The chat tool is available to ask questions or comments at anytime during this event.
RAISE YOUR HAND

• If you wish to speak telephonically, please “raise your hand”. We will call your name, when your phone line is unmuted.
AGENDA

• Introduction

• Increasing the Odds Patients Will Recommend Your Hospital
  » HHC Bellevue Medical Center

• Q&A

• Upcoming events
SPEAKERS

Nate Link, MD, MPH
Chief Medical Officer,
HHC Bellevue Hospital Center
Associate Professor of Medicine,
NYU School of Medicine

Linda C. Lombardi, PhD
Chief Strategy/Experience Officer,
HHC Bellevue Hospital Center

Marcy B. Pressman, MPH
Deputy Executive Director,
HHC Bellevue Hospital Center

Vivian Sun, MS, RD
Associate Executive Director,
HHC Bellevue Hospital Center
South Manhattan Healthcare Network

Dean Tarnovsky, MA
Breakthrough Deployment Officer,
HHC Bellevue Hospital Center
Increasing the Odds Patients Will Recommend Your Hospital

Bellevue Hospital Center
New York City Health and Hospitals Corporation
Wednesday, May 6, 2015
Introduction

1. About HHC Bellevue
2. HHC Guiding Principles
3. Our Approach to Improving the Patient Experience
4. Opportunities and Challenges Along the Way
5. Outcomes and Sustainment
6. Next Steps
Bellevue is part of the Health and Hospitals Corporation (HHC), the largest public health system in the country.

Our mission is to provide the highest quality of care to New York's population and to deliver health care to every patient with dignity, cultural sensitivity and compassion, regardless of ability to pay.

We are America’s oldest continuously operating hospital, established in 1736. We pride ourselves on the traditions of welcoming all who need care, providing one standard of care for everyone, responding to community needs while ensuring continuity of care. We advocate for healthcare as a right.
HHC Bellevue By The Numbers

- Beds in Operation: 844
- Clinic Visits: 450,854
- Emergency Room visits: 115,797
- Inpatient Discharges: 27,271
Awards and Honors

• The Bellevue Emergency Department is the highest level designated hospital for trauma, neurological trauma, amputations requiring re-implantation, pediatric cardio-cooling and poisonings.

• Bellevue is the designated Level IIIB Regional Perinatal Center setting a standard of excellence for patient centered prenatal care.

• Bellevue’s Children’s Comprehensive Psychiatric Emergency Service is the only one of its kind in New York State.
Awards and Honors

- The Bellevue Center for Obesity and Weight Management is designated by the American Society for Metabolic & Bariatric Surgery as a Center of Excellence for Bariatric Surgery
- Diabetes Team recognized by the American Diabetes Association and the National Committee for Quality Assurance for the delivery of quality diabetes care.
- Adult Medicine Clinic recognized as a Level 3 (highest rating) patient-centered medical home by the National Committee for Quality Assurance.
Health and Hospitals Corporation (HHC)

Guiding Principles
HHC Guiding Principles

HHC's Guiding Principles reinforce six essential features of our daily work: a patient-centered approach, safety, excellence, cost savings and resource management, teamwork, and employee development. Our Guiding Principles provide a foundation to achieve the “Triple Aim” of better health, better care, and better value:

The principles apply to all of us at HHC, no matter what job we do.
HHC Guiding Principles

• **Keep Patients First:** Patients are at the center of everything we do. We treat our patients with respect and empathy. We achieve high levels of patient satisfaction by meeting or exceeding expectations. In caring for all, we serve our communities and our city.

• **Keep Everyone Safe:** We watch out for one another and work in ways that eliminate injuries. We always take the steps needed to ensure the safety of the patients in our care.

