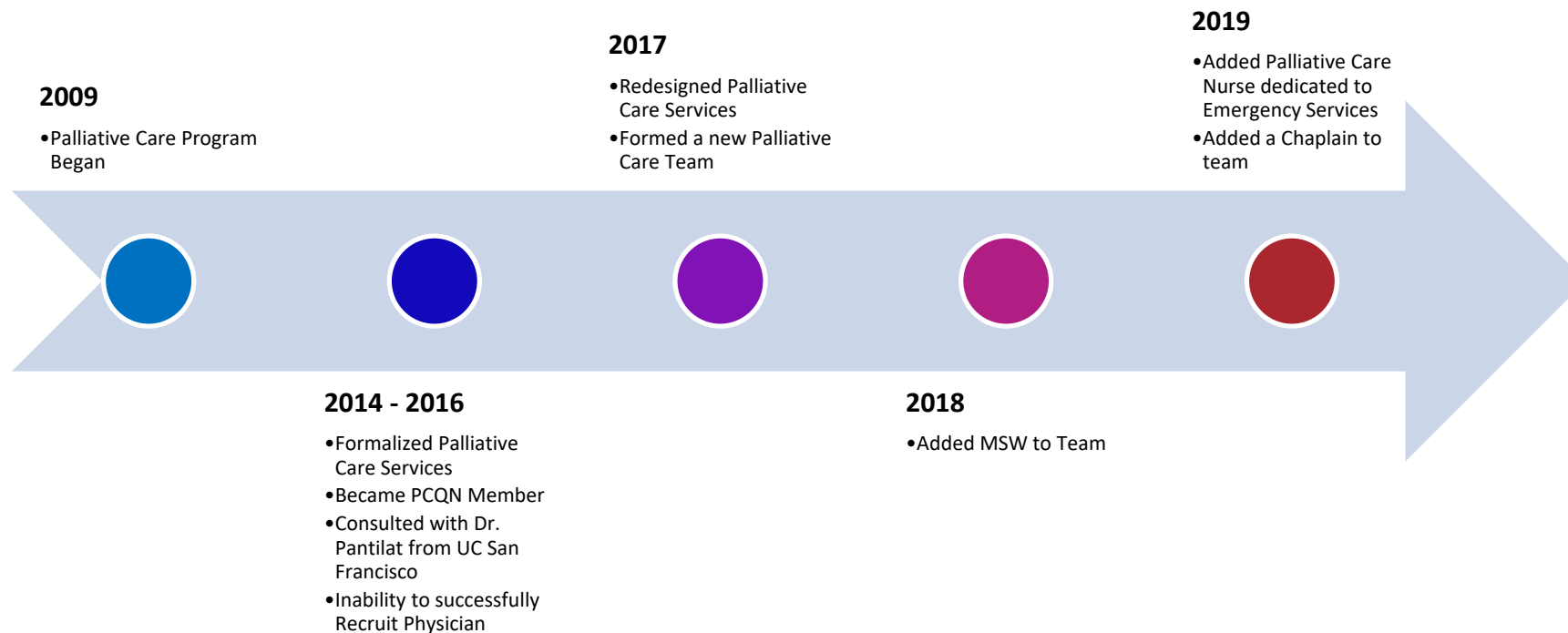
- Palliative Care is specialized care and support for people with a serious, chronic, or life-limiting illness. Care is focused on providing patients with relief from the symptoms of pain and stress of a serious illness – whatever the diagnosis. Palliative care is appropriate at any age and at any stage of a serious illness and can be provided alongside curative treatment. Palliative Care team members provide an extra layer of support and are here to journey with patients and families during treatment and intervention throughout the hospital stay. The goal is to improve the quality of life for both the patient and the family.

- What Palliative Care is NOT:

- End-of-Life
- Hospice
- Comfort Care

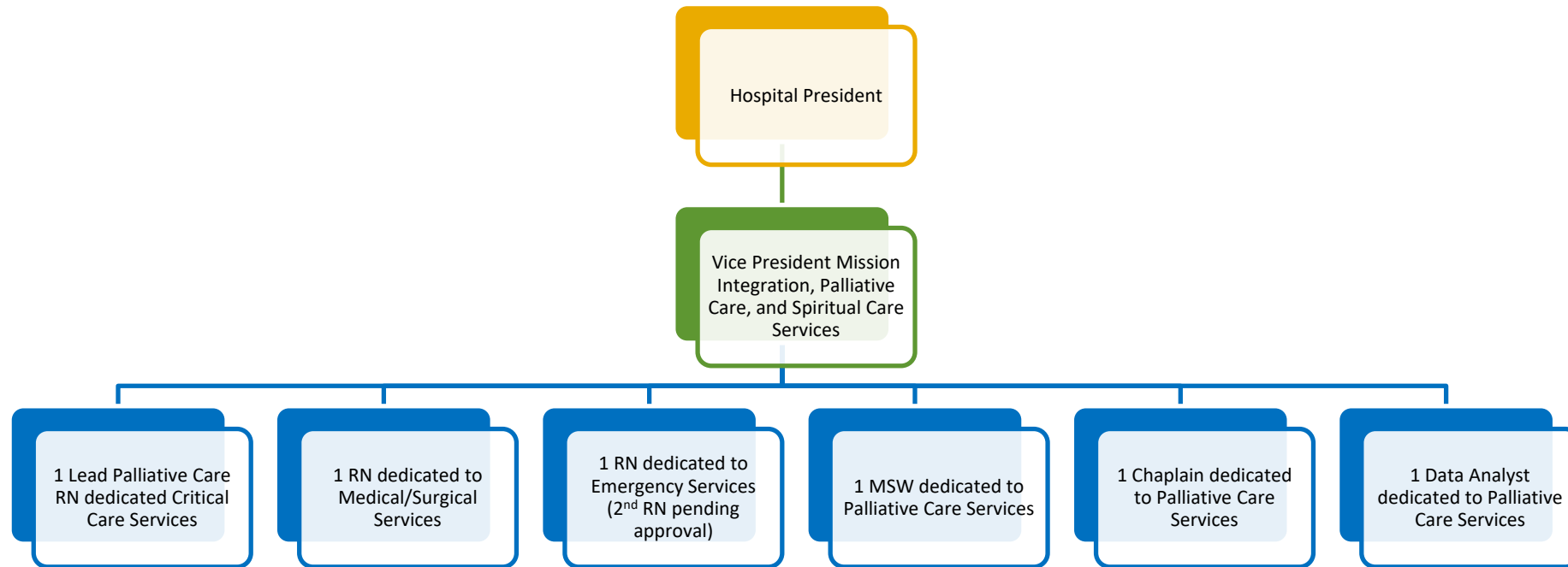
# History of Palliative Care Services

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# Current Palliative Care Team

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## Traditional Palliative Care Models

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- Traditional Palliative Care models typically have a dedicated Palliative Care Physician
  - Physician champion would direct the Palliative Care Interdisciplinary Team
  - Oversee and manage patient symptoms

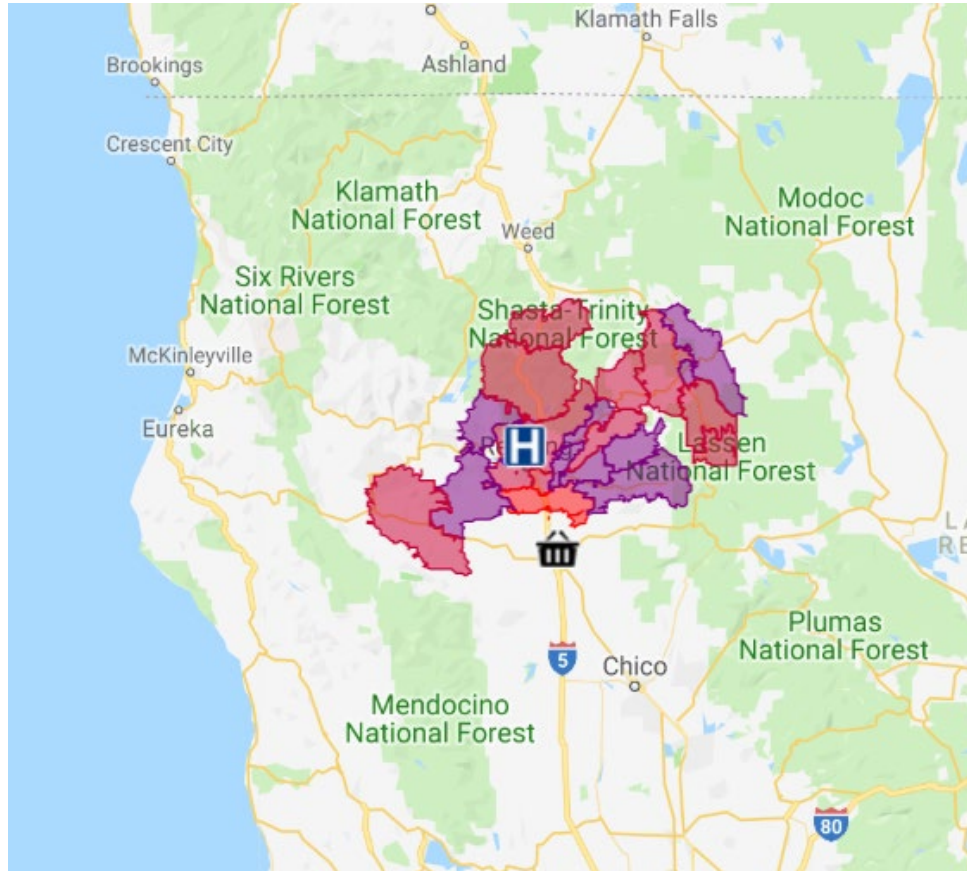
# Development of Non-Traditional Palliative Care Model

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- Non-traditional model began with Intensivists
  - Multi-disciplinary rounds
  - Time, energy, and education: Palliative Care Screen Alert vs. Predictive Model
  - Demonstration of conversations regarding Goals of Care
  - Filling in where need was greatest
- Due to the success with the Critical Care Intensivists the nursing and physician collaborative model was then expanded to the Medical/Surgical services and then expanded once again to the Emergency Department

# Barriers to Initial Success

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- Rural community – inability to recruit a dedicated palliative care physician – 4 years of active searching
- Palliative Care is not seen as a revenue generating service
- Misconceptions regarding the purpose and benefit of Palliative Care Services

## Secrets to Success

---

- Support from the Physicians and Executive Leadership
- Education, education, education – Grand Rounds, onboard all new grad RNs, Residents
- Team is proactive
  - Team members participate on a variety of multi-disciplinary teams throughout the hospital
  - Team regularly participates in Palliative Care continuing education and certification opportunities
- Data is used to tell our story in the context of organizational priorities – cost savings, identifying other opportunity savings, etc.



Mercy Medical Center Redding  
FY19 Palliative Care Statistics



**Dignity Health**<sup>™</sup>

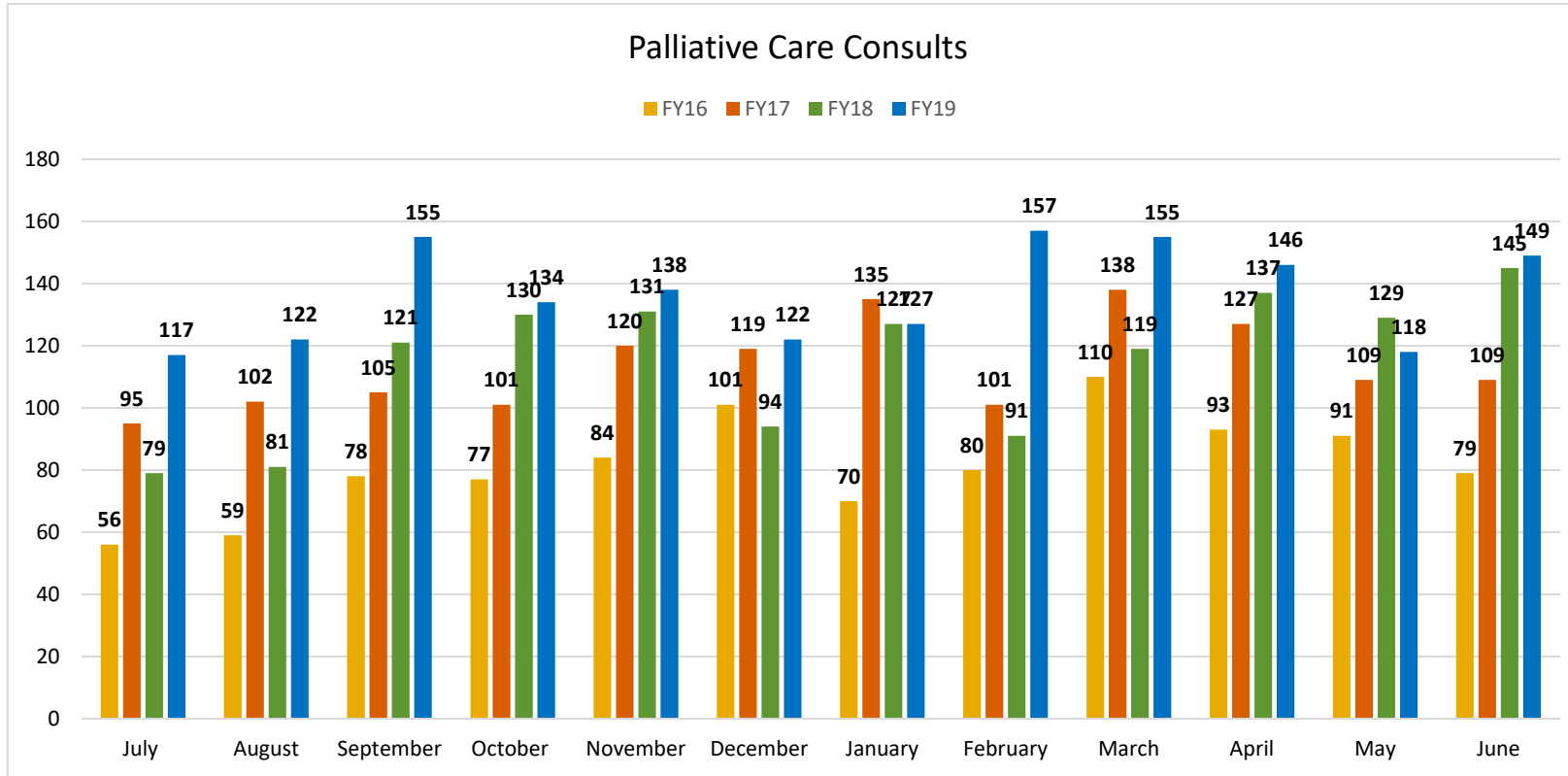
# Measuring Success - Using PCQN Data to Enhance Palliative Care Services

---

- **With whom might you share data?**
  - Internal Key Stakeholders – Administration, Physicians, Finance, Quality Improvement Teams
  - Palliative Care Teams
- **Who else would be interested in your questions/answers?**
  - Other departments – is this information applicable to their particular metrics
- **What data points are helpful for supporting Palliative Care Services?**
  - Reasons for consult
  - Number of consults, family meetings, and follow-up visits
  - Code Status changes
- **What can the data be used for?**
  - Making the case for additional resources
  - Metrics of interest that support hospital-wide metrics/goals
  - PCQN data provides baseline and ongoing data collection and can help identify areas of opportunity for program improvement and progress monitoring

