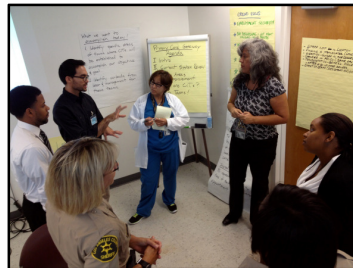# Care Improvement Teams in DHS:
An Introduction, Recent Progress, & Program Needs

For LMTC – including new members
10/28/15

Introduction to CITs

"Frontline teams – co-led by management and labor – working to improve care and services to patients, while improving team work and the quality of our jobs."

Care Improvement Teams: Beginnings

- 2009: Inspired by LAC/USC EVS
  - Joint Labor Management Project in EVS that garnered Department of Labor attention for partnership based improvement & green practices.
  - Improved patient satisfaction with cleanliness of the hospital from 2% to 60% in 1 year – has since progressed above 85%.

- 2011: Launched 8 teams in "MetroCare" Area.
  - Relied on Kaiser for support in our initial training.

- 2015: 50+ teams across the County.
  - Built internal resources for training, coaching, and team support throughout the County – focus on Ambulatory Care.
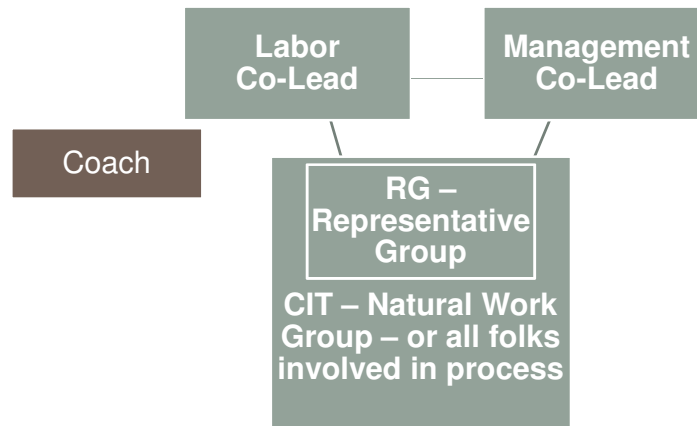
Care Improvement Teams: Vision-Goals

Vision

"A rewarding and trusting work environment where Labor & Management partner to provide an exceptional patient experience on every level."
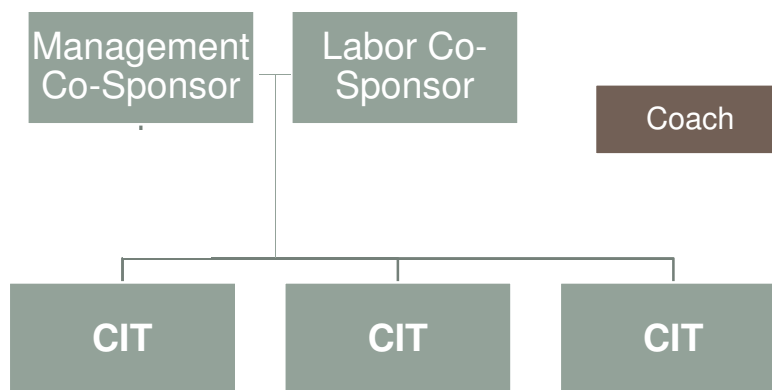
Goals

- To improve quality and process in DHS departments that will positively impact patients.
- To improve DHS Culture so frontline workers & managers are engaged in changes, and central to improving the work processes

Care Improvement Teams: Structure of the Teams

Care Improvement Teams: Leadership Structure within Facilities

CIT Models:
Unit-Based (or continuous) Improvement Model

- CITs based in "natural work groups".

- CITs take on projects of their own choosing, focusing on things they have control over changing.

- A standing group: as projects are completed, choose new projects, monitor past gains.

- Focus on incremental change, guided by general goals within facility, such as
  - Reducing cycle time (wait times)
  - Increasing access (measured by 3rd next available appointment & no-show rates)
  - Improve patient satisfaction

CIT Models: MLK-MACC
Unit-Based (or continuous) Improvement Model

MLK now has 25 CITs including ancillary services such as radiology, pharmacy, and EVS. CIT efforts are integrated with existing QI department.

Examples of recent success:

- Rehab team decreased no-show rates from 27% to 7%.

- Pediatrics team cut down wait times between registration and nurse intake by 50%.

