Objectives

Review ACA changes to date
Hear the CNO thought leader opinion’s on traditional acute care activity
Understand complexity and the need to create change
Develop ways volunteers can accelerate care integration in acute care through dialogue and collective wisdom in a discovery café venue
Transforming for Tomorrow: From Providing Care to Managing Health

The Business Model Is Changing *Because it Has to Change*

**History-Today**

**2014 and Beyond**

Source: Kaufman Hall and Assoc.
Transforming for Tomorrow: From Providing Care to Managing Health

The Business Model Is Changing **Because it Has to Change**

By bringing all providers under the umbrella of a global payment, caregivers can all be on the same page, and the patients ideally receive coordinated care with a focus on prevention – since providers are encouraged to keep their patients healthy and not just earn more by doing more tests and procedures.
Implications for Hospitals

Acute hospitals will develop, acquire, partner with more post-acute and home and community based services.

Hospitals will place greater emphasis on management of transitions of care and on care coordination before, during, and after hospitalization.
Importance of Care Coordination and Integration

- The 5/50 Problem
- –5% account for 50% of spending
- –1% account for 20%
- –Bottom 50% account for about 2%
- Meet patients and populations in their lives
- –More like social work than medicine
Payment Reforms

Both public and private payers are shifting towards “retail” with extreme pressure on cost and delivery of value

High cost procedures product lines move from assets to liabilities – focus on primary care and population health

Extreme need for appropriate levels of social support, care management and care transitions outside the hospital walls….necessitating the need for fewer ED and inpatient admissions…..BUT
Misaligned Incentives and Inadequate Resources

• Inadequate levels of social resources, community supports, labor shortages in primary care, high cost wages, underfunding in government programs is leading to increased hospitalizations, increased ED admissions, lack of primary care providers

• CHAOS
The Journey is Treacherous

Significant change will depend on aligned incentives
TRANSFORMING FOR TOMORROW
From Providing Care to Managing Health

A New Strategic Construct

Source: Kaufman Hall and Assoc.
So What Do Hospitals Look Like Today?

• Opinion poll of CNO thought leaders across the state

• Most notable were increases in inpatient and ED census, technology and changes to improve patient satisfaction

• With the need for more care integration, and social services, how can volunteers connect and cross fertilize the inpatient arena for success?
Traditional Acute Care Hospital Operations in Response to ACA and Health Care Reform

Opinion Poll
Q1: Has your inpatient census increased?

- Yes: 68.75%
- No: 31.25%
Q3: Has your ED census increased?
Q5: Have you increased your licensed inpatient beds?
Q7: Have you added service lines?

Service lines added include:
- Palliative care
- Short stay unit
- Observation and procedural patients
- Cardiovascular, neuro, oncology
- Complex care
- Building Ortho
- Neurosurgery
- Orthopedic Center of Excellence
Q9: Have any of your departments been outsourced?

Outsourced departments include:
- Housekeeping
- Dietary
- Engineering
- Billing
- Lab
Q10: Has technology changed your staffing or work flow patterns?

Changes include:

- Centralized patient placement
- Electronic asset tracking
- Nurses spend more time completing tasks on computers rather than assessing the live patient
- Teletracking, bed placement, bar coding
- EMR has increased over time to complete documentation - affects bedside care
- EPIC - enterprise wide
- Added chemo admin
- Workflow
- In a positive way
- EHR requirements have pulled staff away for direct PT contact Insufficient resource for complete overhaul of systems to fix the add-on nature of EHR refinements and builds
- CPOE has changed workflows
- EMR implementation on 1/31/15
Q12: Have new social or community services been added?

- CHF monitoring outside hospital
- Continuum of care clinics and navigators
- Transitions
- Care experience
- Increased senior outreach
- Adult day health increased
- Well Space
Q13: Have changes occurred to improve patient satisfaction?

Patient satisfaction improvements include:
- New director
- New focus; renewed focus programs
- Added number of NSQ assistants and volunteers
- There is a new patient experience leader/director and M-F senior leaders conduct patient rounds
- Focus on pt experience HCAHPS
- Senior mgmt parenting, effective communications, staff advocates
- Manager rounding; d/c f/u phone calls
- Pt experience efforts
- Support groups
- Integrated EHR
- Hourly rounds; huddles
- Our patient experience committee has been very active with honoring sleep, Care Channel for relaxation, Disability assistance program
- PXO appointed part time; focus at the highest levels of drivers of this experience
Q14: Have you added new types of caregivers or assistants?