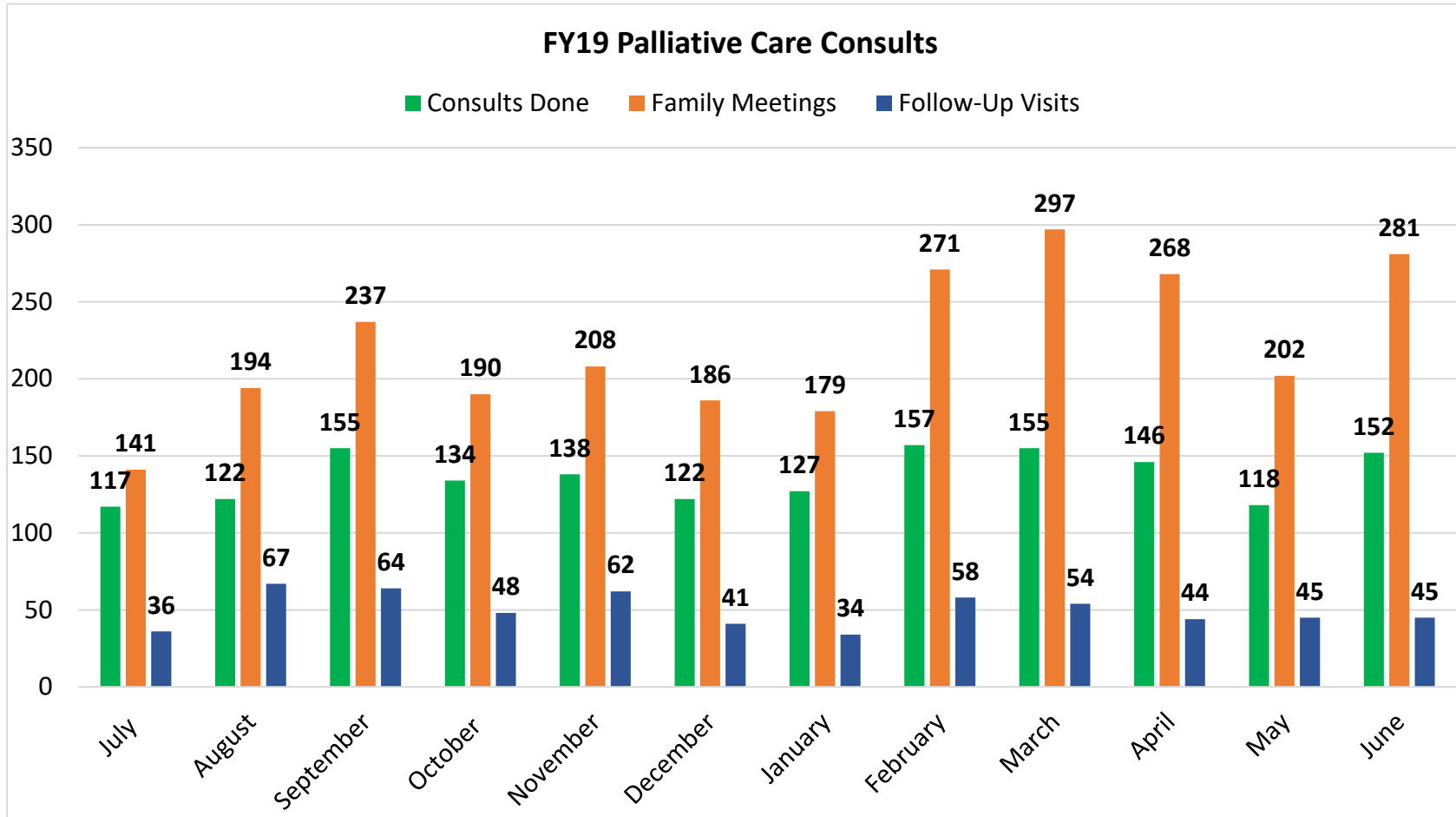


# Palliative Care Consults – Year-Over-Year Trending



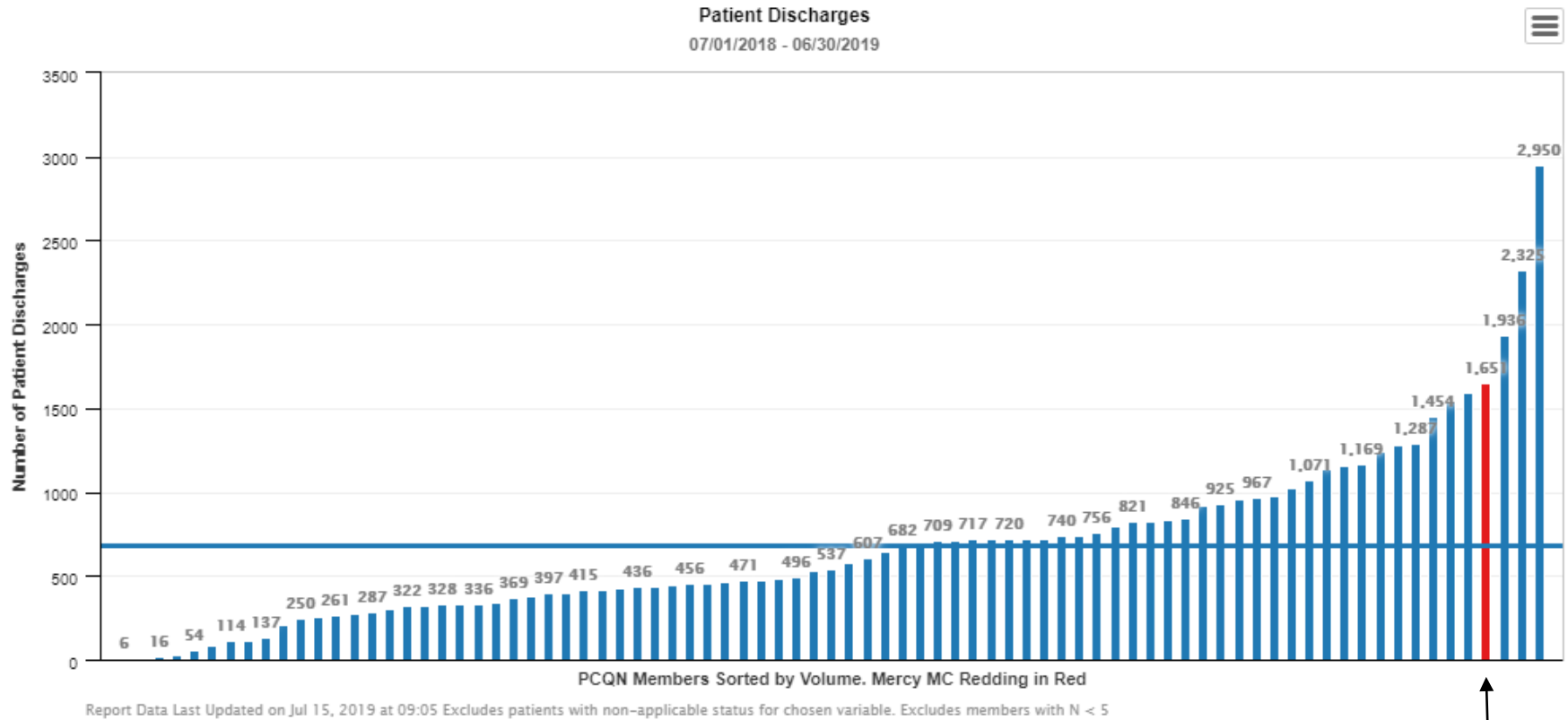
|              | FY16 | FY17 | FY18 | FY19 - YTD |
|--------------|------|------|------|------------|
| <b>Total</b> | 978  | 1361 | 1384 | 1640       |

# FY19 Palliative Care Consults - Scope



|              | Consults    | Family Meetings | Follow-Up Visits |
|--------------|-------------|-----------------|------------------|
| <b>Total</b> | <b>1651</b> | <b>2654</b>     | <b>598</b>       |

# FY19 Palliative Care Consults – PCQN Member Comparison

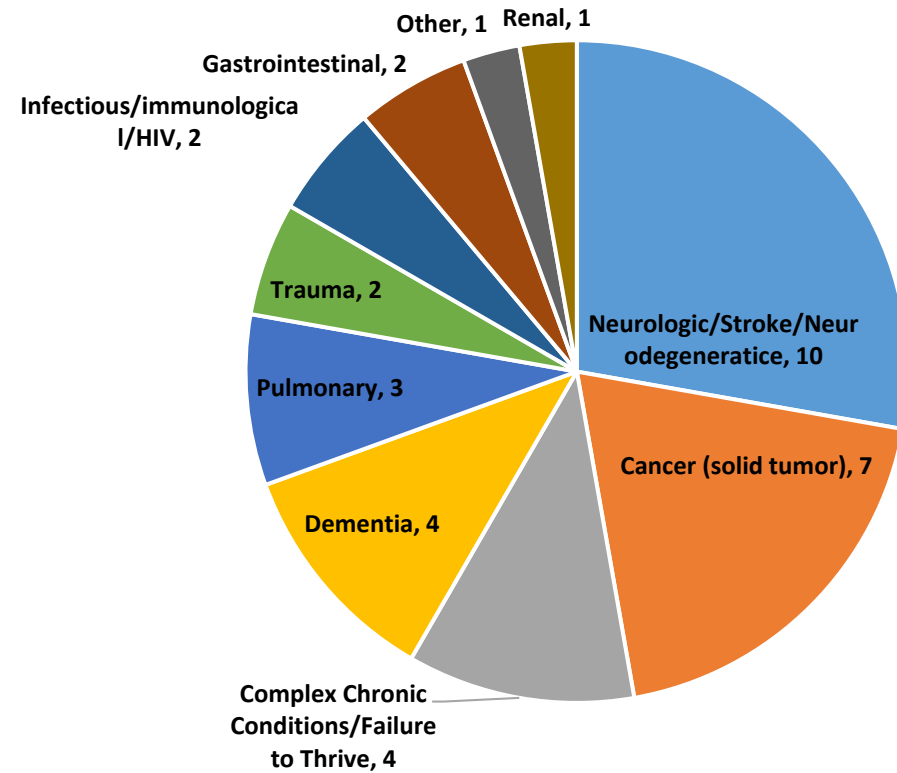


Mercy Medical Center Redding (1,651)

# FY19 Palliative Care Consults – Appropriately Avoided Admissions

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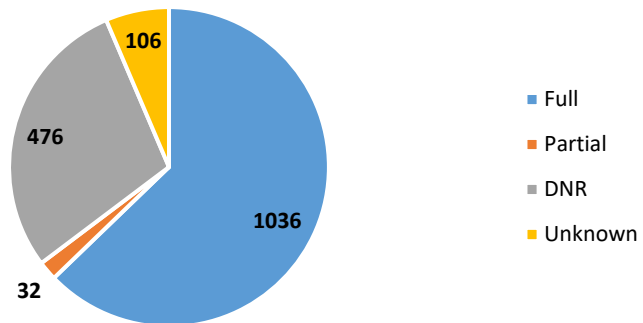
36 Appropriately Avoided Admissions



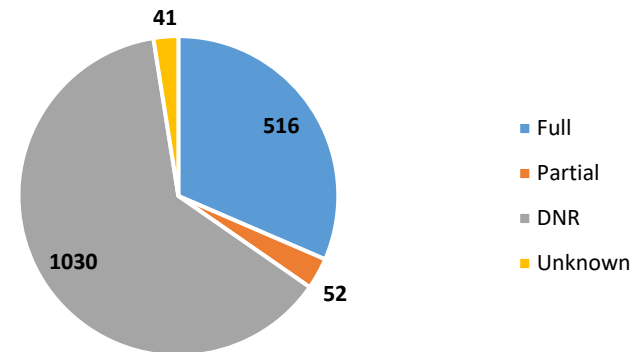
# FY19 Palliative Care Consults – Code Status Change

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Code Status at time of PC request