• **Work Together:** We work together, respect each other, and communicate effectively in order to meet challenges, solve problems, and reach HHC's goals. We all share responsibility for patient care, for safety, for controlling costs, and, ultimately, for fulfilling HHC's mission.
HHC Guiding Principles

• **Pursue Excellence:** We adapt to changes, we innovate. We continuously review our work, revise work processes, and eliminate waste. We work to the highest standards of integrity, quality, and safety. Breakthrough, with its ability to engage staff at all levels, is our path to excellence.

• **Manage Your Resources:** We are accountable for what we do and how we do it. We look for ways to save money; use time, effort, and materials wisely; and work efficiently. To sustain the mission of HHC, we make every dollar count; we think about the cost consequences of our decisions.

• **Keep Learning:** We learn in order to grow as individuals; we incorporate the lessons we learn into our daily work to reach the highest levels of personal potential and team success. Our employees are our most valuable resource, and HHC supports professional training and development, expansion of skills, and opportunity for all staff.
Our Approach to Improving the Patient Experience
Our Driving Principles for Improvement

1. Patient and Family Voices Lead Our Work
2. Team-based problem-solving
3. Multi-disciplinary approach
4. Use Breakthrough “Lean” Business Operating System
5. Embed patients in committees, improvement work
6. Be transparent and use visual management
HHC Bellevue Hospital Center

The Patient and Family Experience Roadmap

Patient and Family Advisory Councils (PFAC, LGBT-PFAC)

Staff Patient/Family Advisory Council (S-FAC)

Patient Experience Survey Administration

Patient and Family-Centered Care Committee

Patient Experience Value Stream

Grievance Committee

Office of Patient Advocacy
Highlighting 3 Areas That Made Contributions to Improving the Patient Experience

1. Patient and Family Advisory Council (PFAC), Staff Family Advisory Council (S-FAC)
2. Patient and Family Centered-Care Committee (PFCC)
3. Patient Experience Value Stream
Patient and Family Advisory Council (PFAC),
Staff Family Advisory Council (S-FAC)

- PFAC launched in 2013; S-FAC launched in 2014
- Meets regularly with Leaders in the institution
- Reviews policies, participate in work groups, committees, Breakthrough events
- Makes recommendations

Examples:
1. Recommended additional seating for patients in our ground floor area
2. Reviewed visiting policies as well as participated in improvement events for inpatient units
3. Actively participates in outreach and patient education efforts, including mammography screening, health fairs
**Patient and Family Centered-Care Committee (PFCC)**

- **Leaders Leading Leaders:** comprises 30 Leaders from throughout the institution
- Forum for Sharing Best Practices and Recognizing outstanding performance
  - i.e. BRAVO Program
- Aims for culture transformation through organization focusing on staff, patient satisfaction
- Outcomes include: standardized customer service model, project driven improvements in handling patient property, trending and tracking complaints and utilizing information to develop action plans
Improving the Patient Experience by Using the HHC Improvement System

• Breakthrough is the HHC Improvement System. It is a system and approach to improvement, a set of principles founded in a philosophy that utilizes specific tools to provide value to our customers.

• Breakthrough improvement activities include training and coaching from experts, or "sensei"; targeted, onsite, team-based action; and constant review of progress to create even greater improvements.
HHC Breakthrough Principles

- The Customer defines value
- Deliver Value to Customers on Demand
- Solve to Improve then Standardize
- Transformational Learning requires deep personal experience
- Mutual Respect and Shared Responsibility enable higher performance
Breakthrough
The Patient Experience Value Stream

