

Bellevue Hospital

Facility: NYC Health + Hospitals / Bellevue

Presented By: **Doctors Council Member:** Drs. Sara Williams & Caralee Caplan-Shaw
Administration: Dr. Nathan Link

Project Title: Strengthening Care Teams in the OB-GYN Clinic

Aim Statement: By November 15, 2016, there will be a substantial improvement in team functioning in the OB-GYN Clinic based on pre- and post-intervention surveys

Facility: NYC Health + Hospitals / Bellevue

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- To create well-functioning care teams in the OB-GYN Clinic
- To improve staff sense of “teamness”
- To improve patient satisfaction with the health care team

MEASURES/ How will we know a change is an improvement:

- There will be a substantial improvement in staff sense of “teamness” by November 15, 2016, as assessed by pre- and post-intervention surveys
- There will be a substantial improvement in patient satisfaction with the health care team by March 1, 2017 as measured by pre- and post-intervention surveys

CHANGE/ What change can we make that will result in an improvement:

- Establish a multidisciplinary project team to carry out the following interventions:
- Review and update team assignments for all staff in the OB-GYN clinic
- Clarify how members of those teams should interact together in the care of a patient
- Ensure that everyone understands their role on the team and how they relate to each other
- Ensure that each team has its first huddle by November 1, 2016

Facility: NYC Health + Hospitals / Bellevue

Progress to Date (PDSA Cycles, results?):

- Project and leader selected
- AIM statement completed
- Baseline survey developed
- Timeline completed

Comment on doctors engagement on FBCC:

- High attendance, active participation, strong engagement
- MD and administrative leadership relationship is positive

Belvis D&TC

Facility: Gotham Health Center / Segundo Ruiz Belvis

Presented By: Doctors Council Member: Frances Quee, MD
Administration: Nancy Tham, MD

Project Title: Reduce wait-time of walk ins in the Pediatric clinic

Aim Statement: We seek through patient education, greater patient navigation, placement of signs and adjustment to Doctor's regular template to decrease the wait time of all walk-in pediatric patients from sign in to discharge by 20% from baseline June, 2016 until October 1, 2016

Facility: **Gotham Health Center / Segundo Ruiz Belvis**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Decrease the wait time of all walk-in pediatric patients from sign in to discharge by 20%

MEASURES/ How will we know a change is an improvement:

- When our wait time average for pediatric walk-in patients is decreased

CHANGE/ What change can we make that will result in an improvement:

- Provide scripts to clerical staff to provide patient education around calling to find out the best time to come as a walk-in to ensure there is a visit time assigned before their arrival
- Provide patient navigation for self-pay patients who are required to go to registration to pay for visit prior to being seen by the provider
- Adjust provider templates to increase access for walk-ins

Facility: **Gotham Health Center / Segundo Ruiz Belvis**

Progress to Date (PDSA Cycles, results?):

- Sign-in to triage: 16 min
- Triage to PCA: 35 min
- PCA to Provider: 29 min
- Provider to Discharge: 33 min

Comment on doctors engagement on FBCC:

- Drs. Elliott, Ferran and Quee assisted in deciding which data points would be collected
- Dr. Quee designed the AIM statement and intervention
- Dr. Quee reviews the collected data on each of the baseline visits to qualify or correct any outliers

Coler Specialty Hospital

Facility: NYC Health + Hospitals / Coler Specialty Hospital

Presented By: Doctors Council Member: Daniel Firshein, MD
Administration: Deane Tsuei, MD

Project Title: Reducing errors and cancellation of transportation

Aim Statement: We will increase physician engagement as well as better inform patients by reducing transportation work and cancellation and delays in transportation in a period of 3 months

Facility: NYC Health + Hospitals / Coler Specialty Hospital

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

We are trying to reduce transportation paperwork unnecessarily filled out by the doctors and assign to appropriate staff and to eliminate and or consolidate the paperwork that is not necessary. We would like for there to be less delays, errors and time spent in regards to transportation.

MEASURES/ How will we know a change is an improvement:

We will have the amount of errors, cancellations and delays in regards to paperwork before and after we have completed our consolidation/ re-assignment efforts.

Following the new paperwork being in place we will then reassess the number of cancelations, delays and lack of timely notification etc.

CHANGE/ What change can we make that will result in an improvement:

We have thoroughly gone through the paperwork to work on reduction and assignment. We have then met with all staff involved in paperwork making sure they are on board with the project. The doctors on first pilot unit started to use the consolidated paperwork and or the appropriate staff have been assigned the appropriate parts of paperwork to complete.