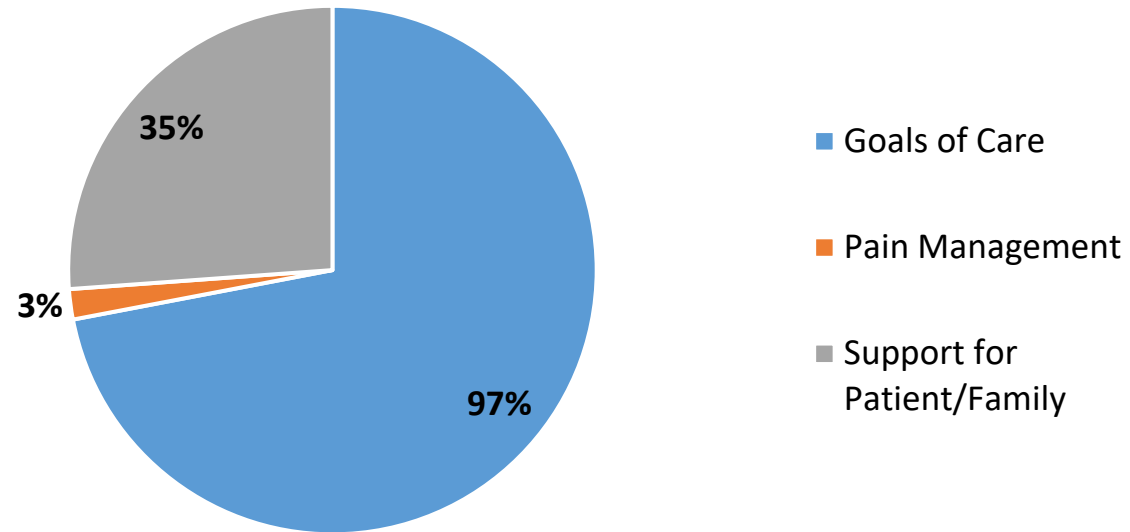
Code Status Post Consult



# FY19 Reasons for Consult\*

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Top 3 Reasons for Consult

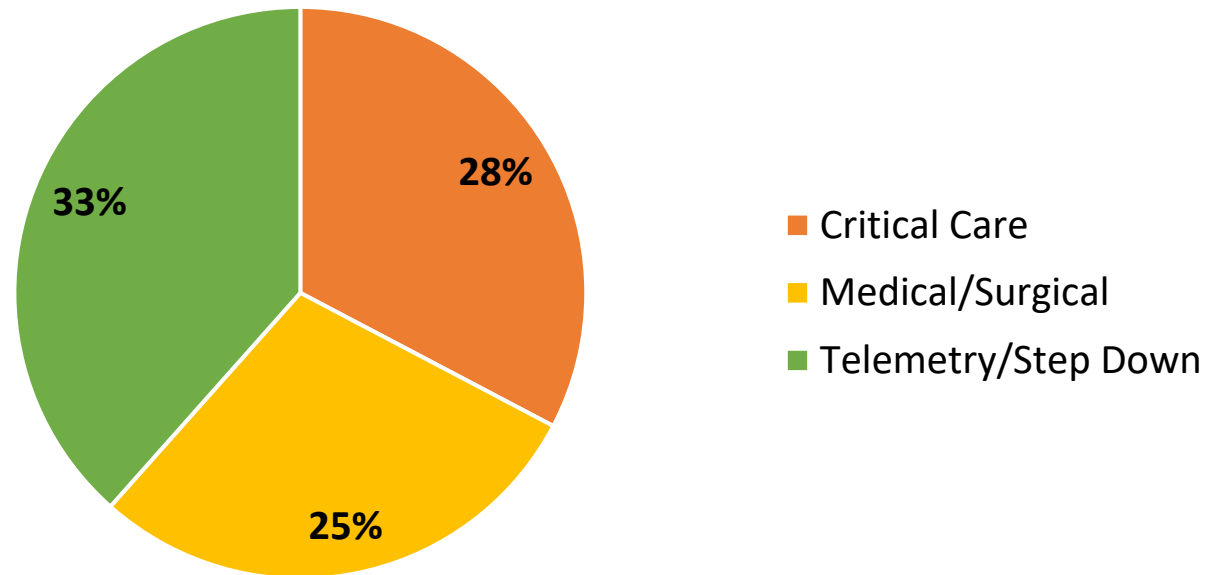




# FY19 Referral Locations

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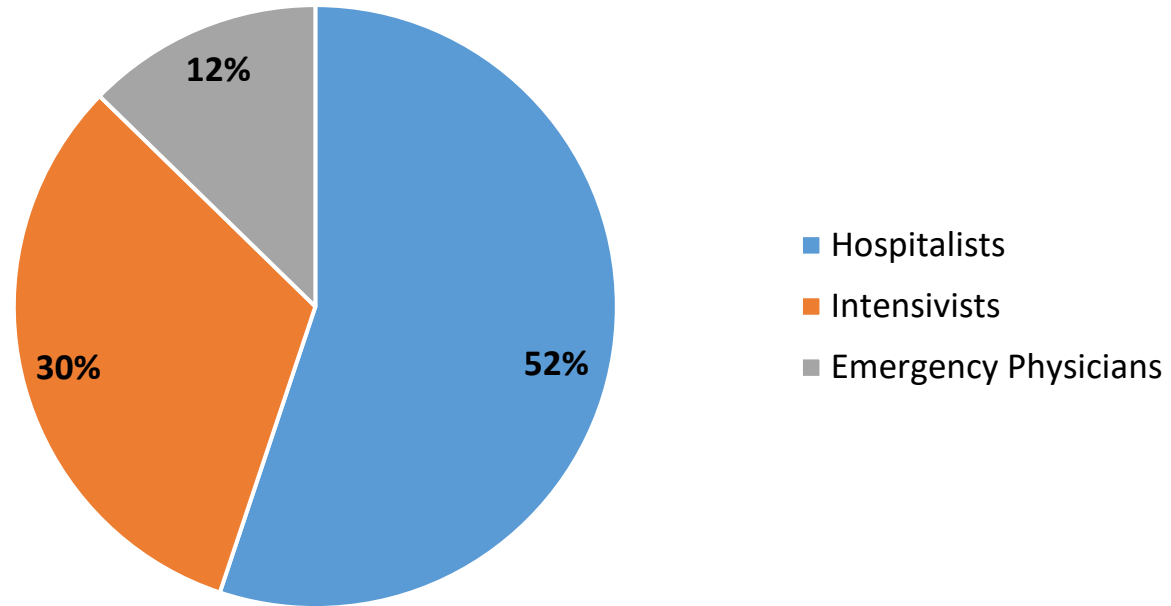
Top 3 Referral Locations



# FY19 Referring Specialties

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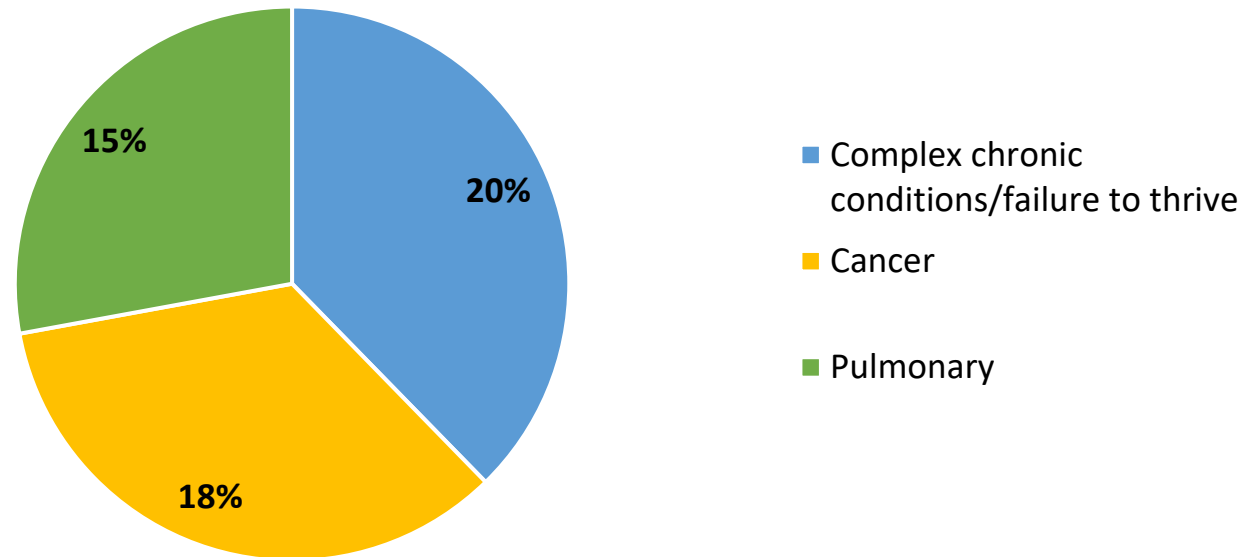
Top 3 Referring Specialties



# FY19 Top Diagnosis

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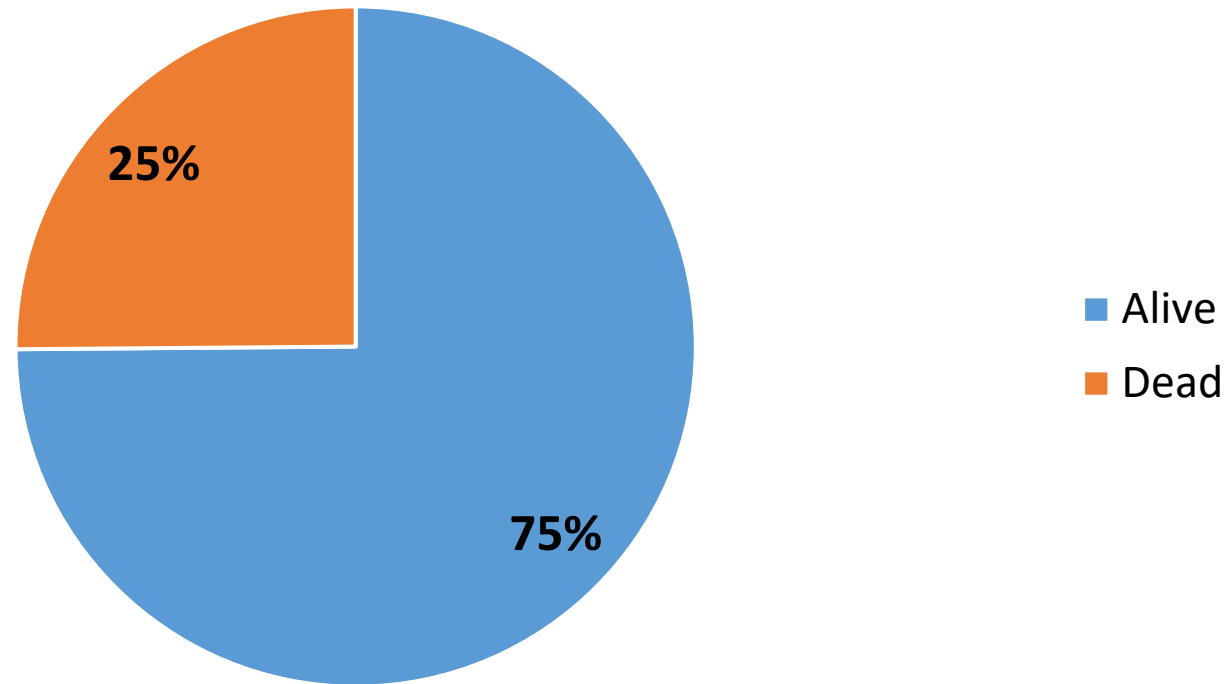
Top 3 Diagnosis



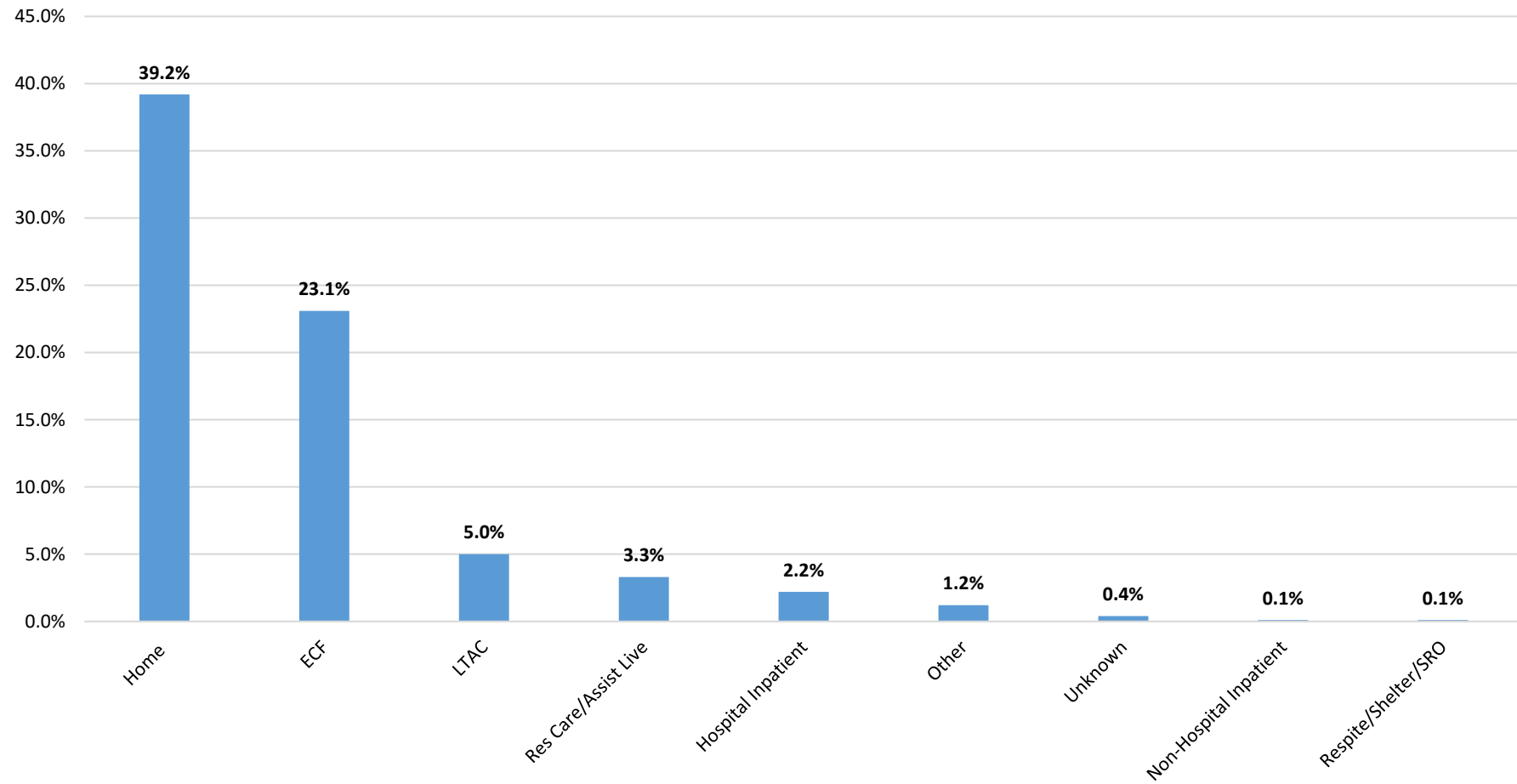
# FY19 Palliative Care Consults – Disposition at Discharge

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FY19 YTD Disposition at Discharge

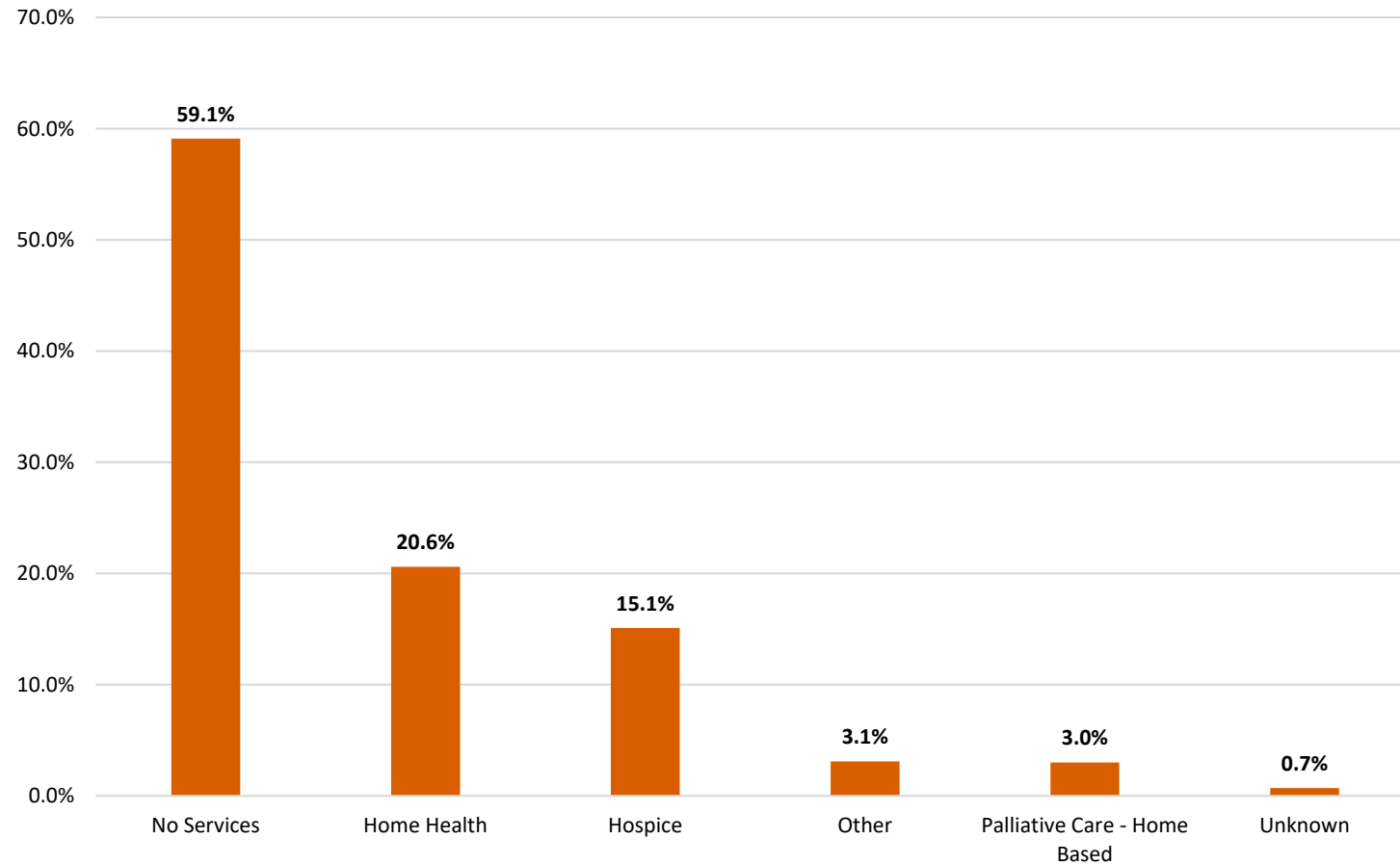


# FY19 Palliative Care Consults – Discharge Locations



# FY19 Palliative Care Consults – Discharge Services

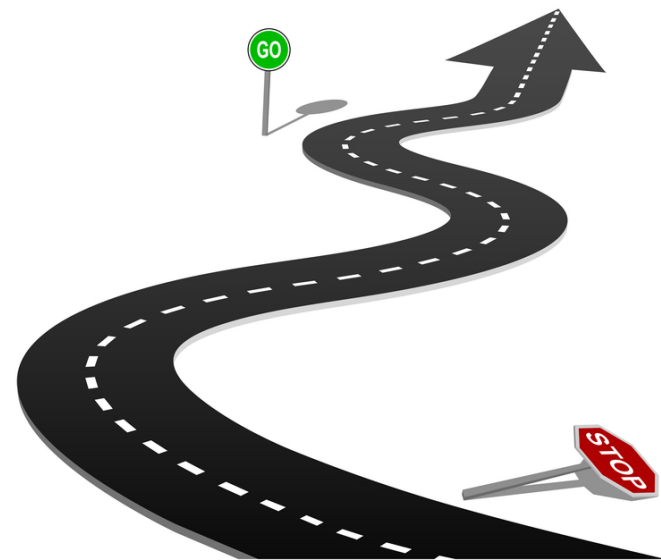
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# Future Plans

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- Enhance Palliative Care Services for members in the community
  - Advance Directives
  - POLST
- Develop a strong relationship with our current Outpatient Palliative Care Services with Mercy Home Health & Hospice
- Collaborate with Oncology Clinic to initiate Palliative Care Services at the time of diagnosis



## Commitment to Palliative Care

---

“Life is no brief candle to me. It is a sort of splendid torch which I have got hold of for the moment and I want to make it burn as brightly as possible before handing it on to future generations.”