- 4 Passes or Plans of Action
  - Rapid Improvement Events (RIEs)
  - Projects (PJTs) and Just Do Its (JDIs)
- Launched in January 2013: used 2012 as baseline year for comparison
- As of April 2015, completed 16 RIEs
- Principles of Respect for People and Continuous Improvement
<table>
<thead>
<tr>
<th>Rapid Improvement Events</th>
<th>Who</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. RIE Discharge Follow-Up Calls</td>
<td>Jackie Heyward, Vanessa Young</td>
<td>Sept 15-19, 2014</td>
<td></td>
</tr>
<tr>
<td>14. RIE Group Activities in Psychiatry</td>
<td>Milica Ramirez, Glen Heiss</td>
<td>Dec 1-5, 2014</td>
<td></td>
</tr>
<tr>
<td>16. RIE Workflow Redesign in Patient Advocacy (Substitute)</td>
<td>Gladys Lowe</td>
<td>March 2015</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Projects</th>
<th>Who</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PJT Food Service Improvement</td>
<td>Mark Swann and Evelyn Borges</td>
<td>Aug 2014</td>
<td></td>
</tr>
<tr>
<td>2. PJT Spread of Multi-Disciplinary Rounds in Psychiatry</td>
<td>Charles Ramesar</td>
<td>Aug 2014</td>
<td></td>
</tr>
<tr>
<td>3. PJT Staff Engagement for Pt. Experience</td>
<td>Nate Link, Lin Lombardi</td>
<td>Aug 2014</td>
<td></td>
</tr>
<tr>
<td>4. PJT Patient and Staff Experience of Environmental Services</td>
<td>Maryann Tsourounakis, Jill Brooker</td>
<td>Sept 2014</td>
<td>Initiated</td>
</tr>
<tr>
<td>5. PJT Patient Centered Phone and Television Service</td>
<td>AnnMarie Foster*, Gladys Lowe, Patience Mancho,</td>
<td>Sept 2014</td>
<td>Initiated</td>
</tr>
<tr>
<td>6. PJT Improve Communication with Admitted Patients in the ED</td>
<td>Diane Tumesar, Raj Gulati</td>
<td>Oct 2014</td>
<td>Moved to 4th Pass</td>
</tr>
<tr>
<td>7. PJT Spread of RN and MD rounds to OB, Rehab and Peds</td>
<td>Owen Kieran*, Jackie Heyward, Rohnie Williams</td>
<td>Feb 2015</td>
<td>Moved to 4th Pass</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Just Do It</th>
<th>Who</th>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. JDI Spread of Discharge Packets</td>
<td>Robert Moran</td>
<td>August 2014</td>
<td></td>
</tr>
<tr>
<td>2. JDI Process Owner Training</td>
<td>Dan Cashman</td>
<td>August 2014</td>
<td></td>
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</tbody>
</table>
Our Work to Improve the Patient and Family Experience: Outcomes

- An aligned approach of making changes with and in response to patient and family needs
- A deeper understanding of the relationship of staff to patient satisfaction
- A revitalized way of working with patients and families on projects and programs
- A keen understanding that embracing the guiding principles and making each and every encounter with patients and their families a meaningful and positive experience will result in a patient-centered culture
- Use of data in decision making and team approaches to problem-solving offer both the promise and outcome of continual and sustained improvements
The Patient Experience Then and Now
A Look at Our HCAHPS Scores

<table>
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<tr>
<th>Domains</th>
<th>Baseline 2012 (Jan-Dec)</th>
<th>2015 (Jan-Mar)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate the Hospital 0-10</td>
<td>57.3%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>62.4%</td>
<td>68.9%</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>61%</td>
<td>67.3%</td>
</tr>
<tr>
<td>Response of Hospital Staff</td>
<td>48.2%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>74.6%</td>
<td>79.2%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>59%</td>
<td>62%</td>
</tr>
</tbody>
</table>
Challenges and Opportunities

• The emerging healthcare delivery system and its many changes pose continual challenges in meeting and exceeding patients’ expectations

• Patient experience is a major focus of hospitals across the country and so the bar of patient satisfaction is continually raised

• Patients (consumers) are using patient satisfaction data to make decisions about where they will get their healthcare

• The challenge of sustaining the improvements we have achieved is before us

• The only way to continue our road on improving the patient experience is to “Learn, Learn, and Learn!”
Questions and Comments
QUESTIONS

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