- Heme/Onc increased verification of patient contact information from 79% to 100%.
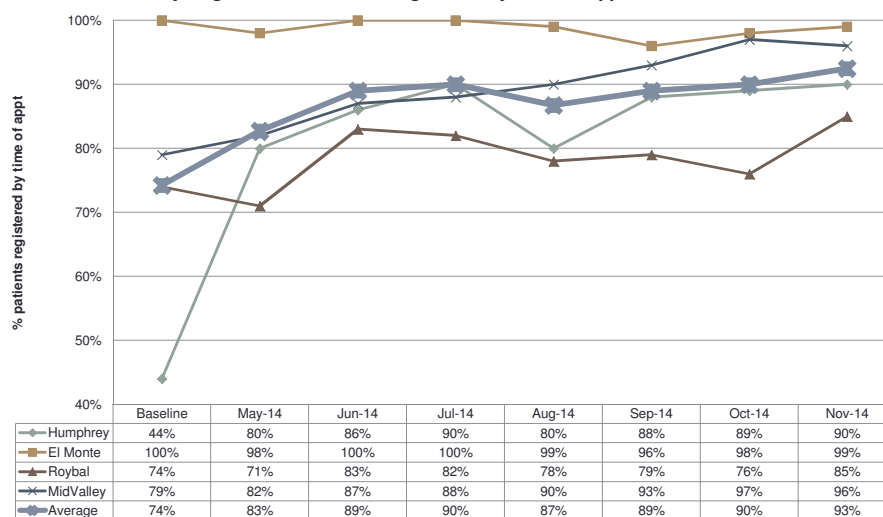
CIT Models:
Transformative Change Model

- Multiple process-based (not unit or clinic based) CITs

- Goal is to transform particular processes based on policy or structural changes to our work – and to standardize work across the system.

- CITs know the goals & policies, and figure out the most efficient ways to transform the department – structurally and process-wise – to accomplish the goals in a whole new way.

CIT Models: Gateway CIT Project
Transformative Change Model

- The Gateway CIT project completely transformed processes for patients in primary care :
  - setting appointments,
  - registering for the appointments
  - Ensuring patients have been cleared financially and empanelled to correct provider before being seen in primary care.
  - Process flow & clinical care through primary care visit.

- Big goals:
  - 100% of patients seen by provider to whom they are empaneled.
  - 95% of patients are registered by the time of their appointment.
  - Improve phone access for patients, as well as PCP team access.
  - Improve work and team culture.

CIT Models: Gateway CIT Project Transformative Change Model

Timely Registration: Patients Registered by Time of Appointment

	Baseline	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Humphrey	44%	80%	86%	90%	80%	88%	89%	90%
El Monte	100%	98%	100%	100%	99%	96%	98%	99%
Roybal	74%	71%	83%	82%	78%	79%	76%	85%
MidValley	79%	82%	87%	88%	90%	93%	97%	96%
Average	74%	83%	89%	90%	87%	89%	90%	93%

CIT Models: Gateway CIT Project Transformative Change Model

- Currently, Gateway CIT Project is in the following facilities:

Humphrey	El Monte	Roybal
Mid Valley	High Desert	Wilmington
San Fernando	Glendale	Bellflower
Hudson	South Valley	

- Big lift:
  - In addition to spreading great processes & optimizing them, we are working to change culture.
- Transition to Continuous Improvement Model after project completion to sustain improvements & identify new projects. Already happening in El Monte – working on patient experience project.

Is Culture Change Really Happening?

"This is my first time being in a group where I had input to a group - my thoughts on certain situations. I've worked here 35 years. We usually don't have a voice. And they listened!"

"I honestly believe that because of this process, I've learned to be a better supervisor. It's easier when you rely on your staff and really listen to them."

CITs and Culture Change:
The UCLA CIT Evaluation at MLK

- UCLA surveyed staff in 10 clinics that launched CITs & 5 clinics that did not launch CITs (172 staff total).

- Survey was collected at baseline (9/12) & six months after CITs were launched (4/13).

- 9 out of 10 *CITs reported increased* scores in their "ability to make & sustain change."

- 5 out of 5 *non-CIT clinics reported decreased* scores.

- This difference was statistically significant! (p-value = 0.018)

CITs and Culture Change:
Anecdotal Evidence at Humphrey

- "We became like a family - management included - no idea is perfect, none is the best, but we have to agree, have an idea EVERYONE can live with. That's how to make the best changes."

- "This has provided a focal point, something for us to look forward to, focus on - as we feed on it, focus on it, we are able to focus on the real reason we're here - making it better for the patients."

- "The staff here now are thinking twice before they make an error - they know what the process is, and the thinking and reasons behind it. Knowing the reasons helps us think about the best way to treat the patients, too."
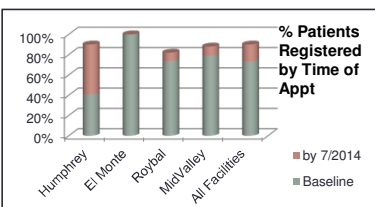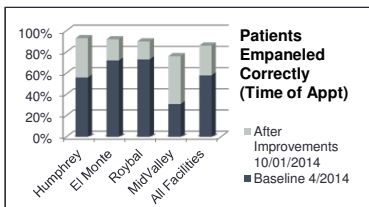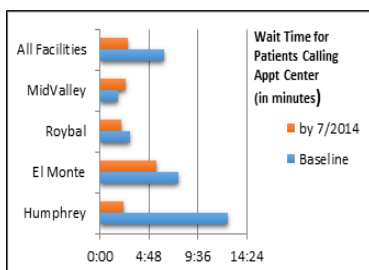

Update on CITs

"We're getting into the good stuff now – and people are noticing."