- George Bernard Shaw





# Questions

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Thank you



**Dignity Health**<sup>™</sup>

# Winning the War Against Sepsis



***Amy Herold, MD, MBA, FACOG***  
*Vice President/Chief Medical Officer*  
*Queen of the Valley Medical Center*



# Winning the War Against Sepsis: Creating a Model of Best Practice

Amy M. Herold, MD, MBA, FACOG,  
Chief Medical Officer

Queen of the Valley Medical Center, Napa, CA

August 2019



# Background Problem

- Sepsis is the leading cause of death in US hospitals.
- Annual cost in US is >\$24 billion.
- Mortality increases 8% for every hour of delayed treatment and up to 80% of deaths are preventable.
- Sepsis mortality is one of four system-wide quality metrics that ALL PSJH hospitals report monthly

# Queen of the Valley Medical Center Baseline Background

- QVMC stats: Sepsis top diagnosis >500-600 cases.
  - 87% government payer, 70% Medicare
- Mortality rate: 2015: 31%, 2016: 15-28%
- Sepsis 3-hour bundle compliance: 0-25%
  - Difficulties in reaching providers for orders
  - Reluctance in ordering fluids
- Cost of sepsis: \$11.8M (\$6.5M variable costs)
- Reimbursement \$8.3M
- Slow to recognize sepsis: especially on the floors and in the ED  
“gray zone”

# Personal Background



# Initial Project Summary

- Implementation of a 24hr sepsis/rapid response program staffed by ICU ACNPs rather than traditional RN model
  - Advantages of ACNPs:
    - Orders can be written immediately by sepsis team
    - ACNP documentation can be used by coders to elevate severity of illness
    - Changes can be implemented quickly
    - Patients monitored in ER gray zone and followed regardless of location
  - Challenges
    - Justification of initial financial investment to launch program
    - Initial physician pushback
    - Concurrent analytics



# Project Objectives

- Decrease sepsis mortality
- Increase early recognition and bundle compliance
- Decrease sepsis readmissions
- Prove increase reimbursement related to improved documentation and quality for self-sustaining program

# Hospital Implementation Process and Timeline

- September 2016: Project proposed, further information required by executive team for approval
- February 2017: Final Project approval
- March 2017: Training developed and started for ACNPs. Education and outreach for hospital physicians: hospitalists, ED, primary care, surgeons
- April 2017: Training for ACNPs in sepsis recognition, documentation, bundle compliance, treatment, order entry and rapid response completed
- May 2017: CDI team manually audited reimbursement of sepsis patients based on documentation

# Sepsis Program Specific Implementation

- Identification of Critical Care Sepsis Champion
- House-wide education of need and plan
- Creation of sepsis screening tool
- Creation of Regional Sepsis Order Sets
- Partnering with Emergency and Hospitalist physicians
- Hiring and training of Critical Care ACNP-driven sepsis team
- Creation of Sepsis Working Group, meets monthly
  - ED, Hospitalist and ICU physicians
  - Sepsis ACNPs
  - CMO
  - Sepsis Program Administrator
  - Informatics
- Collaboration with Palliative Care team

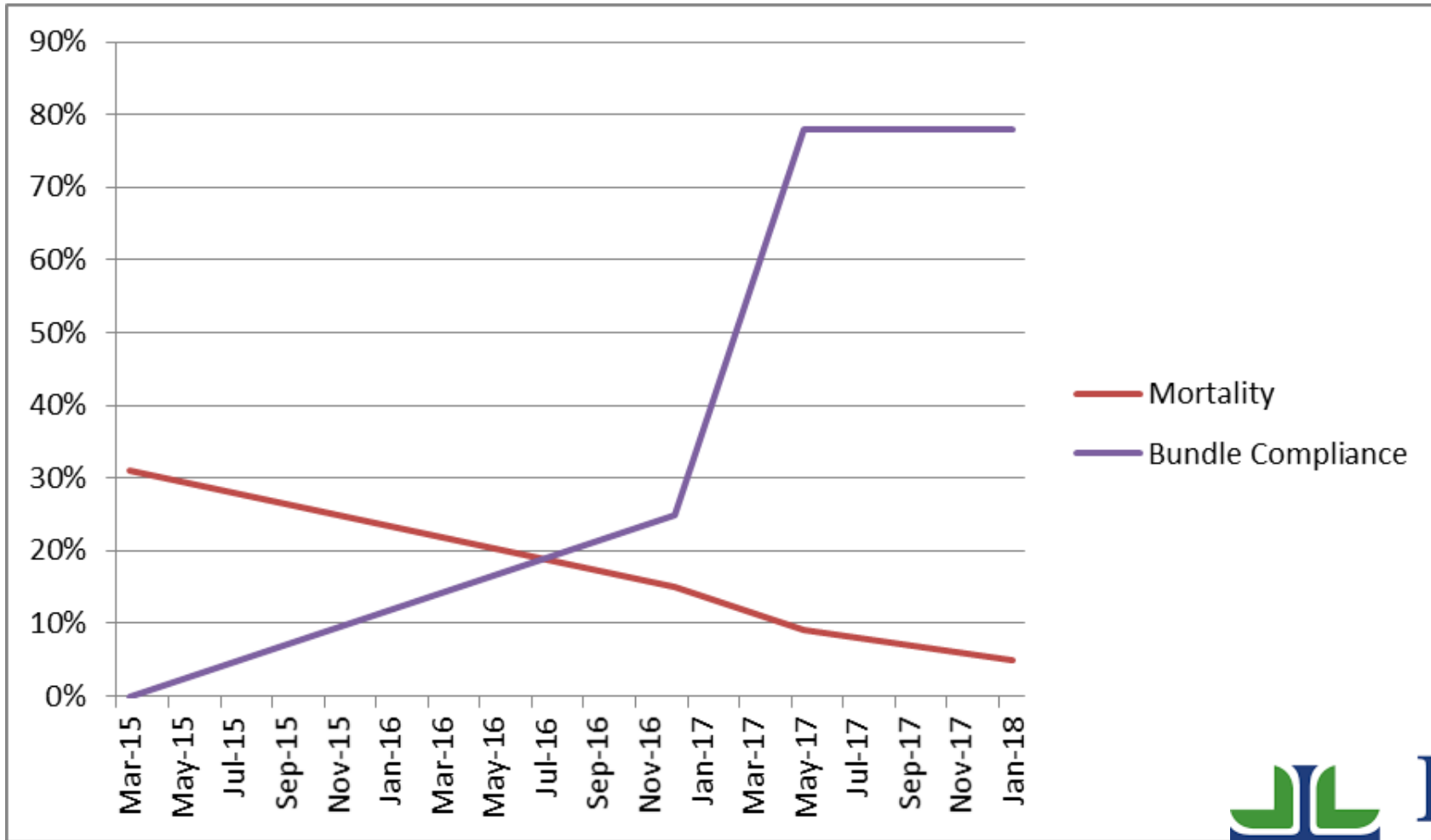
# Sepsis ED Order Set

| View Order Set   |                      |
|--|----------------------|
| 17 Selected Orders   |                      |
| N ED Sepsis  |                      |
| Prechecked Orders  |                      |
| <input checked="" type="checkbox"/> ED Insert Peripheral IV (ED) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> ED Notify ED Physician If (ED) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> ED Oxygen (ED) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> CBC w/ Auto Dif Rflx Man Dif (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> CMP Comp Metabolic Panel CMP (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Lactic Acid W/ Reflex in 3H (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> PT Prothrombin Time w INR PT (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> PTT Act Partial Thromboplast (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Troponin I (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Urinalysis, POC (LABNUR) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Urinalysis w/Rflx Culture (UA) (LABNUR) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Blood Culture (MICLAB) - STAT<br>Today Now - QUANTITY 2<br>- Peripheral<br>- NOTE: must be drawn PRIOR to antibiotics<br>- Draw one from central line if present | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> XR Chest 1V Portable (XR) - STAT<br>Today Now<br>- Reason for Exam: Dyspnea  | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> EKG/ ECG (EKG) - STAT<br>Today Now<br>- Reason for Exam: Sepsis  | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Notify Sepsis RN/ RRT (CON) - STAT<br>Today Now  | <a href="#">Edit</a> |
| Common Orders  |                      |
| <input type="checkbox"/> ED Vitals Signs Non-Routine (ED) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Arterial Blood Gas ABG (ABG) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Venous Blood Gas VBG (ABG) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Procalcitonin (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |

# Sepsis Inpatient Order Set

| View Order Set   |                      |
|--|----------------------|
| 6 Selected Orders  |                      |
| <b>N Sepsis Inpatient SS</b>   |                      |
| <b>Nursing</b>   |                      |
| <input checked="" type="checkbox"/> * Notify MD/ DO Sepsis (PCS)<br>Today Now .PRN<br>- Notify physician of persistent hypotension or lactate of 4 or greater. | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> Notify Sepsis RN/ RRT (CON)<br>Today Now   | <a href="#">Edit</a> |
| <input checked="" type="checkbox"/> * Vital Signs Non Routine (PCS)<br>Today Now Q1HX4   | <a href="#">Edit</a> |
| <input type="checkbox"/> * CVP Monitoring Parameters (PCS)<br>Today Now As Directed (See Comments)<br>- keep CVP >8 and < 12                                   | <a href="#">Edit</a> |
| <b>Respiratory</b>   |                      |
| <input type="checkbox"/> Arterial Blood Gas ABG (ABG) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Venous Blood Gas VBG (ABG) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <b>Laboratory</b>  |                      |
| <input checked="" type="checkbox"/> Lactic Acid W/ Reflex in 3H (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Amylase Level AMY (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input type="checkbox"/> BMP Basic Metabolic Panel BMP (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input type="checkbox"/> Cortisol Random (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input type="checkbox"/> LFT Hepatic Function Panel (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Lipase (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Magnesium Level, Mg (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input type="checkbox"/> Phosphorus Level (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> Procalcitonin (LAB) - STAT<br>Today Now   | <a href="#">Edit</a> |
| <input type="checkbox"/> Troponin I (LAB) - TIMED<br>Today Now - Q6H - COUNT 3   | <a href="#">Edit</a> |
| <b>Hematology</b>  |                      |
| <input type="checkbox"/> CBC w/ Auto Dif Rflx Man Dif (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> CRP High Sensitivity (LAB) - STAT<br>Today Now  | <a href="#">Edit</a> |
| <input type="checkbox"/> PT Prothrombin Time w INR PT (LAB) - STAT   | <a href="#">Edit</a> |

# Results One Year Later....



Providence  
St. Joseph Health

# Sepsis Mortality Trend

Effective: Effective, NOCA: SJQ..

0.34

OE Ratio YTD  
(Ministry-Wide)

