Health Care Volunteers in Pursuit of Excellence in a Transformed Environment

2017 CHA Volunteer Conference
Navigating Volunteer Leadership through the future of Health care

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Objectives

- Understand the history of hospital legitimacy
- Review basics of licensure, certification, accreditation
- Learn key concepts of VBP and various forms of quality monitoring
- Understand the importance of your role as frontline ambassadors
The health care industry is “in the throes of great disruption. . . the most significant re-engineering of the American health system . . . since employers began providing coverage for their workers in the 1930s.”

(The Economist, March 6, 2015)
Hospital Legitimacy

- Historic timeline

- 1800's Charitable Organizations
- 1900's Private Insurance Medical Advances
- 1946 Hill Burton Act
- 1966 CMS Medicaid Medicare
- 1970 IOM
- 1999 To Err is Human
- 2008 Triple Aim
- 2017 High Reliability Organizing Big Data
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<th>Credential</th>
<th>Recipient</th>
<th>Credentialing Body</th>
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<td>Certification</td>
<td>Individual/institution</td>
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<td>Licensure/State Certification</td>
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Key Terms Laws & Regulations


- **Federal Regulation** – federal agency proposes language & publishes in the *Federal Register*, 42 C.F.R. Section 482.1 or 42 C.F.R Part 2: www.gpo.gov/fdsys or www.ecfr.gov

- **State Law/Statute** – Civil Code Section 56 or Health and Safety Code Section 819- www.Leginfo.legislature.ca.gov/aces/home.xhtml

- **State Regulation** - state agency proposes language & publishes in the *Z Register*, www.oal.gov/Notice_Register.htm
Hospital State and Federal Oversight

- Federal Law
- CMS/Conditions of Participation, CMS
- Federal law - IMPACT Act –
- CMS regulations regarding Medicare Outpatient Observation Notice
- COP’s- conditions of participation
- State Law
- Title 22 Regulations
- CDPH State Department
- State law - HSC – SB 1076 requires notification of observation patients
Federal Certification and “deemed” status by CMS approved national accrediting bodies:

- Joint Commission (TJC)
- American Osteopathic Association (AOA)
- Healthcare Facilities Accreditation Program (HFAP)
- Der Norske Veritas Healthcare Inc. (DNV Healthcare)
- Center for Improvement in Healthcare Quality (CIHQ)
Who’s Visiting and Why

- **Accrediting Agency**, ie- TJC, every three years
- **State CDPH Surveyors** – Relicensing Survey, Complaint Survey, Hospital Self Report (Privacy Breech, Adverse Event, Unusual Occurrence)
- **CMS Validation Survey** – confirmation that the accreditation body surveyed appropriately & the hospital meets the COP’s
- **Certification Bodies** – American College of Surgeons, Magnet, AHA
Regulatory Penalties

- Standard level Deficiency - POC
- Condition level of Deficiency- state and federal agreement could lead to termination process
- Non-Immediate and Immediate jeopardy (IJ)- financial penalties

“a situation in which the provider’s non-compliance with one or more requirements of participation has caused or is likely to cause, serious injury, harm, impairment or death”
- American College of Surgeon’s Committee on Trauma (Trauma Centers) – ACS verifies, local ems agency designates
- AHA/ASA- Certifies STROKE centers
- AHA – Certifies STEMI Centers
- TJC has many certification programs, ie, CCC, Behavioral Health, Palliative Care
- Magnet Recognition for Nursing Excellence
Rewards

- Baldridge Award
- AHA Awards - leadership, quality and community service
- California Council for Excellence
- CHA Awards
Typical Unannounced Survey

- Opening Conference
- Leadership session
- Tracer methodology
- Competence assessment
- Medical staff credentialing
- Environment of Care
- Exit Conference
Successful Surveys

● Survey Readiness Response Teams

● Key Leaders and backups designated (usually call schedule)

● Survey Kits, contact information of team, where the survey room location is, phone numbers, documents files and forms

● Communication structure, command center

● Trained escorts, scribes, runners, hospital staff
Volunteer’s Role as Front line Ambassadors

- Is your volunteer department aligned with the goals of the organization on quality, patient safety, performance improvement and regulatory/survey review?

- Are volunteer’s educated on how to maximize their roles to observe and communicate information through appropriate channels?

- Are you aware of your organizations survey readiness response team when surveyors arrive?

- Are you trained on what to do if you encounter a survey visitor before anyone else in your organization?
Volunteer’s Role

● Answer questions truthfully, and provide facts

● Don’t give your opinion or babble on out of nervousness

● Don’t offer any information unless questioned

● Instead of saying, “I don’t know, say, “Let me find someone to assist you?”

● Surveyors aren’t police officers, they want to understand how the hospital is meeting compliance
Triple Aim Volunteer Success Factors

- Ensure alignment with volunteer department and organizational goals
- Innovative volunteer programs
- Integrate volunteer services with patient experience initiatives
- Volunteer and C-Suite communication
- Volunteer collaboration with internal and external partners
- Embrace change with education and best practices
Volume to Value: Progress Toward Goals

Historical Performance: 2011: 0%, ~70%; 2014: 20%, >80%; 2016: 30%, 85%; 2018: 50%, 90%

Goals: Alternative payment models (Categories 3-4)
FFS linked to quality (Categories 2-4)
All Medicare FFS (Categories 1-4)

Source: CMMI, May 2015
Implementing Reform

Payment

Value

• Delivery system reforms
• Payment policy changes
• Program integrity
• Patient safety and quality

Quality

ACOs, Medical Homes, CMMI
FCA, RAC, CMP, MIP

Bundling, shared savings
HAC, Re-admit, VBP
CMS estimates that about $17 billion in Medicare spending annually is due to preventable readmissions.
How Hazardous Is Health Care?

(Leape)

- **DANGEROUS** (>1/1000)
  - **HealthCare**
  - **Mountain Climbing**
  - **Bungee Jumping**

- **REGULATED**
  - **Driving**
  - **Chemical Manufacturing**
  - **Chartered Flights**

- **ULTRA-SAFE** (<1/100K)
  - **Scheduled Airlines**
  - **European Railroads**
  - **Nuclear Power**

**Total lives lost per year**

**Number of encounters for each fatality**
Triple Aim and High Reliability
Engaging Health Care Volunteers in Pursuit of Excellence in a Transformed Environment – Leading in a High Reliability Organization

Jason Broad
Vice President, Performance Excellence
Sharp Grossmont Hospital
Our lives begin to end the day we become silent about things that matter.

*Martin Luther King, Jr.*
What are you working on?
What are you working on?

Patient Safety?
Performance Improvement?
Patient Experience?
Employee Engagement?
Physician Partnership?
HRO?
What is a High-Reliability Organization?

High-Reliability Organizations operate under complex conditions with high potential for error / harm yet are exceptionally consistent in preventing those occurrences due to their reliable systems and processes.
Five attributes of a High Reliability Organization

- Preoccupation with failure
- Reluctance to simplify interpretations
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise
Leading for High Reliability

• Set and lead a high-reliability mindset
• Build skills and accountability
• Learn and improve as a team
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HRO Leader Practices

1. Start meetings with a reflection and/or story
2. Hold Reliability Huddles
3. Cultivate individual reliability practices
4. Develop team skills and attitudes
5. Make it safe for people to speak up
What are you working on?
Courage doesn't mean you don't get afraid. Courage means you don't let fear stop you.

-Bethany Hamilton-
Questions

Discussion