- Yes: 18.75%
- No: 81.25%
Q15: Have you changed your organizational structure?

Changes include:
- Create CAO's for programs and service lines
- Nurse assistants were terminated
- Care model back to primary nursing
- Mid mgmt assuming more duties and areas
- Added population-based Exec Admin Directors
Q16: Have you changed your use of volunteers?

Volunteer usage:
- More in the ER
- Increased number of navigators
- Allow nursing students to volunteer and help with some manager assistant tasks
- Care partners for pts without families
- Not sure
- Already have robust volunteer program
Q17: Has your role changed?

- Yes: 25.00%
- No: 75.00%
Q18: Have you changed your nursing care model?
Q19: Have you added patient care extenders (PA/NP's)?
Q20: Have you added hospitalists?

43.75% Yes
56.25% No
Key Points for Volunteers

• Increase in ED and Inpatient Census
• High technological changes
• Less than 50% have added new social or community services
• 100% have added changes to improve pt. satisfaction
• Less than 20% have added new types of caregivers or assistants
• Less than 50% have changed their use of volunteers
Complexity

• Chaos is a byproduct of the Information Age
• There are patterns of order hidden within the complexity of organizations
• Organizations are dynamic, complex, and unpredictable
Margaret Wheatley

• “Growth appears from disequilibrium, not balance”

• “Order comes out of chaos”

• Focus needs to shift from tasks to focus on facilitating processes needed to CREATE desired goals/outcomes
Discovery Café Experience

• Call the circle on the question
  • “How can volunteers accelerate care integration in acute care”

• Come together and dialogue with collective volunteer knowledge of present state of acute care, social and community networks to create services, programs, opportunities for improved care across the continuum
Discovery Café

• Dialogue in groups; talk and see if you can connect ideas to uncover new opportunities
• Everyone has something important to contribute
• Use the paper to jot down ideas
• Ask one member of the group to report out
Volunteers:

Are you having a conversation or are you task-based? *Transactional v. Relational*

Patient satisfaction: 10 things they want (areas of opportunity) include:

- Visitor policy
- TV
- Wi-Fi
- Response to call light
- Quiet environment
- Communication about medications
- Conversation
- Inquiry
- Appreciation given
- Attention hug/touch
- Feedback
Implications of Health Care Reform in the Traditional Acute Care Setting (Breakout group notes: each bold Volunteer is a different sheet)

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Volunteer
Diagnostic Center:
Walk-in
Testing (Vital signs; med followup)
Post discharge liaison
Followup care
Multiple locations
... rotating days
Post discharge liaison
... volunteers assist with data collection
Use medical professionals
... Nurse Practitioners
... Physician Assistants

Volunteer
Salvation Army partnership
Bilingual Volunteer recruitment (Promotoras)
Clothing donations to ED
Caring Hands Initiative
Algorithm (Joanie)

Volunteer
Attend unit meetings
Home health volunteers
Open more low-cost clinics
Volunteers on the floor

Volunteer
Volunteers assist in home for post-surgical patients
... Call/visit/report
ED Concierge
Patient pathways
Volunteers 24/7
Technology
... Volunteers/Teachers

Volunteer
Promotoras (Latinas promoting healthcare in their community)
Leverage
... existing community resources
Volunteers as advocates

Volunteer
Outside connection with community from Auxiliary
Proactive healthcare
... preventive wellness checkups
Healthcare Clinic/Center
... owned by doctors
... handles less acute ED patients
Toys for children in OB waiting room
Palliative care alliance
Senior center employment
Partnership coalitions (eg SAC LTS/LLUH)
Service lines (eg CCU/Nav)
Concierge physicians

Volunteer
Co-op Living
Volunteers documenting in-patient charts
Patient relations
Integration services
... healing touch
... Reiki
... Hand massage
In-home services
... exercise
... Healing touch
... shopping/errands
... Meds
... take care of pets
... celebrate holidays
... cook
... driving to appointments
... friendship hotline
... write letters for them
... visitation partnership
Make hospital more like a Hyatt
RP Vita Robot in elderly homes
Rotating clinics