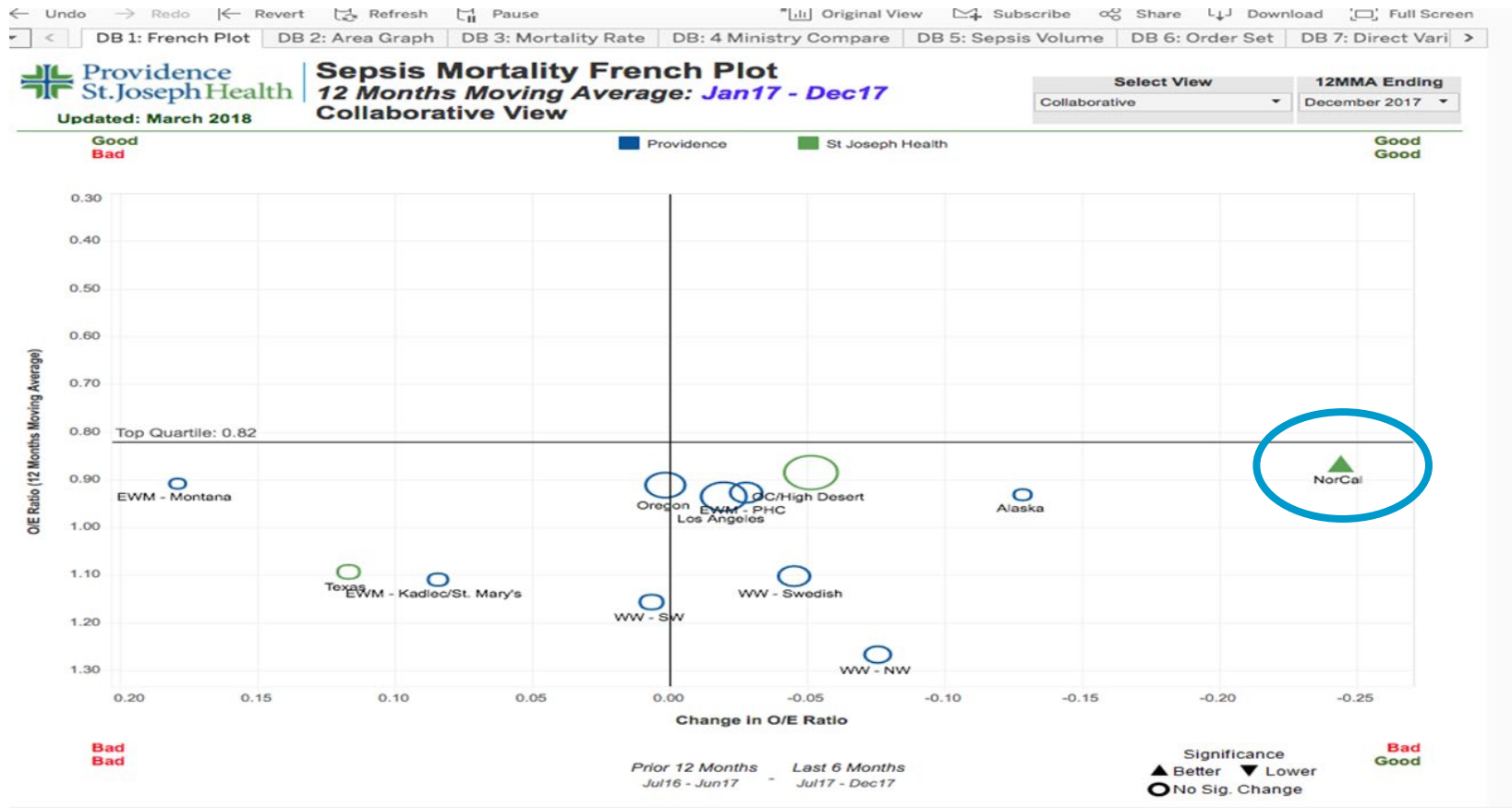
0.78

Outstanding

Rate: Monthly | 12 MMA

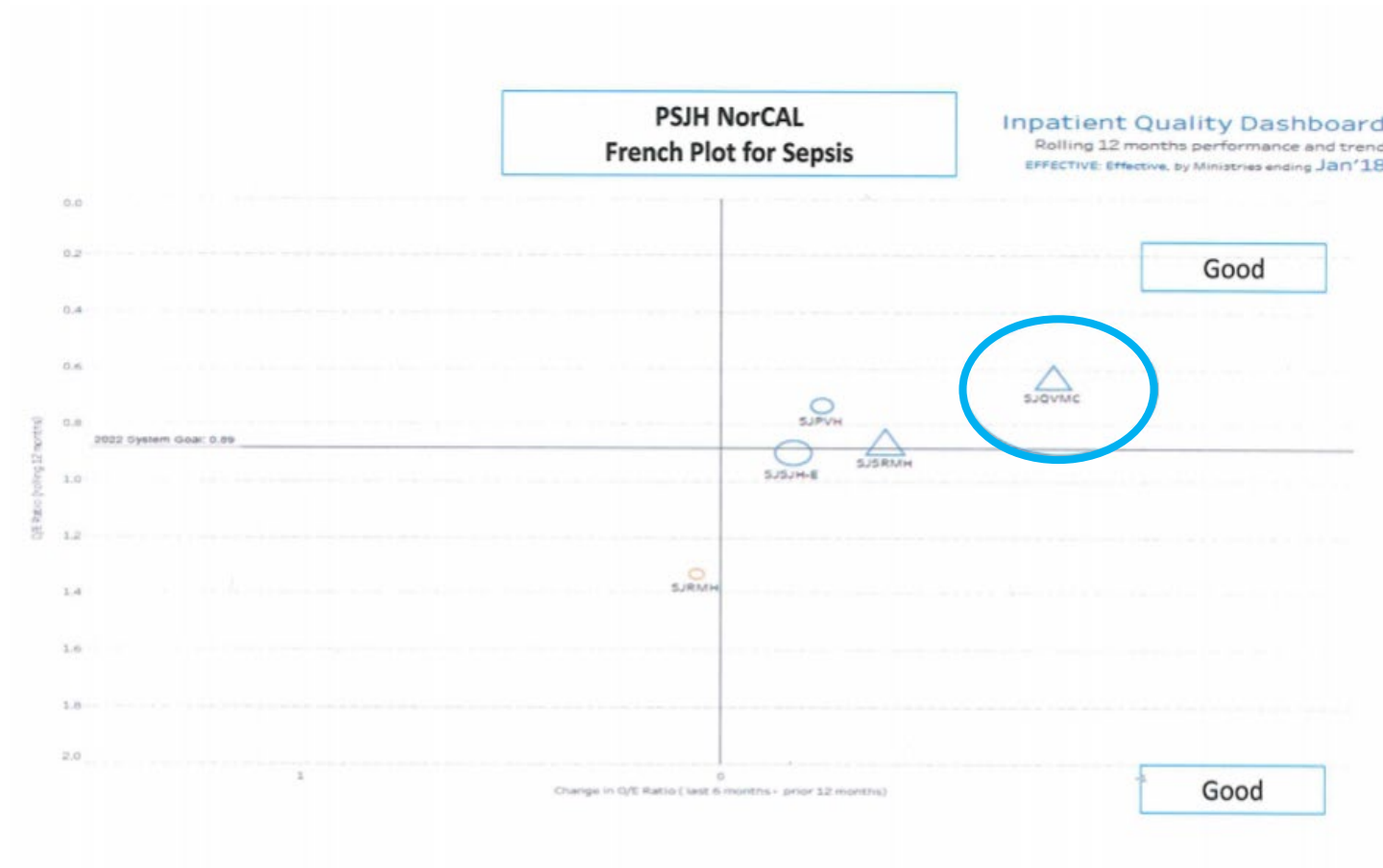


# System Sepsis Mortality

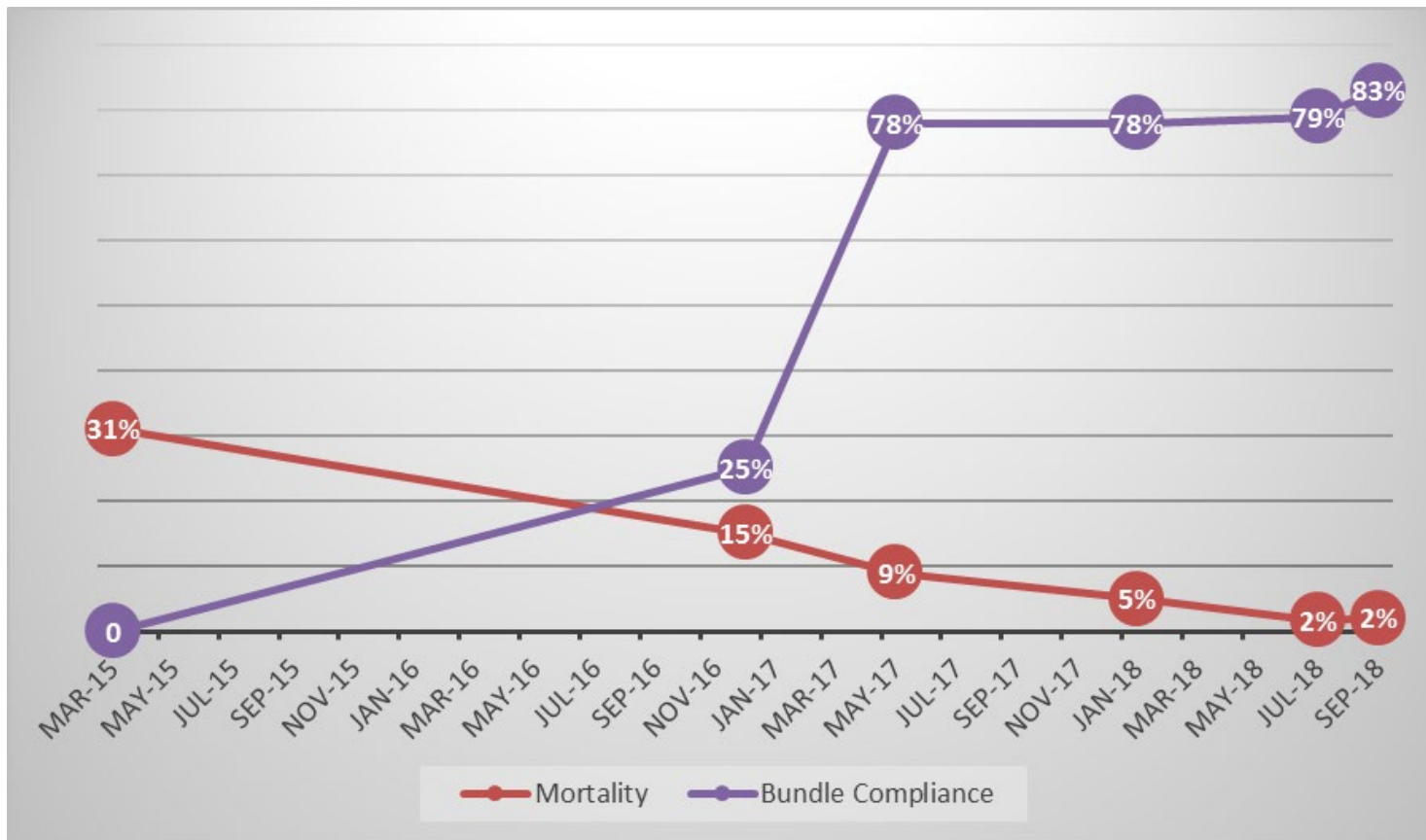




# Regional Sepsis Mortality



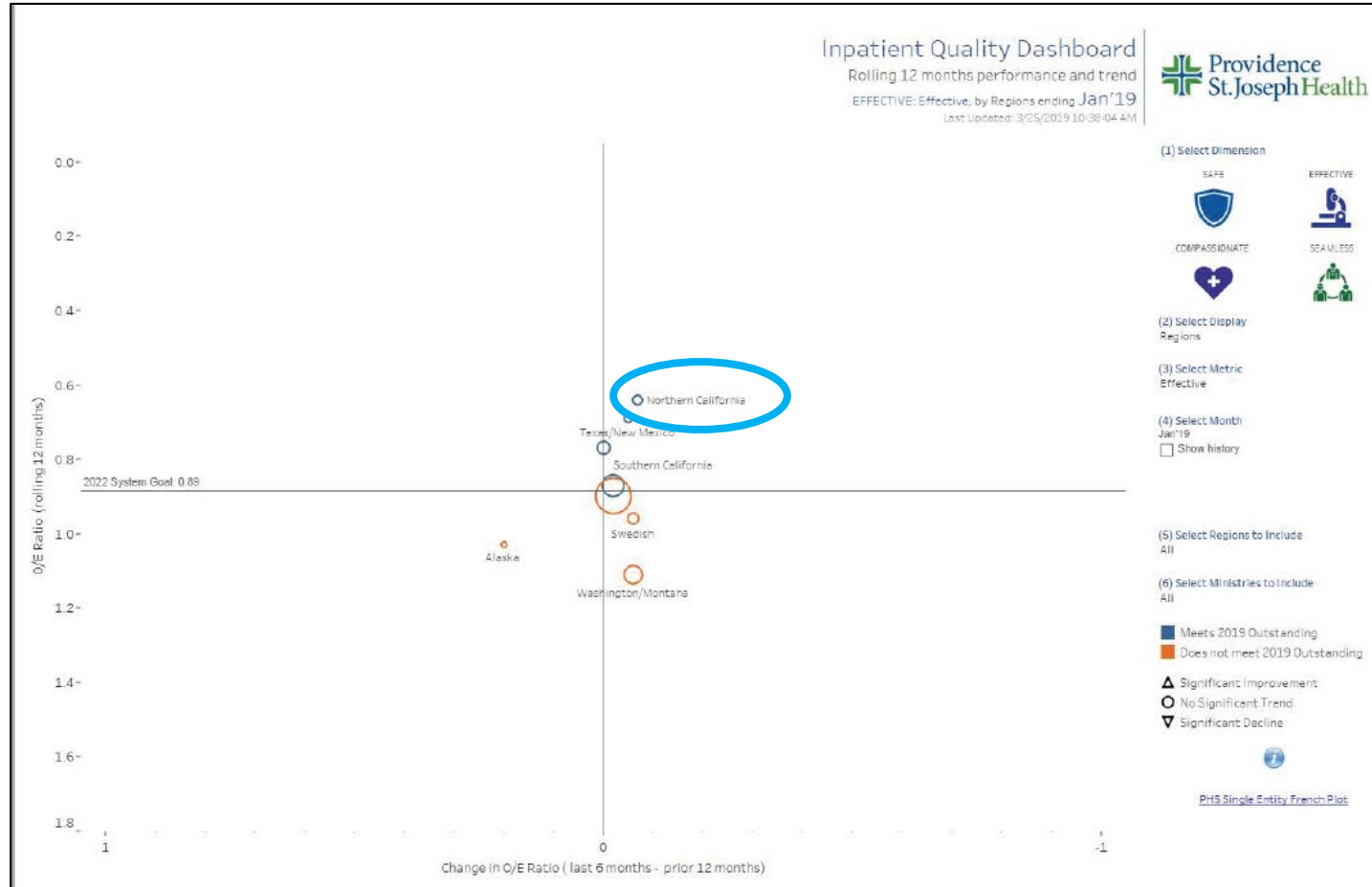
# Results Two Years Later....



# Results Two Years Later...



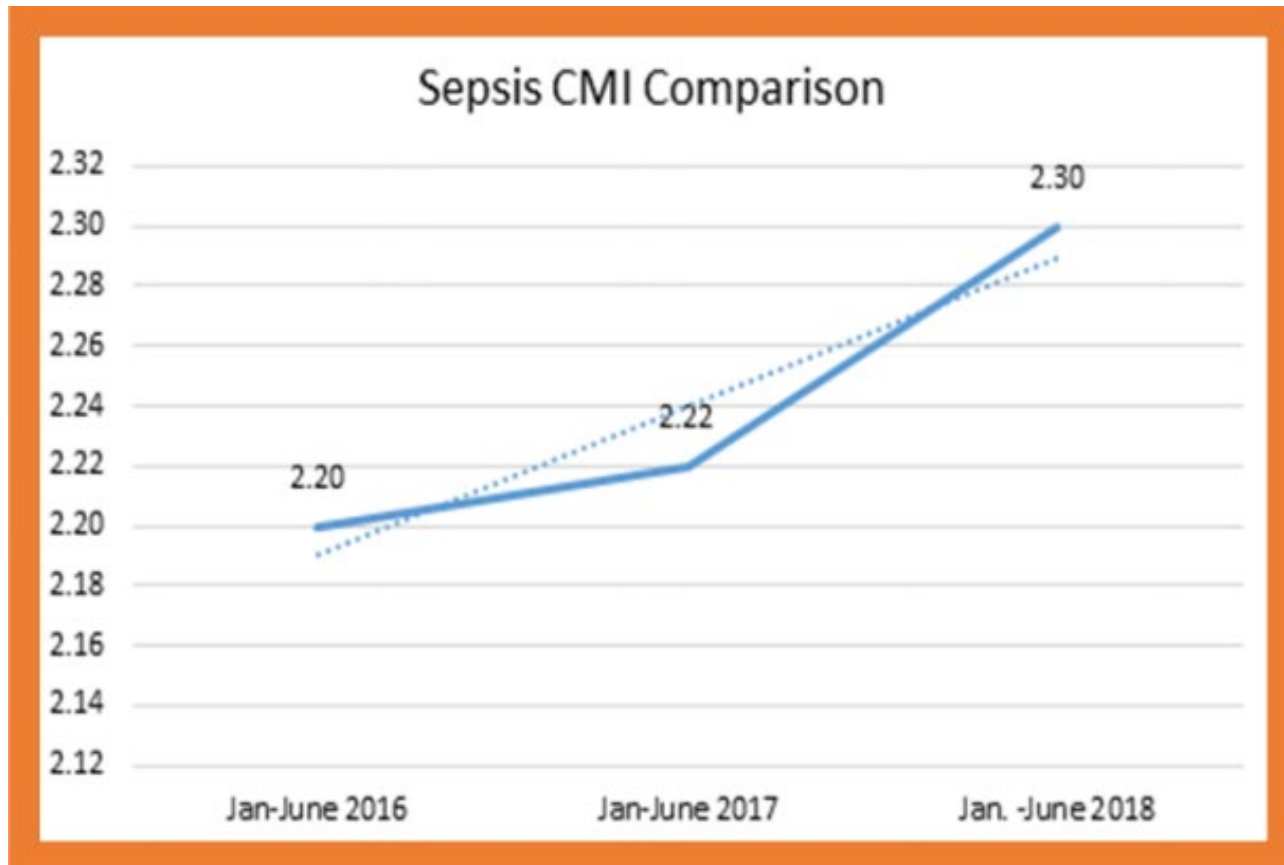
# Results Two Years Later...