Facility: NYC Health + Hospitals / Coler Specialty Hospital

Progress to Date (PDSA Cycles, results?):

- We have just started our first PDSA cycle in regards to the consolidation. It was very helpful to meet with other staff and have them buy into the process. We also learned a lot from what it is that we need from support staff in the facility.
- We have not received full results in regards to the first PDSA cycle. Waiting on Reduction/ cancelation numbers.

Comment on doctors engagement on FBCC:

- The doctors in this group have been very engaged from the first meeting. Since the facility is smaller than others, we have been able to communicate to the other doctors in the facility in regards to the reduction of paperwork. The doctors, even in sub-specialties (where they would not normally use the transportation paperwork), have been happy to work to eliminate this long standing issue.

Coney Island Hospital

Facility: NYC Health + Hospitals / Coney Island

Presented By: Doctors Council Member: Cherbrale Hickman, MD
Administration: Wehbeh Wehbeh, MD

Project Title: Improving the patient experience in the Ambulatory Surgery Unit

Aim Statement: We intend to improve the patient experience in the Main OR Ambulatory Surgery Unit anticipating to move from the 49th percentile to better than 55th percentile in NYS ranking of Press Ganey scores for the four survey questions directed toward the physician component of their visit by the last quarter of 2016 utilizing an electronic exit survey as well as doubling the patient response rate to obtain truer qualitative data

Facility: NYC Health + Hospitals / Coney Island

Aim/ What are we trying to accomplish:

- To improve the experience of our patients during their ambulatory surgery visit as well as enhance the relationship with their surgeons and anesthesiologists

Measures/ How will we know a change is an improvement:

- Employees' morale and engagement improves
- More patients complete surveys and patient-satisfaction scores are higher

Change/ What change can we make that will result in an improvement:

- Educate our physicians on the survey questionnaire pertaining to the evaluation of physicians performance
- Involve physicians in real-time to initiate immediate changes and PDSA's

Facility: NYC Health + Hospitals / Coney Island

Progress to Date (PDSA Cycles, results?):

- It was decided to start our first PI project in AmSurg to allow for a multidisciplinary approach that will develop team-work, communication and ultimately increase physician engagement across the hospital.

Comment on doctors engagement on FBCC:

- The concept of a “Safe Place” is being realized at our FBCC which is a tremendous accomplishment at Coney. We have been working well together, all ideas are listened to and respected.

Cumberland D&TC

Facility: **Gotham Health Center / Cumberland**

Presented By: Doctors Council Member: Dr. Genevieve Bandali
Administration: Dr. Boakye / Ms. Peart / Ms. Thomas Brown

Project Title: Improving the Press Ganey Score “Moving Through the Visit”

Aim Statement: Cumberland will improve Press Ganey scores on “Moving through the Visit” from 65% to 75% within the next 12 months (by June 2017)

Facility: **Gotham Health Center / Cumberland**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Improve “Moving through the Visit” Press Ganey scores, which will ultimately decrease the current cycle time
 - Cycle Times: January 2016 - 89 minutes February 2016 - 82 minutes
 March 2016 - 76 minutes April 2016 - 70 minutes
 May 2016 - 63 minutes June 2016 - 57 minutes

MEASURES/ How will we know a change is an improvement:

- Improvement on Press Ganey scores
- Better patient satisfaction scores
- Decrease in patient cycle time
- Decrease in patient waiting time
- Better patient survey results

CHANGE/ What change can we make that will result in an improvement:

- Administration is in the process of hiring additional clerical staff
- Possibility of finance pre-registration through telephone encounters to be tested in a smaller Practice site
- Patient surveys to be performed consistently to engage patients and address their concerns
- Providers to use 2 exam rooms to expedite patient care
- Start Practice sessions on time

Facility: **Gotham Health Center / Cumberland**

Progress to Date (PDSA Cycles, results?):

- PDSA cycle initiated 7/25/2016
- On-going

Comment on doctors engagement on FBCC:

- Providers seem engaged. They share ideas and opinions freely at the FBCC meetings.

Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Facility: NYC Health + Hospitals / McKinney Nursing and Rehabilitation Center

Presented By: Doctors Council Member: Inna Sosina, MD
Administration: Roshan Sabar, MD

Project Title: Improving Resident Physician Identification and Communication Satisfaction

Aim Statement: By January, 2017, we will increase the residents and/or families satisfaction with physicians in the nursing home by 5%

Facility: NYC Health + Hospitals / McKinney Nursing and Rehabilitation Center

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- To Increase percent of the residents/families that are satisfied with physicians by 5%

MEASURES/ How will we know a change is an improvement:

- When our survey scores improve
- We will collect data from random 40 (total) alert/communicative residents or family members (if residents unable to participate)

The six questions to be asked on a four point scale:

- 1) I know who my doctor is.
- 2) I know how to contact my doctor.
- 3) My doctor responds to my concerns/questions worries.
- 4) My doctor treats me courteously
- 5) I feel comfortable reaching out to my doctor
- 6) My doctor keeps me informed about my condition/changes.