- Registration clerk at Whole Facility PCMH CIT Update

CITs Win PQA Award 10/21/15

for Gateway's Business Office Improvements to PCMH

Wait Time for Patients Calling Appt Center (in minutes)
- by 7/2014
- Baseline

All Facilities / MidValley / Roybal / El Monte / Humphrey

0:00 4:48 9:36 14:24

Patients Empaneled Correctly (Time of Appt)
- After Improvements 10/01/2014
- Baseline 4/2014

% Patients Registered by Time of Appt
- by 7/2014
- Baseline

10/28/15 LMTC Partnership Dashboard : Care Improvement Teams

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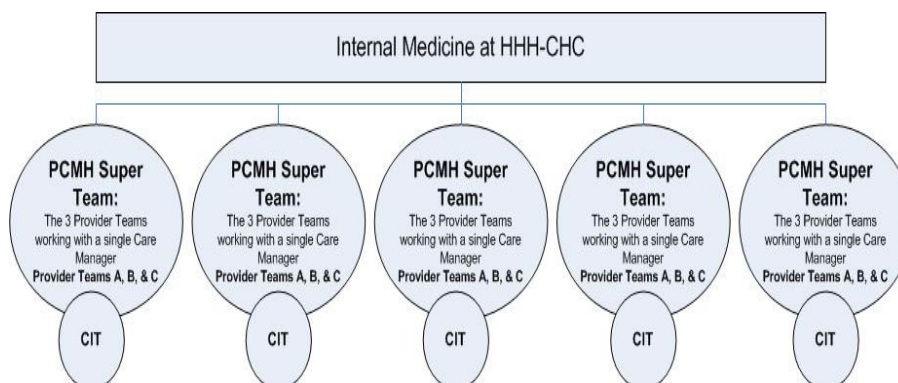Exceeds target
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MLK-OPC CIT Dashboard

Date: 9/11/15

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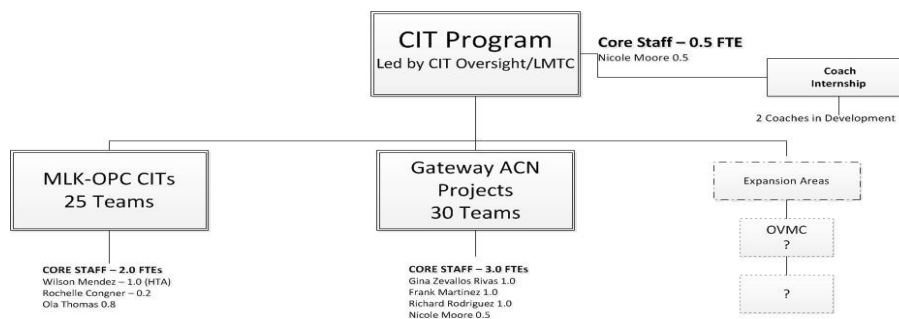On target
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PCMH Clinical – The Super Team Model

A Super Team is the three provider teams that work with a single Care Manager – which includes CMAs, Care Givers, Providers, and PRWs or Clerks.

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Core Staff for Expansion

CIT Program
Led by CIT Oversight/LMTC

Core Staff – 0.5 FTE
Nicole Moore 0.5

Coach Internship
2 Coaches in Development

MLK-OPC CITs 25 Teams

CORE STAFF – 2.0 FTEs
Wilson Mendez – 1.0 (HTA)
Rochelle Congner – 0.2
Ola Thomas 0.8

Gateway ACN Projects 30 Teams

CORE STAFF – 3.0 FTEs
Gina Zevallos Rivas 1.0
Frank Martinez 1.0
Richard Rodriguez 1.0
Nicole Moore 0.5

Expansion Areas
OVMC ?
?

Each Facility:
- Led by Labor & Management Co-Sponsors: Union staff person, Union member, and Administrator:
- 1 hour bi-weekly in leadership meeting + support work for expansion, trouble-shooting, and other CIT activites.

Each CIT:
- Led by Labor & Management Co-Leads: A front-line person and a front-line supervisor or manager who work in the area of the team.
- 1 Hour weekly leading team, plus half hour or so planning and implementing between meetings.
- Each team is coached by either Core Staff Coach – or a trained coach who works as a coach for 1 or 2 teams.
- Representative Group – from 4 – 20 people – meets with Co-Leads and Coach for an hour/week.

CORE STAFF:
- Highly trained in process-improvement and experts in CIT structure, supporting partnership at every level.
- Role is to coach program or team to success.
- Core staff is generally full-time focused on CITs.