# Results Two Years Later....



# Results Two Years Later....



# Results Two years later...

- Bundle compliance 70-100%
- Sepsis mortality 2-6%
- O/E 0.24-0.46 System top quartile benchmark <0.81
- Increased reimbursement \$216,000 in first month of program
- CMI increase 0.13
- Increased reimbursement CY18: \$2M
- Named by Healthgrades 2019 Top 2% of ALL hospitals for Critical Care/Sepsis.

# Project Objectives Met: The Case for Spread

- Sepsis is our number one cause of mortality and cost
- By utilizing ACNPs bundle compliance improves, mortality improves, documentation standards for sepsis improve and reimbursement improves.
- Improved sepsis documentation led to an extra \$216,000 in revenue the first month
- CY18 additional revenue from CMI increase **>\$2M**
- Cost of ACNP program implementation: \$450,000
- ROI: 4.4



# Comparison of Pre and Post-Implementation Status

- |   |  |
|---|--|
| 1.No sepsis screening= delayed diagnosis  | 1.Screening tool used upon arrival in the ED and every shift on floors= early sepsis recognition. Alerts sent to ACNPs |
| 2.Non-protocolized care= high variability in treatment  | 2.Sepsis order sets created in Regional Sepsis Collaborative= consistent management                                    |
| 3.Lack of tracking system for sepsis patients once identified   | 3.Sepsis Purple Board implemented in ED  |
| 4.Lack of single source responsibility or accountability for patient course. Lack of continuity in caregivers | 4.Sepsis team follows the patient during their entire septic episode, regardless of location                           |

**Lunch Discussion**  
**12:00 – 12:30**



With growing demand for the involvement of all hospitals in addressing Social Determinants of Health Issues (homelessness, food insecurity, etc), what are some successful practices your hospital is implementing to mitigate these challenges?



Share some quality resources you have found that help address existing challenges when working on quality. What kinds of resources do you hope for in the future?



We realize it is not always easy to get all of the “moving parts” to work on quality improvement. What are some best practices you have found when motivating your internal teams to work on a quality metrics?



What platforms does your hospital have to measure and address patient satisfaction?



# Culturally Competent Care for Transgender Patients



*Maurice Garcia, MD, MAS  
Cedars-Sinai Medical Center*

# Listening to Patients and Providers: A Perspective on Transgender Care

Maurice M. Garcia, MD, MAS  
Associate Clinical Professor of Urology  
Director, Cedars-Sinai Transgender Surgery and Health Program  
Cedars-Sinai Medical Center, Los Angeles

Associate Professor (Adjunct)  
Department of Urology  
Department of Anatomy  
University of California San Francisco



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# Disclosures

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- University of California Tech Transfer Office
- Pfizer
- BARD Medical
- Safe Medical Designs (SMD)
- MLM Medicus, LLC
- Coloplast
- American Medical Systems (AMS)

*No conflicts of interest relevant to this presentation*



# Overview

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- Transgender terminology & Epidemiology
- How LGBTQ care contributes to the overall care quality in an institution
- Treatment options for transgender people
- Common pitfalls to culturally sensitive care



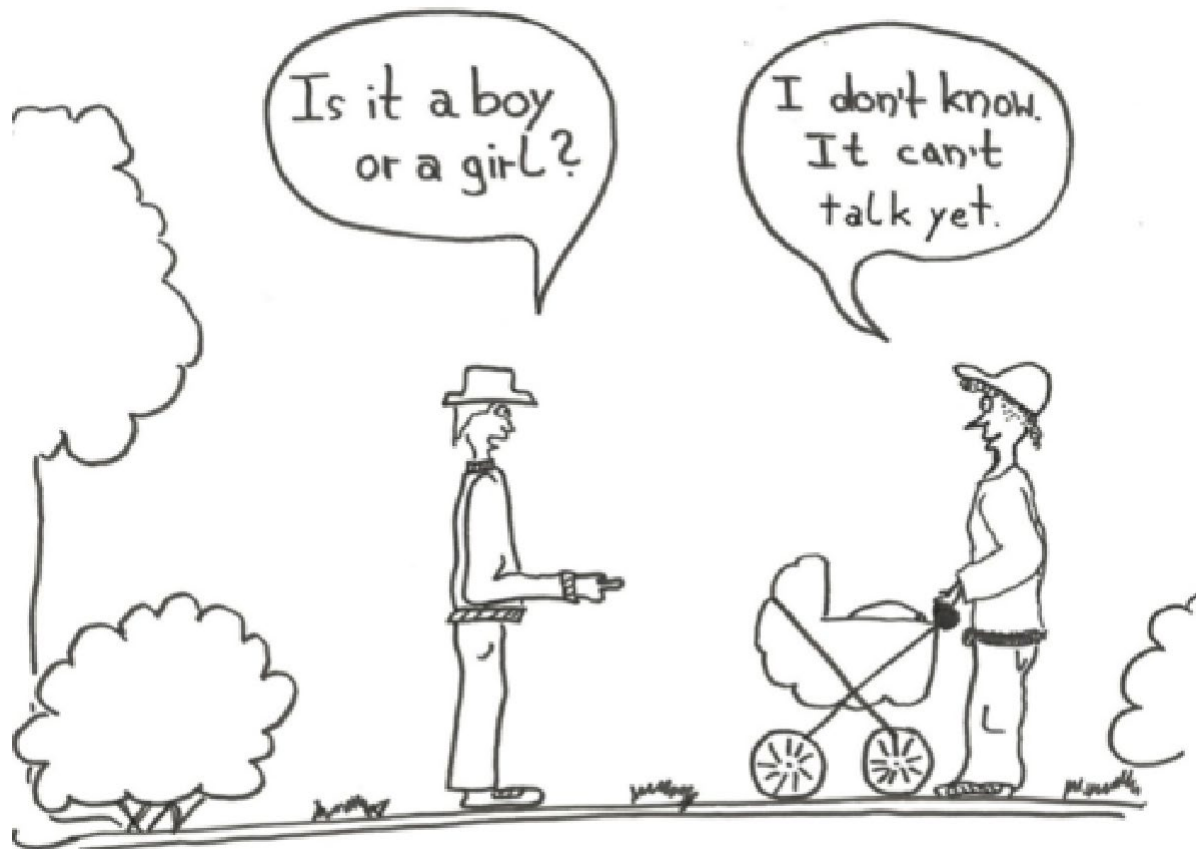
# Terminology: Transgender and Gender Non-Conforming

---

- **Gender** is a complex *internal* sense of being male, female, or other (more than “binary” anatomy; nothing to do with sexuality)
- **Gender identity** ≠ sexual orientation (!)

“ Sexual identity is who you go to bed *with*,  
whereas gender identity is who you go to bed *as* “





Gender identity is a fundamental expression of who we are



- 
- **Transgender**: Term for people whose *identity, expression, behavior*, and general *sense of self* – does not conform to what is associated with their birth-sex, in the place/culture they live
  - **Gender non-conforming (“gender non-binary”)**: Refers to people whose gender identity ≠ traditional male or female gender roles
  - **“Transgender woman”**: born male; gender = female
  - **“Transgender man”**: born female; gender = male
  - **“Cis-gender”**: Born male; gender male, etc.
  - **“Natal male or female”**: anatomy = birth anatomy



- 
- **Gender dysphoria:** *Term for the discomfort / distress caused by the discrepancy between the person's gender identity and their sex assigned at birth*
    - ICD-10: F64.0
  - **Gender Identity Disorder:** Historical diagnostic term for transgender people in the DSM-IV; reflects pathologized view of trans people
    - 1973: “DSM finally *de*-classified homosexuality as a “mental disorder”
    - 2016: DSM-V reclassified “gender identity disorder” → to “gender dysphoria”
  - **Gender affirming surgery (GAS):** (More patient centered) term for surgery to make a person's body in-line with their gender (*Sex-reassignment surgery, SRS, GRS, etc.*)

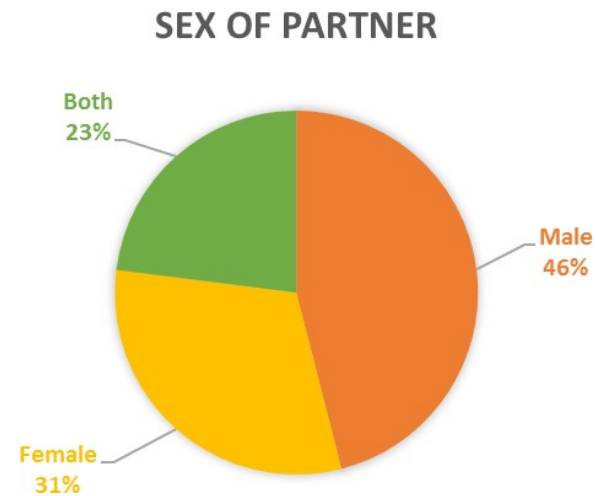


- 
- LGB—X→ Transgender
    - sexuality variance vs. gender variance
    - within-community prejudices can occur
  
  - Common ground:
    1. Disenfranchisement of one minority community *harms all* minority communities  
  
[ Corollary: A welcoming environment for one minority channels acceptance of other minority populations) ]
  
    2. Many transgender people are also → LGB (!!)

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**Sexual Orientation: 100 Consecutive Transgender Women Presenting for GAS:**

[M to F] →



- Gender & sexual orientation variance should be celebrated as “diversity”, *not* pathology



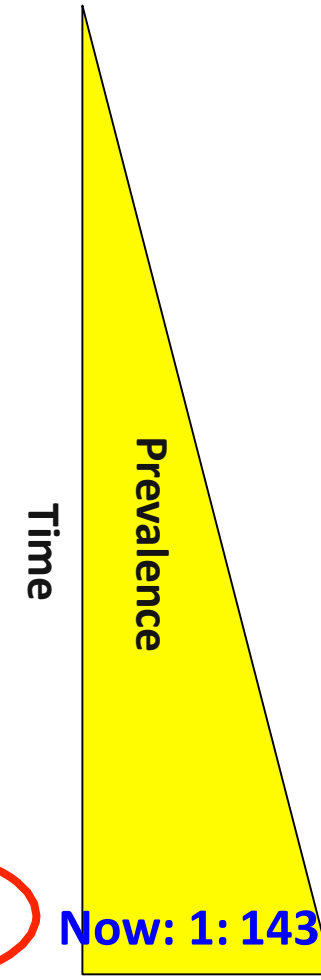
# Epidemiology

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- “Incidence and prevalence grossly underestimated” (studies count only people presenting to gender clinics)
- Gender non-conformity among (F to M) people is relatively invisible in Western cultures
- All countries that currently provide genital GAS report a *steady annual increase* (2-4X) in patients presenting for GAS
- In U.S. (2016): 0.6% - 0.7% of U.S. population  
(= 1.4 - 1.63 million people!) identify as “transgender”



| Author   | Period Reported                                   | Country        | Inclusion Criteria  | N     | MtF : FtM | Prevalence   |
|--|---|----------------|---|-------|-----------|--|
| Weitze & Osburg (1996)                         | 1981-1990   | Germany        | Granted legal change of name or gender status                   | 1047  | 2.3 :1    | MtF:1 : 42,000<br>FtM:1 : 104,000                            |
| Bakker, van Kesteren, Gooren, & Bezemer (1993) | 1986-1990   | Netherlands    | Receiving hormone therapy                                       | 713   | 2.5 :1    | MtF:1 : 11,900<br>FtM:1 : 30,400                             |
| Wilson, Sharp, & Carr (1999)                   | circa 1998  | Scotland       | Gender Dysphoria  | 273   | 4 : 1     | MtF:1 : 7,400<br>FtM:1 : 31,200                              |
| Wilson, Sharp, & Carr (1999)                   | circa 1998  | Scotland       | Receiving Hormone therapy or post-surgery                       | 160   | 3.8 :1    | MtF:1 : 12,800<br>FtM:1 : 52,100                             |
| <u>Horton, M.A. (2008)</u>                     | 2001  | USA            | based on survey of surgeons who performed SRS                   |       | 2:1       | MtF:1 : 750<br>FtM:1 : 1,400                                 |
| <u>Conway, L. (2001)</u>                       | 2001  | USA            | based on estimates of the numbers of sex reassignment surgeries |       |           | MtF:1 : 1500* the estimate was between 1 in 250 to 1 in 2500 |
| De Cuypere et al. (2007)                       | 1985-2003   | Belgium        | Completed sex reassignment surgery                              | 412   | 2.4 :1    | MtF:1 : 12,900<br>FtM:1 : 33,800                             |
| Gomez Gil et al. (2006)                        | 1996-2004   | Spain          | Diagnosis of Transsexualism                                     | 161   | 2.6 :1    | MtF: 1 : 21,000<br>FtM: 1 : 48,100                           |
| <u>Reed, et al (GIRES) (2009)</u>              | 2007 (also see 2011 update <a href="#">here</a> ) | United Kingdom | people who sought tx for gender variance                        |       |           | MtF: 1 : 10,000  |
| <u>Veale, J. (2008)</u>                        | 2008  | New Zealand    | people who changed gender markers on New Zealand passport       | 385   |           | MtF: 1 : 3639<br>FtM: 1 : 22,714                             |
| <u>Conron, K.J., et al (2011)</u>              | 2010  | USA – Mass     | phone survey of households in MA                                | 28000 |           | MtF: 1 : 200 * survey did not distinguish between MtF or FtM |



## Why offer care to transgender patients ?

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- Its medicine ! – we alleviate human suffering with treatment (ethical mandate)
- Institutions have obligations to care for public
  - \* E.g. Public Health System; Insurance Co.'s → policy mandate
- Whatever our specialty, we have an obligation to make use of the expertise we have (Urology: male anatomy, urinary and sexual function)
- Right thing to do
- Very grateful population



- 
- “LGBTQ healthcare” started and has evolved in the last 20-30 years; ~ well integrated
  - Transgender health clinical and basic science is relatively far behind ... but starting !
  - 2013-2014: MediCare / Medicaid made trans healthcare (hormone therapy & surgery) a covered benefit
  - Why did did the U.S. DHHS decide to make gender dysphoria a covered benefit ???

[J Gen Intern Med.](#) 2016 Apr;31(4):394-401. doi: 10.1007/s11606-015-3529-6. Epub 2015 Oct 19.

**Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis.**

[Padula WV](#)<sup>1</sup>, [Heru S](#)<sup>2</sup>, [Campbell JD](#)<sup>3</sup>.