CHANGE/ What change can we make that will result in an improvement:

- Review the comments on the survey for suggests
- Board with names and pictures of clinical staff
- Business Cards
- Quality contact with family member
- Clear identification between nurse, doctor and other providers
- Orientation on what it means to be in a nursing home
- Monthly support group

Facility: NYC Health + Hospitals / McKinney Nursing and Rehabilitation Center

Progress to Date (PDSA Cycles, results?):

- Data has been collected and will be analyzed and presented at the next monthly meeting

Comment on doctors engagement on FBCC:

- Very active involvement from all the doctors and administration

East NY D&TC

Facility: Gotham Health Center / East New York

Presented By: Doctors Council Member: Glenis Strachan, MD
Administration: Raquel Fernandez, MBA

Project Title: Revamping the Recall Process

Aim Statement: Reducing the wait time of unscheduled adult medicine Recall Patients by 25% as they are moving through the visit

Current Baseline = 45 min Wait Time (Start w/ PCP – Registration)

Target 25%↓ = 33 min

Facility: **Gotham Health Center / East New York**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Reduce the wait time of Recall patients moving through the visit
- Decrease the number of recall patients entered into the Provider's template
 - Opening access and controlling saturation of template
- Utilize the other Care Team members and ancillary services to administer the needs of the recalled patients
 - Provider, Care Team RN, Diabetes Educator RN, Lab/Blood work

MEASURES/ How will we know a change is an improvement:

- Wait Time
- Number of Recall Patients entered into Provider's template
- Number of Recall Patients entered into RNs' template
- Number of Recall Patients signed in to Lab

CHANGE/ What change can we make that will result in an improvement:

- Update Recall Letter sent to patients
 - Clear instruction to see appropriate Care Team/ Staff member when presenting to front desk
 - Visual management and navigation
- Collect Recall demand on RN Templates and Lab sign in

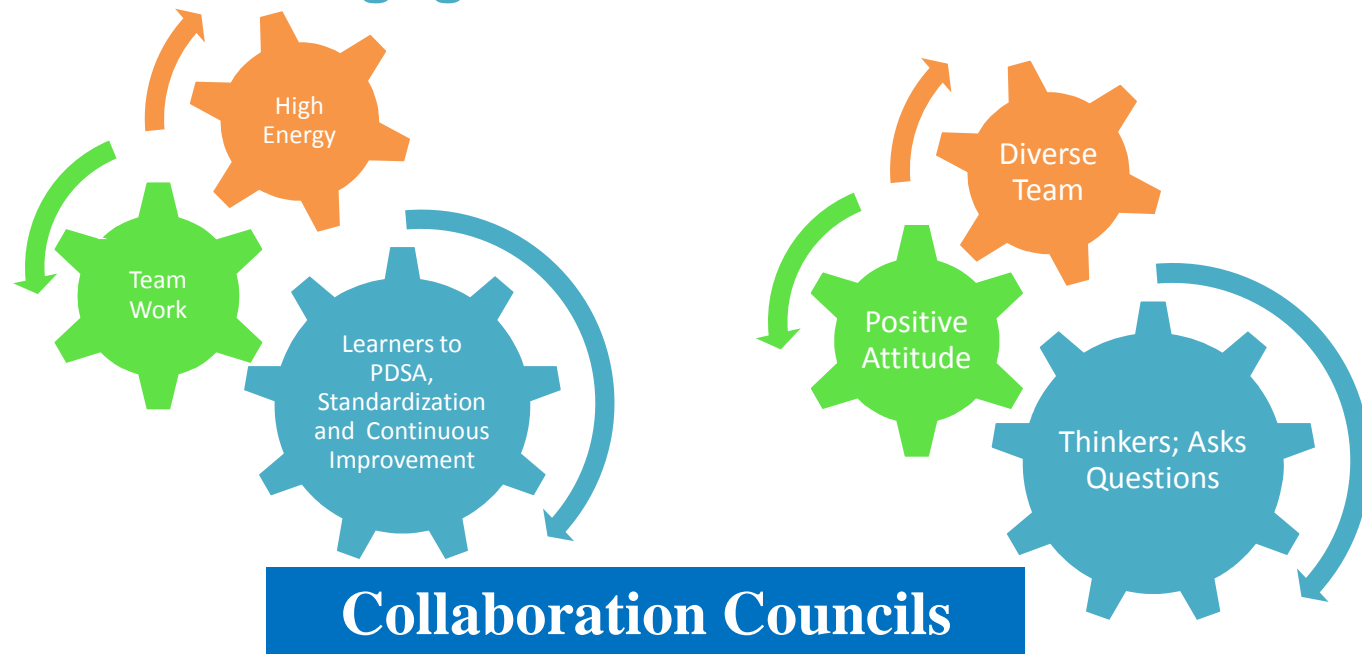
Facility:

Gotham Health Center / East New York

Progress to Date (PDSA Cycles, results?):

- ☑ Dr. Strachan and Care Team to pilot PDSA Cycle #1, July 25 – Aug 26
- ☑ Process Control Board designed to track recall process metrics
- ☑ In-service to Care Team on standard work [PCPs, PCAs, RN, LPN, and Clerk]

Comment on doctors engagement on FBCC:



Elmhurst Hospital

Facility: NYC Health + Hospitals / Elmhurst

Presented By: Doctors Council Member: Jasmine Dave, MD
Administration: Wayne Zimmermann, COO

Project Title: Improving Patient Experience in the Elmhurst GYN Clinic (Patient Navigator in the GYN Clinic)

Aim Statement:

Description	We will have in place a patient navigator in the GYN clinic to serve as a resource to patients while they are waiting to see their provider.
Objective	The navigator will interact with a minimum 40% of the patients per clinic and we hope to improve communication with patient by 10% in 3 months from start date.
Timing	By July 25 th , 2016

Facility: NYC Health + Hospitals / Elmhurst

3 Questions of the IHI Model of Improvement:

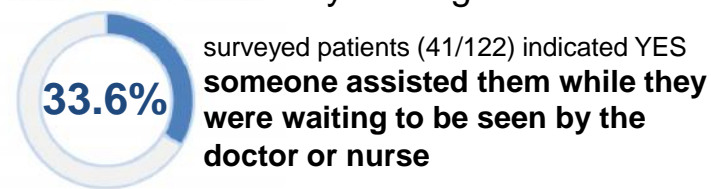
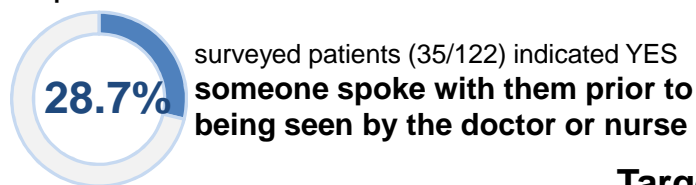
AIM/ What are we trying to accomplish:

- By July 25th, we will have in place a patient navigator in the GYN clinic to serve as a resource to patients while they are waiting to see their provider. The navigator will interact with a minimum 40% of the patients per clinic and we hope to improve communication with patient by 10% in 3 months from start date.

MEASURES/ How will we know a change is an improvement:

Baseline (July 1 – 18, 2016):

62% of GYN Patients scheduled between July 1 – 18, 2016 (122/174) were surveyed to obtain feedback regarding their experience in the GYN Clinic and whether any staff had spoken with them while they waiting to see their physician.



Target (October 31, 2016):

Patient Navigator will interact with minimum of 40% of patients
Improve Communication with patient by 10% from 28.7% to 38.7%

CHANGE/ What change can we make that will result in an improvement:

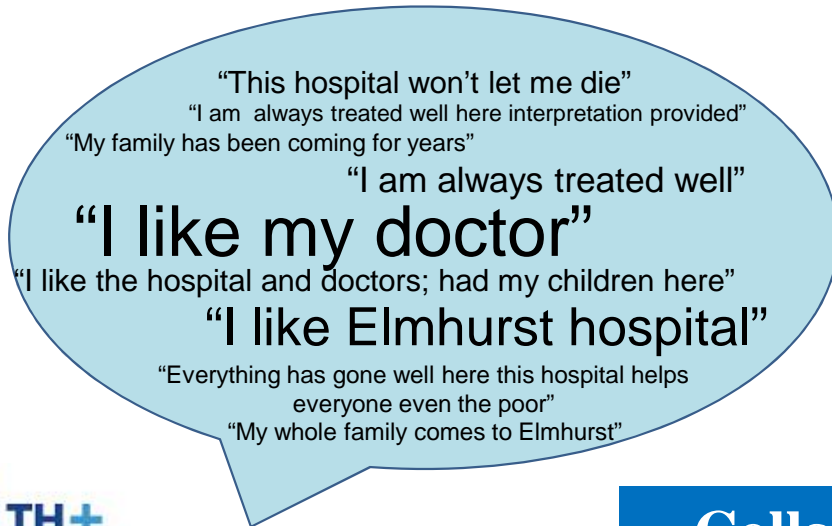
- Train Patient Navigator to interact with GYN clinic patients while they are waiting during their visit.