***Treatment of gender dysphoria significantly improves quality of life !!***



- 
- Healthcare system(s) now catching-up to provide services (*have to!*)
    - e.g. Kaiser Permanente Healthcare System & Medicaid / MediCal plans
      - **costly to *not* provide services they are *obligated* to provide**
  - Increasingly broader coverage → need for re-focusing on:
    - Improving health / outcomes for transgender people
      - ✓ \$\$\$ / cost-savings with coverage
    - Improving healthcare delivery (cultural sensitivity; patient satisfaction)
      - ✓ Institution ratings re. diversity / care access
      - ✓ Social media



# Gender Dysphoria: Treatment

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- Gender dysphoria *can* be alleviated with treatment (therapy + hormones ± surgery)
- Focus on helping the patient explore their gender identity-- find a gender role that is comfortable
- Treatment is *individualized*
- May *or may not* require body modification
- Patients may prioritize surgeries differently
  - Genital vs. Chest vs. Facial Feminization vs. Voice surgery



# Professional Care Guidelines

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- The World Professional Association for Transgender Health (WPATH)\*, est. 1979 as HBIGDA

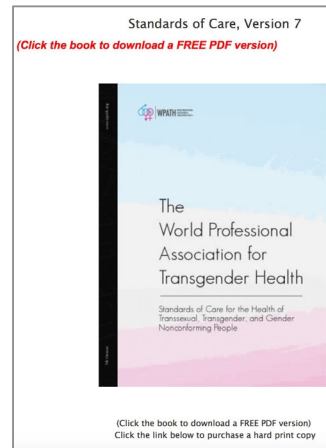
(\*Formerly the *Harry Benjamin International Gender Dysphoria Assoc.*)

- International, multidisciplinary, professional assoc. for transgender healthcare
- Mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health



- 
- WPATH *Standards of Care* Guidelines v.7.0
  - Outline care and Tx. criteria. Implicit → flexible

[www.wpath.org](http://www.wpath.org)



*(en Español)*

- Recognized by:
  - Majority of U.S. healthcare professional organizations (e.g. AMA, APA, DHHS);
  - U.S. Dept. of State (change w/ passport name & gender)
  - \*\*\* *All* U.S. health insurance companies



## Insurance Coverage for Genital GAS

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- Jan 1, 2014 -- California enacted anti-discrimination legislation that prohibits health-insurance exclusionary provisions re. transgender health care  
(Barclays California Code of Regulations, Article 15.1, § 256.1.1)
  - ❑ Includes MediCal
  - ❑ Onus now on *insurance companies* to provide services
- June 2014: Medicare policy covers GCS
  - ....but no eligibility criteria / billing codes infrastructure yet
- Result is sudden need for GCS and expertise



# Transgender Surgeries

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- **M to F**

- Facial feminization
- Vocal cord surgery
- Breast augmentation
- Body contouring
- Genital surgery

- **F to M**

- (?) Facial masculinization
- .
- Mastectomy
- .
- Genital surgery

## WPATH Criteria for Genital GAS

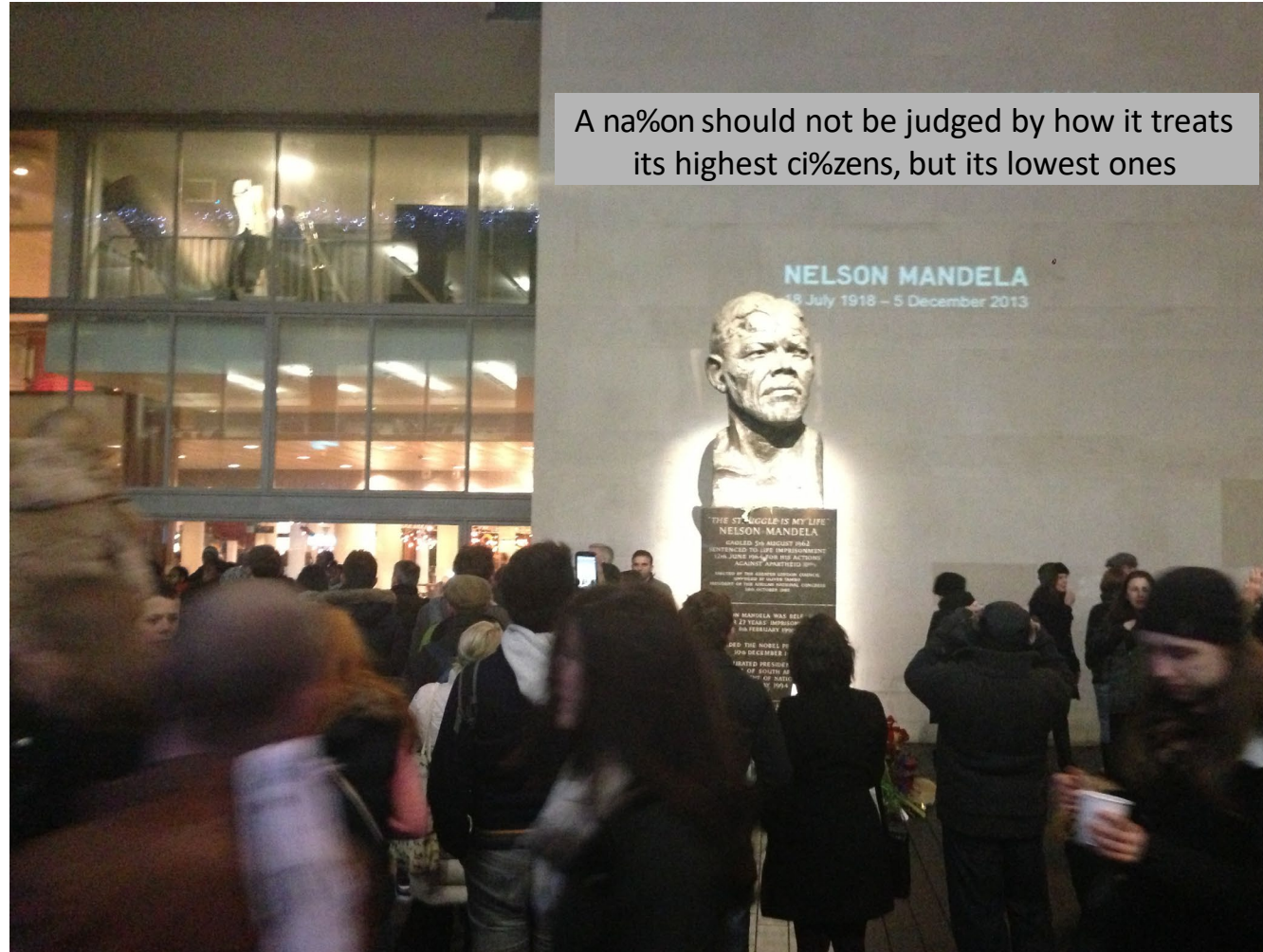
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- Diagnosis of *gender dysphoria* (by two mental health professionals)
- $\geq$  1 year social-transition (life full-time in identified-with gender)
- $\geq$  1 year hormone therapy
- 2 referral-letters from *mental-health professionals* supporting readiness for genital GAS
  - Psychologist, OR Psychiatrist, OR Masters in Family Therapy
  - SOC outlines core elements of a referral letter



## How Does Trans Care Enrich the Healthcare Environment ?

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- 
- **LGBQ & Trans care calls on the skills associated with being a good doctor**
    - Compassion
    - Advocating for patients
    - Innovation / eye towards new frontiers
  
  - **Trans surgery brings innovations that can in turn help cis gender people**
    - Example: intestinal vaginoplasty for vaginal replacement after vaginal and uterine cancer surgery/radiation
  
  - **Trans care channels an institution's commitment to diversity and acceptance ... towards non-transgender minorities**
    - Lesbian, Gay, and Bisexual



## Pitfalls to culturally sensitive care:

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- **Single biggest pitfall to a new program: if a patient, at any time, is treated in an insensitive manner**
- #1 most common way: Thoughtless assumptions (examples: LGBTQ: assumptions about patients' sexuality and/or sex of partner; Transgender: mis-gendering)
- #2: Tolerating humor, public comments, etc. among staff that belie a negative or prejudiced view of LGBTQ people

Can have especially negative effects for patients:

- ✓ Invalidating; profound sense of rejection
- ✓ Offensive
- ✓ Confers a sense of “not belonging” / unwelcome in the care environment where this happens
- ✓ Can make people feel *unsafe*
- ✓ *Significantly* erodes trust



## Video Interview: *How does being misgendered make you feel?*

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<https://cedars.box.com/s/nfmoowb5udnzpwmte52miuaardwmx3t1>

**“ Invalidated ”**

**“ Rejected ”**

**“ Hurt ”**

**“ Humiliated ”**



**“ Angry ”**

**“ Hopeless ”**

**“ Unwelcome ”**

**“ Unsafe ”**

- 
- **It is easy to channel assumptions about sexual orientation:**
    - Questions or statements that assume patient’s partner is opposite sex
  
  - **It is *very* EASY for to mis-gender:**
    - Staff often do not have experience seeing / interacting with transgender patients
    - Electronic Medical Record (EMR) can often list patient’s *birth sex*; “*gender*” not commonly listed separate from sex
    - **EMR** lists legal name, which for the many patients who have not yet had their name legally changed, corresponds to their “birth-sex”
    - Some patients’ looks and/or voice can be more consistent with their birth-sex than the gender they identify with
    - Non-native english-speaking providers: providers can use wrong pronouns by mistake because their language does not have male/female pronouns (e.g. Philipinos / Tagalog)





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## Other cultural sensitivity pitfalls:

- Invasion of privacy → unnecessary exams of genital area after surgery
- Subtly hostile attitude from staff
- Insensitive personal questions
- Unnecessary genital exams, or “too many” many people to examine patients (they feel “on display”) or be present during exams
- Allowing staff to talk about patients outside of the door to their room (many patients used to being whispered about, and assume that what they hear is about them
- Assuming someone whose legal status is “single” does not have a life-partner



## Conclusions

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- Cultural competence of the care environment is vital to care quality, and, to reputation of center
- Cultural competence is feasible / easy
- A transgender program channels commitment to not only “T” care, but also LBGQ care and caring for our diverse population
- A transgender program contributes the the overall care-quality of an institution
- Grateful, underserved patient population who are entitled to quality care



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**Thank you !!**

***Questions?***

***Maurice.Garcia@csmc.edu***

***Cell: 415 994-6345***



# Behavioral Health Collaborative in the Emergency Department



**Theresa Hyer, MSN**  
*Director of Emergency Services*  
*Adventist Health Rideout*

**Susan Redford, MA, LMFT, LPC, LISAC**  
*Psychiatric Emergency Services Supervisor*  
*Sutter-Yuba Behavioral Health*



# Mental Health Collaborative in the Emergency Department

- Theresa Hyer MSN, TNS,PHN
- Emergency Services Director
- Susan Redford MA, LMFT, LPC, LISAC

# Objectives

Upon completion, participant will be able to examine how the county paid crisis worker can impact the care of the mental health patient in their emergency department

Upon completion, participant will be able to create their own practice guidelines for the workflow of the psychiatric patient utilizing the emergency department team, county crisis workers, and tele-psychiatry services.

Upon completion, participants will be able to describe how the emergency tele-psychiatry services could impact the treatment and throughput of the mental health patient in their emergency department.

# Adventist Health + Rideout Emergency Department

44 Licensed Emergency Department beds

Level III Trauma Center, Primary Stroke Center, and STEMI Receiving Center

Base Hospital

72,000 patients a year

Serving two counties



# Our Partners

Sutter Yuba Behavioral Health – only Bi County Behavioral Health Agency in California

16 bed Psychiatric Hospital Facility serving Sutter and Yuba Counties

24 hour Psychiatric Emergency Services

Full array of outpatient services and prevention services

Tele-psychiatry service. 24/7 Psychiatrist coverage







# Why the need for a collaboration?

What has happened to the availability of mental health care?

Why has it impacted our emergency departments?

Whose problem is it to fix?

# 5150 Fast Facts

## Hospital Beds

California has approximately **440** hospitals, **130** provide inpatient psychiatric care.

## ED Visits a Year

California has approximately **12 million**, **1 million** have behavioral health diagnosis.

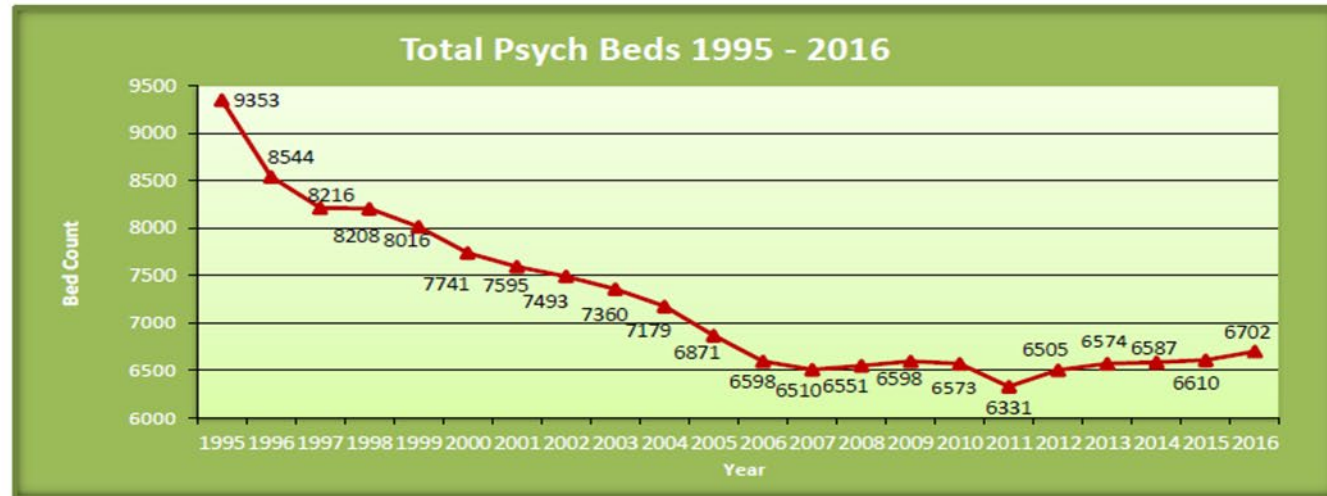
**PSYCH FACILITY CHANGE**

|                     |               |
|---------------------|---------------|
| 1995                | 181           |
| 2016                | 144           |
| <b>Total Change</b> | <b>-37</b>    |
| <b>% Change</b>     | <b>-20.4%</b> |



**PSYCH BED CHANGE**

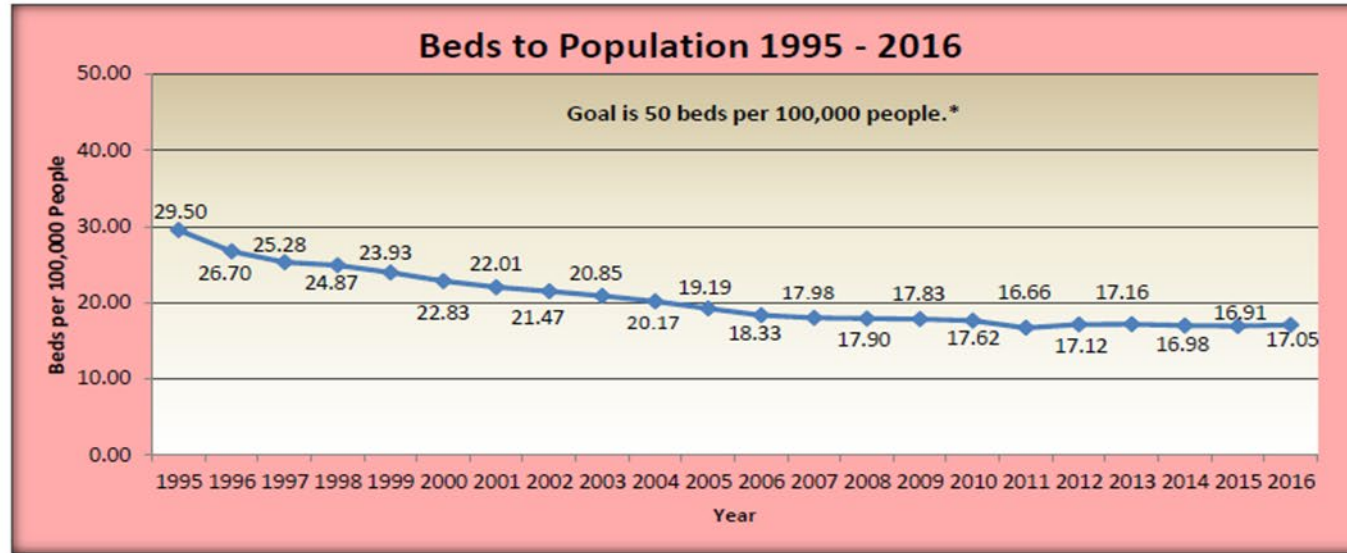
|                     |               |
|---------------------|---------------|
| 1995                | 9353          |
| 2016                | 6702          |
| <b>Total Change</b> | <b>-2651</b>  |
| <b>% Change</b>     | <b>-28.3%</b> |