Facility: NYC Health + Hospitals / Elmhurst

Progress to Date (PDSA Cycles, results?):

- Baseline data collected
- Trained the Patient Navigator
- Surveys created and implemented electronically and hardcopy
- PDSA Cycles 1 and 2 conducted:
 - Cycle 1 [Jul 1 – Jul 11, 2016] Electronic survey conducted using tablet – facilitated by Patient Navigator
 - Cycle 2 [Jul 13 – Jul 15, 2016] Hardcopy survey conducted – patient completed without assistance from Patient Navigator
 - Cycle 3 [Jul 25 – Oct 31, 2016] Navigator Implementation - awaiting data

Comment on doctors engagement on FBCC:



Harlem Hospital

Facility: NYC Health + Hospitals / Harlem

Presented By: Doctors Council Member: Toni Wright, MD
Administration: Zafar Sharif, MD

Project Title: Reducing wait time in the Urology Clinic

Aim Statement: For one week (starting June 20th, 2016) we will include reasons for diagnosis in scheduling sheet of patients in the Urology Clinic to enable the physician to more efficiently treat the patient and teach the residents

Facility: NYC Health + Hospitals / Harlem

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- We are trying to reduce the wait time in the Urology Clinic. Currently, the physician is spending too much time figuring out the reason for diagnosis and or referral.

MEASURES/ How will we know a change is an improvement:

- We have collected the wait time data prior to implementing the change and after and will assess the differences.

CHANGE/ What change can we make that will result in an improvement:

The doctor is now receiving a print out of the schedule inclusive of the diagnosis and reason for referral.

Facility: **NYC Health + Hospitals / Harlem**

Progress to Date (PDSA Cycles, results?):

- We have completed the first PDSA cycle (Monday June 20th- Monday June 27th) and are waiting on the wait time results. What we found from our first cycle was that although we now have the reason for referral on the schedule, it is not actually included as it should be. From this we need to think about a project to make sure the reason for referral is listed in the system.

Comment on doctors engagement on FBCC:

- At Harlem, from the beginning we have put a strong emphasis on doctor engagement. Each meeting we take the time to share “quick fixes” and have utilized those ideas to come up with what our next PDSA cycles should be.
- We have also created a template for all of the doctors at Harlem to not only give input but help educate them on what a PDSA cycle is.
- Our goal is to empower the front line doctors and address their needs. We aim to increase the number of respondents in the physician engagement surveys as well as increase scores in regards to the question “Did administration address your concerns.”

Henry J. Carter Specialty Hospital

Facility: NYC Health + Hospitals / Henry J. Carter

Presented By: Doctors Council Member: Joseph Mazza, MD
Administration: Edwin Williams, MD

Project Title: Informing patients of coverage

Aim Statement: Develop a “standard work” of the what, how and frequency of communications with patients/residents/families in order to inform the patient of coverage by the call physician on the 3rd floor of LTACH to communicate with all 5 residents who are capable of communicating.

Facility: NYC Health + Hospitals / Henry J. Carter

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Improve patients being informed by on call doctors about their role and coverage and having a standard model of communication and frequency to do so.

MEASURES/ How will we know a change is an improvement:

- During executive rounding we have surveyed the patients prior to implementing the standard model of communication and after.

CHANGE/ What change can we make that will result in an improvement:

- We have trained doctors on the checklist and how to utilize it and in what scenarios along with its importance to the patients.

Facility: NYC Health + Hospitals / Henry J. Carter

Progress to Date (PDSA Cycles, results?):

- We have already completed our first PDSA cycle. We found that we may have started with too small of a sample of patients who were verbally able to communicate. The patients who we did speak to felt as though they were informed.
- It was good to start small because after the initial implementation we wanted to make changes to our checklist that we created for our first PDSA cycle.
- We are following through on our next PDSA cycle and have ideas in regards to moving towards doing similar PDSA cycles in the different floors/ Units of the facility as well as creating new PDSA cycles for communicating with family members etc.

Comment on doctors engagement on FBCC:

- With a small group on our FBCC we have been able to have a good representation of the attending and have our doctors council representatives strongly engaged. We have also started to work with almost every call attending in the facility. Communication via word of mouth and at MEC meetings has been successful to date in terms of keeping the general membership of doctors council informed along with administrative doctors.

Gouverneur D&TC

Facility: **Gotham Health Center / Gouverneur**

Presented By: Doctors Council Member: Rob Caldwell, MD
Administration: Martha A. Sullivan, DSW

Project Title: Implementing Health Literacy Universal Precautions at Gouverneur to Improve the Patient Experience

Aim Statement: To help our practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels through the use of Health Literacy Universal Precautions

Facility: Gotham Health Center / Gouverneur

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

Increasing patient:

- Health literacy skills
- Empowerment

MEASURES/ How will we know a change is an improvement:

Shorter term:

- Feedback from patients and staff
 - Evaluation tools to be developed

Longer term:

- Press Ganey scores

CHANGE/ What change can we make that will result in an improvement:

The AHRQ Health Literacy Universal Precautions Toolkit

- Simplified communication
- Confirm comprehension
- Ease navigation of the office environment and health care system

Facility: Gotham Health Center / Gouverneur

Progress to Date (PDSA Cycles, results?):

- Communication of the project and staff awareness
- Survey development for areas of practice strengths and weakness

Next steps include:

- Administering and analyzing survey results
 - Action items will address high-impact deficiencies
 - Short-term measurement tool development

Comment on doctors engagement on FBCC:

- Conversation and participation from Doctors has been robust
 - Active collaboration

Jacobi Medical Center

Facility: NYC Health + Hospitals / Jacobi

Presented By: Doctors Council Member: Steven R. Hahn, MD
Administration: Dr. John Morley

Project Title: Matching Time to Need in Ambulatory Medicine

Aim Statement: To improve attendings' ambulatory patients' 1. wait time and satisfaction with: 2. wait time, 3. time spent with physician and 4. perception that physician was rushed AND attending physicians' 1. ability to finish clinic in time for next responsibility and satisfaction with: 2. ability to accomplish goals in time spent with patient and 3. not feeling rushed

Facility: NYC Health + Hospitals / Jacobi

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

Improve patient satisfaction with care and physician satisfaction with care process by:

- Prospectively allocating visit time based upon easily ascertained, powerful predictors (this iteration):
 - **New to the provider but known to facility**
 - **Requiring language line**
- So that the patient experience is improved
 - Patients “downstream” of time-mismatched patients do not have inordinate wait times (objective metric)
 - Patients are more satisfied with:
 - Wait time
 - Time spent with physician
 - Perception that their physician took their time and was not rushed
 - Overall satisfaction with wait time and care from physician
- So that physicians alignment is improved because they can
 - Get to their next responsibility on time (objective metric)
 - Provide appropriate care to their patients in the allotted time
 - Don't feel rushed

MEASURES/ How will we know a change is an improvement:

- Decrease the discrepancy between time scheduled and actual visit length by 50%
- Improve patient and physician satisfaction with previously mentioned outcomes by 25%

CHANGE/ What change can we make that will result in an improvement:

- Pilot prospectively time matched template with sample of attendings in October

Facility: **NYC Health + Hospitals / Jacobi**

Progress to Date (PDSA Cycles, results?):

- Discussed and achieved group buy-in with goal and strategy for the project
- Developed measurement tool for duration of visit and physician experience of time match;
 - Has been tested for feasibility and acceptance
 - Will be deployed for baseline measure this month
- Developed items for patient satisfaction exit interview
 - Piloting this week
 - Will be deployed for baseline measure this month
- Created mechanism for time-matched template for October

Comment on doctors engagement on FBCC:

- Council has begun a process of setting up meetings with departments and services to promote the Collaboration Council process. Doctors Council delegates will meet with their constituents accompanied by our interim CEO/CMO
- The Collaboration Council has discussed two QI programs, the one presented and a second program in improving discussion about the use of perioperative DVT prophylaxis, and is enhancing members' knowledge and understanding of the IHI model
- Discovered the need to improve our ability to add metrics of patient satisfaction to QI initiatives that are/have been initiated because they will improve medical outcomes, i.e. the "Improve the Health of Populations" domain of the Triple Aim, but which would be transparent to patients because, for example, NOT having a DVT is exactly what a patient would expect.