### BED GAP PROGRESS

|                     |               |
|---------------------|---------------|
| 1995                | 29.50         |
| 2016                | 17.05         |
| <b>Total Change</b> | <b>-12.45</b> |
| <b>% Change</b>     | <b>-42.2%</b> |

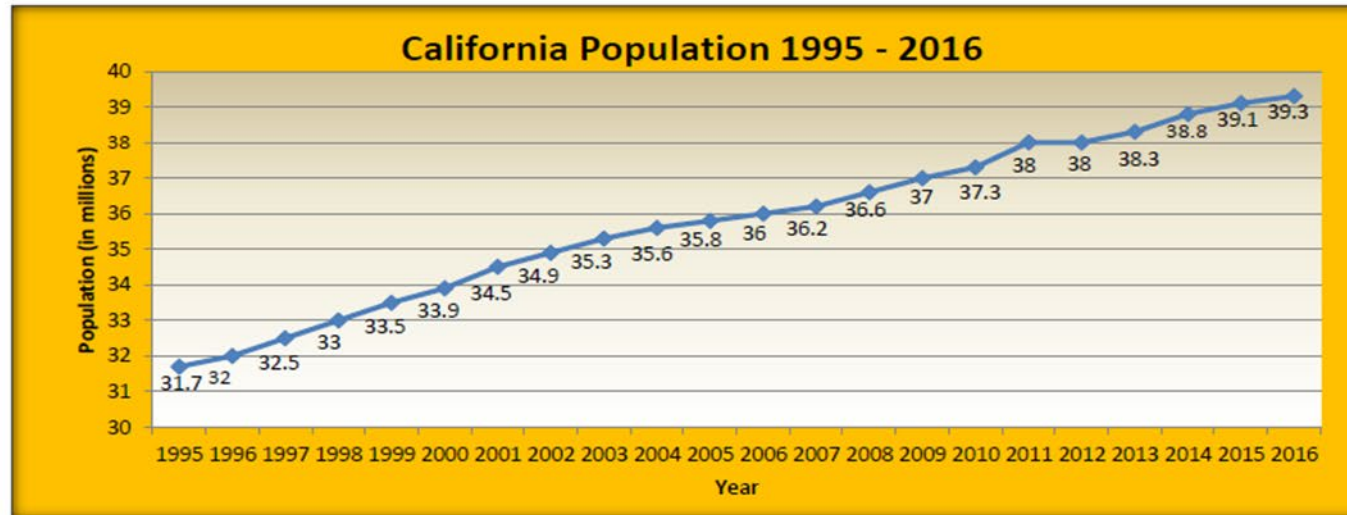
\*Extrapolated from Treatment Advocacy Center figure of 1 bed per 2000.



### POPULATION\* GROWTH

|                     |              |
|---------------------|--------------|
| 1995                | 31.7         |
| 2016                | 39.3         |
| <b>Total Change</b> | <b>7.6</b>   |
| <b>% Growth</b>     | <b>24.0%</b> |

\*estimated in millions



# Pediatric Psychiatric beds

- 205 Pediatric psychiatric beds in Northern California
- 423 Pediatric psychiatric beds in Southern California
- Only 13 counties with child/adolescent psychiatric beds
- Less than 60 inpatient beds in the entire state for children aged 11 & under

# Number of Pediatric Psychiatric Beds in California



# Psychiatric Bed Availability Stats

How many beds did California lose?

- California has lost nearly 30% of its beds since 1995.
- A total loss of 2800 beds

- California Hospital Association January 22, 2015. Hospitals with Emergency Departments. Patients with a Behavioral Health Diagnosis in Emergency Departments.

# National Crisis

In the 50's and 60's closure of inpatient psychiatric facilities nationally

Continued decline over the next 50 to 60 years

By 2010 there were only 14 beds for every 100,000 people (should have 50 per 100,000 people)

California fell short of the bed target of 50 public psychiatric beds per 100,000 individuals by 1400 beds with only 29.5 beds per 100,000 residents.

<https://www.npr.org/2017/11/30/567477160/how-the-loss-of-u-s-psychiatric-hospitals-led-to-a-mental-health-crisis>



# National psychiatric bed shortage Impact

## Increased Homelessness

- Increased individuals with Mental Illness in Jails and Prisons
- Boarding and Increased use of Emergency Departments
- Increases in Violent Crimes
- Increased Suicide

<https://www.nri-inc.org/media/1302/t-lutterman-and-r-manderscheid-distribution-of-psychiatric-inpatient-capacity-united-states.pdf>

# 5150 Fast Facts

More than **75 %** of patients on a 5150 hold could be discharged within **23** hours

Less than **25%** result in a **72** hour hold in an inpatient setting.



Where have the behavioral health patients gone?

# Impact on Emergency Departments

Significant increase in the volume of mental health patients.

Increase in length of stay

Poor or no treatment of the psychiatric patient waiting for an inpatient psychiatric bed

Higher workplace violence

Increase cost to the organization

Decrease availability of Emergency Department beds to treat medical patients

# Impact on the County Behavioral Health System

Sutter Yuba Behavioral Health attempted to continue to care for the involuntary psychiatric patient long after many other counties had stopped.

Lack of funding in general and funds for staffing.

No space for the volume of patients waiting for treatment especially those placed on a 5150 by law enforcement.

Higher volume with no increase in space in the county facility.

Multiple safety risk issues.

High potential for AWOL and law enforcement response.



# Innovative Project



# Innovative Project

Three leg stool approach

- ED staff
- County Behavioral Health crisis counselors 24/7
- Emergency Telepsychiatry services 24/7



# First Steps to Creating the Collaborative

Place the crisis counselors in to the emergency department 24 hours a day

Creating a common goal around the care of the patient

Teaching the Behavioral health team about Emergency Medicine & vice versa

Incorporating telepsychiatry/ building trust

Learning the language between our two teams





# How do we break the barriers of past legacies?

Change culture

Welcome and introduce crisis staff

Explain to the ED staff the importance of making the crisis counselors feel welcome and part of the team

Teach the crisis team about ED medicine

Include the crisis team at ED functions

Teach the ED team about care of the behavioral health patient

Teach the ED team about the laws and rules regarding the county behavioral health process



# Creating a flow chart to guide care

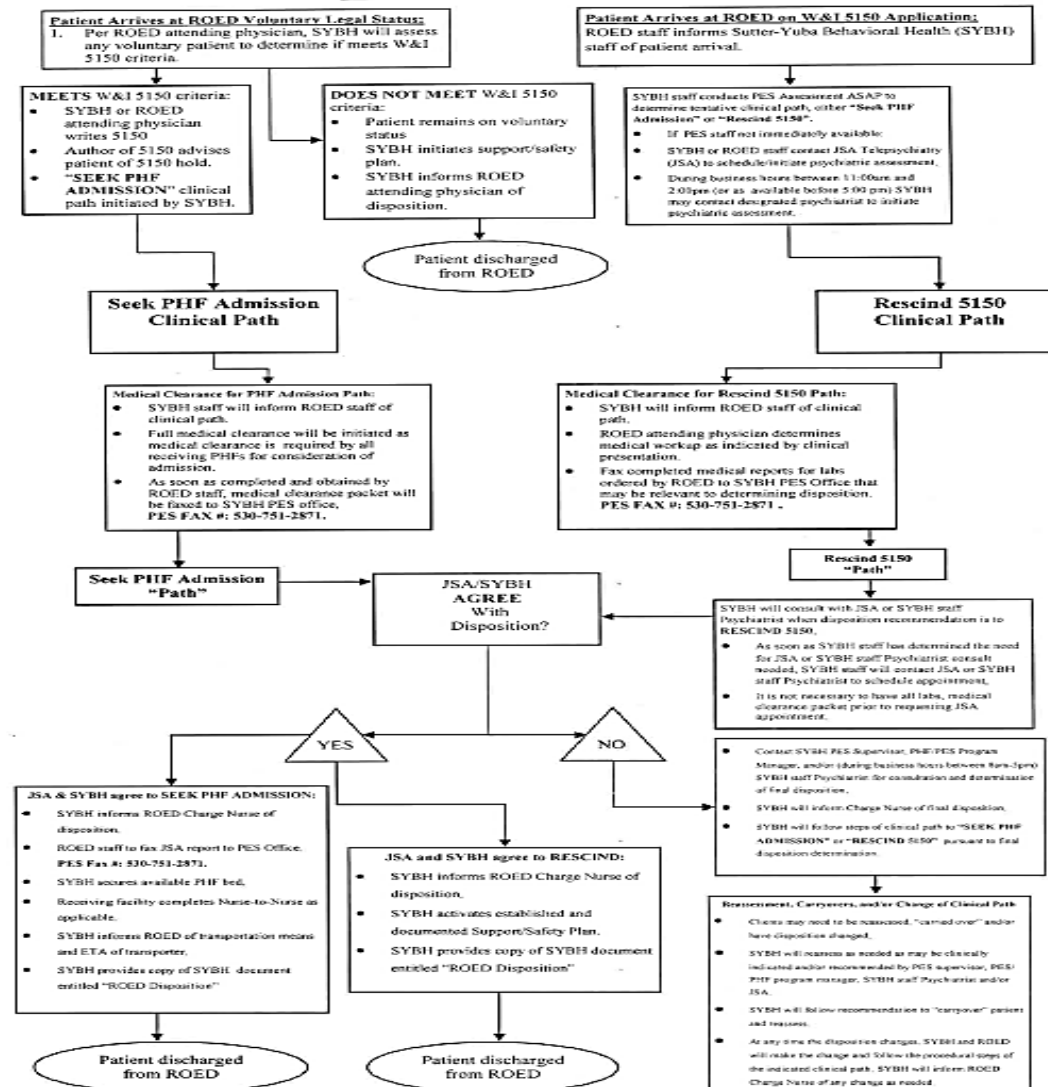
# Innovative Project- Treatment Algorithm

Three options:

1. The mental health patient's psychiatric hold can be timely rescinded if the patient does not appear in crisis and both the county mental health worker and telepsychiatry services agree.
2. Evaluation warrants further psychiatric treatment and medication.
3. The patient will need more intensive psychiatric evaluation and possible hospitalization.

# Workflow

## SYBH/ROED PROCESS



# Why it works for the county!

Site was certified by Department of Health Care Services (DHCS) as a mental health provider site in regards to billing for MH services

Funding for staff: PES is primarily funded through Realignment money. There is some other smaller funding sources like billing Medi-Cal if possible, but for the most part the funding is Realignment dollars.



# Tele-psychiatry Service

True emergency tele-psychiatrist

Secured server

Computer on wheels

Speaker and headphones

# Process for getting the tele-psychiatrist

## Fax

- Complete medical packet
- 5150 paperwork
- County crisis assessment

Call and arrange to get in the tele-psych queue

Call received from tele-psychiatrist to get the update from the Crisis Counselor

Log on and connect with tele-psychiatrist

Interview completed while crisis counselor standby

Conversation with crisis counselor about plan

Faxed recommendations and report

Report given to nurse and ED physician

# What Tele-psychiatry can do?

Full behavioral assessment by a board certified psychiatrist

Immediate medications and treatment impacting length of stay

A team approach with the crisis counselor to create a safety plan with collateral for a safe discharge

Pay for use with 24 hour a day coverage

Decrease need for onsite coverage





# How do we keep our collaborative going?

Daily communication between admin (phone/email/text)

Quick responses

Shift Reports are shared

Sharing acknowledgments of other teams in staff meetings

Monthly meetings

Speaking together at community events

Ongoing meetings with telepsychiatry and behavioral health teams



# Challenges

A long held adversarial relationship:

The inherent tension between the two agencies (Rideout and SYMH), neither of whom are able to individually assess the entire spectrum (medical *and* psychiatric) of the patient's needs, and therefore had historically pushed and pulled against one another to complete the patients' assessments.

# Challenges

The biggest challenge asking two different entities to try something new out of their comfort zone

Crisis counselors to treat patients with an ED approach like a trauma or stemi patient

Using parallel processes for assessment

ED staff to understand the crisis counselor constraints and rules

Telepsychiatry equipment/use

Keeping 24 hour telepsychiatry coverage

The competing medical necessity requirement including medical clearance

Telepsychiatry understanding we had true crisis counselors in the ED.

Transportation concerns

# Outcomes

Approximately **50%** of the behavioral health patients on a psychiatric hold were discharged from the Emergency Department, impacting the available psychiatric beds in the community

Only those patients **truly** needing the coveted psychiatric bed were admitted

Overall decrease of 3-5 hours for each patients length of stay

# Our Team



# Why does it matter?

Psychiatric medications started or resumed.

Full crisis evaluation completed by a behavioral health provider or psychiatrist

Safety plan created by the behavioral health team as well as scheduled follow up in the community.

Ability to discharge thus decreasing the need for the coveted psychiatric bed.

Cost avoidance

Great care for the behavioral health patient!

# Hospital cost without the county

| Hospital without the county   | Cost for 1880 patients   |
|---|--|
| Social workers 2 a shift 24 hours including benefits rate for SW \$137,500.00   | 8.4 FTE's = Approx: \$1,155,000.00   |
| 100 % transportation  | Avg \$500.00 x 1880 = \$940,000.00   |
| LOS Nursing care 4:1 Base of 60 an hour plus 20% benefits = \$72.00<br>Cost per hour is \$18.00 4:1 ratio<br>Every day is \$432.00 just nursing | Avg \$72 per hour or \$18 at a 4:1 ratio x 12 hours=\$216 per patient<br>1880 pts x \$216 = \$406,080.00           |
| LOS sitters<br>Cost per hour is \$25.00 plus 20% for benefits = \$30.00 Every day is  | Avg \$30.00 per hour or \$15.0 at a 2:1 ratio x 12hours = \$180.0 per patient<br>1880 pts x \$180.0 = \$338,400.00 |
| Total not counting lost revenue from ED patients and inpatients.  | \$4,839,480.00 approximate cost  |

# Adoption and Sustainability

Incorporate the mental health workers as part of the ED staff.

Include them in all ED events make them part of the team.

Incorporate Tele psychiatry to give a thorough behavioral assessment.

Form a strong relationship between hospital and county mental health leadership teams.

Focus on expediting the correct treatment plan and placement.

Make it about the patient.



# Recognition

CALNOCS quality care improvement 2016

Innovation Award Yuba Sutter Chamber of Commerce 2017

Rising Star Award Yuba Sutter chamber of Commerce-Overall winner from the five Business of the year award winners 2017

Statewide Counties CSAC Challenge Award 2017

Emergency Nurses Association 2017

California Hospital Association Innovation Summit 2017

Sutter County Board of Supervisors 2017

National Association of Counties Innovation Award 2018

ENA Conference Presentation 2018



# Tool Kit

Step by step roll out plan from initial integration

MOU between the hospital and county

Papers and description of certifying the site for the county payment from Medi-Cal

Patient flow guidelines

Credentialing of crisis staff in the ED

Tele-psychiatry information

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<https://www.nri-inc.org/media/1302/t-lutterman-and-r-manderscheid-distribution-of-psychiatric-inpatient-capacity-united-states.pdf>

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*Hospital Self-Reported Data, August 2015, [https://www.calhospital.org/sites/main/files/file-attachments/7 - child-adol beds.pdf](https://www.calhospital.org/sites/main/files/file-attachments/7_-_child_adol_beds.pdf)*

# *Closing Remarks*

## **Partnership HealthPlan of California**