Kings County Hospital

Facility: NYC Health + Hospitals / Kings County

Presented By: Doctors Council Member: Augustine Umeozor, MD
Administration: John Wagner, MD

Project Title: Post-op Communication with Patients and Families

Aim Statement: Improve postoperative communication between the surgical team and patient's family at Kings County ambulatory surgical center by 75% in 3 months

Facility: NYC Health + Hospitals / Kings County

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Improve communication between the surgical team and the patient's family within one hour of completed surgery

MEASURES/ How will we know a change is an improvement:

- **Outcome measure** Number of families who answer 'yes' to question about communication with the surgical team
- **Process Measure** Documentation in the medical record of communication with patient's family postoperatively
- **Balance measure:** Surgical discharge time and staff satisfaction

CHANGE/ What change can we make that will result in an improvement:

- Improve work flow
- Designate a provider to talk with patient's family as part of the surgical checklist

Facility: NYC Health + Hospitals / Kings County

Progress to Date (PDSA Cycles, results?):

- Gathered base line data

Comment on doctors engagement on FBCC:

Some comments from FBCC members:

- Open discussion with senior leadership about problems
- Open and honest communication, clarification of projects and expert advice
- A good development for the organization

Lincoln Hospital

- Facility:** NYC Health + Hospitals / Lincoln
- Presented By:** Doctors Council Member: Rakeshkumar Mistry, MD
Administration: Ms. Lillian Diaz/ Mr. Milton R Nunez
- Project Title:** A Cohesive Provider Team can Improve Patient Experience
- Aim Statement:** Decreasing clinic wait time by 20% by Oct'16 in adult primary care clinic RMC session

Facility: NYC Health + Hospitals / Lincoln

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Decreasing clinic wait time by 20% by Oct'16 in adult primary care clinic during resident session hence improving patient flow and increasing patient satisfaction

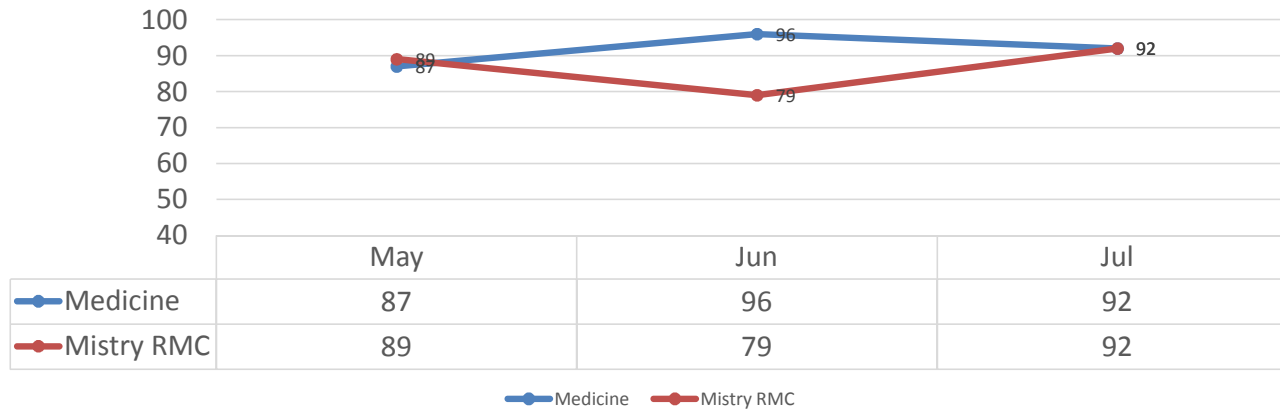
MEASURES/ How will we know a change is an improvement:

- Improvement in 'In-clinic wait time & cycle time'

CHANGE/ What change can we make that will result in an improvement:

- Providing a cohesive and consistent team during resident's clinical session at least 80-90% of the time, for one of the providers will help building team spirit and improving communication in team, thereby reducing wait times

Cycle Time in minutes - Medicine vs Mistry's RMC



Facility: **NYC Health + Hospitals / Lincoln**

Progress to Date (PDSA Cycles, results?):

- Plan for PDSA cycle
 - Obtain baseline metric which is wait time for a patient coming to the providers RMC clinic
 - Start with one provider clinic and have a consistent team 80-90 % of the time every month
 - Wait time to be then measured at the end of 3 month period
 - If successful, will then try with another provider as well and measure data at the end of 2 months
 - If successful, will try other interventions, including working of unscheduled patients appts
 - Spread the change to other primary clinic areas

Comment on doctors engagement on FBCC:

- Our FBCC Clinician members are well engaged, come for most of the meetings and after this project, we hope to extend the Quality Improvement projects to other clinical areas in the following months

Metropolitan Hospital

Facility: NYC Health + Hospitals / Metropolitan

Presented By: Doctors Council Member: Alexander Shilkrut, MD
Administration: Alina Moran, CEO

Project Title: Provider Communication Model to Improve Patient Satisfaction

Aim Statement:

- Improve patient satisfaction in ambulatory care setting
- Develop communication model for providers
- Demonstrate statistically significant improvement in patient satisfaction

Facility: **NYC Health + Hospitals / Metropolitan**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- At the end of each visit providers will utilize standard script to discuss patient's experience

MEASURES/ How will we know a change is an improvement:

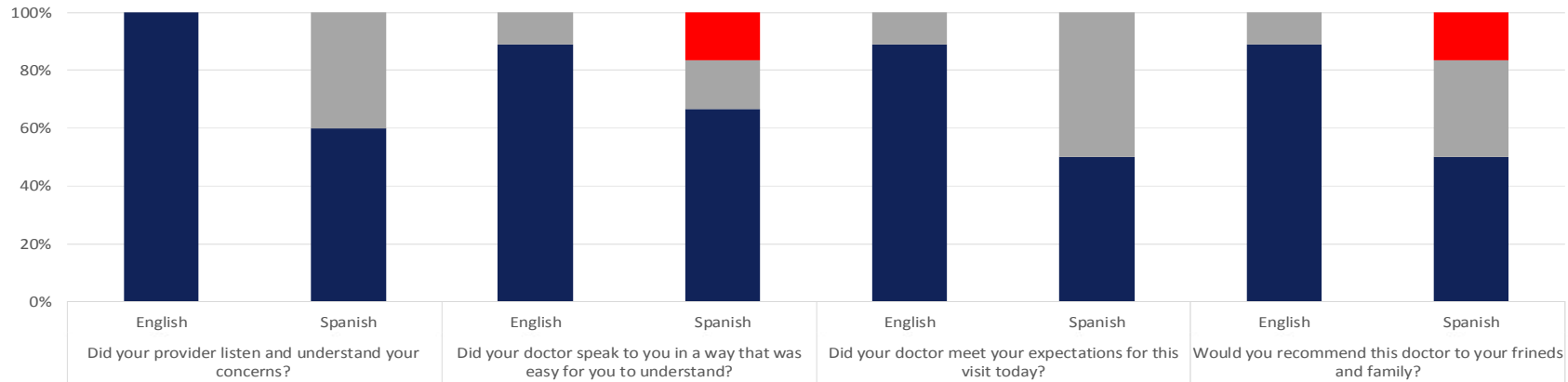
- We do a survey using questions similar to Press Ganey as patients exit the clinic

CHANGE/ What change can we make that will result in an improvement:

- Facilitate better communication between providers and patients
- Provide opportunity for service recovery
- Identify further areas of improvement

Doctor Council PDSA 1st Cycle

■ yes ■ neutral ■ no



Questions	Did your provider listen and understand your concerns?	Did your doctor speak to you in a way that was easy for you to understand?	Did your Doctor meet your expectations for this visit today?	Would you recommend this doctor to your friends and family?
# YES	E9+S3= 12	E8+S4= 12	E8+S3= 11	E8+S3= 11
# NO	E0+S0=0	E0+S1= 1	E0+S0=0	E0+S1=1
# Neutral	E0+S2=2	E1+S1=2	E1+S3= 4	E1+S2= 3
Total	14 (1 Spanish skipped)	15	15	14



Morrisania D&TC

Facility: Gotham Health Center / Morrisania

Presented By: Doctors Council Member: Fernando Mora-Mclaughlin, MD
Administration: David John, MD

Project Title: Effect of Telephone visit on Care Provider Press Ganey Score

Aim Statement: By performing a telephone visit within 10 days of a New Patient initial encounter we will result in improvement in Care Provider Press Ganey Score

Facility: **Gotham Health Center / Morrisania**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- To improve the patient perception of their initial clinical encounter in the Adult Primary Care Clinic of Morrisania Neighborhood Health Center

MEASURES/ How will we know a change is an improvement:

- By seeing a positive change from Baseline in internal Press Ganey survey score

CHANGE/ What change can we make that will result in an improvement:

- Telephone follow up visit within 10 days of New Patient encounter

Facility: **Gotham Health Center / Morrisania**

Progress to Date (PDSA Cycles, results?):

- Currently in the pilot phase of the project
- Start date - July 5th, 2016
- Created survey letter in English and Spanish
- Baseline survey mailed to 14 patients

Comment on doctors engagement on FBCC:

- Active participation of all members of the council
- Physicians and administrators chair the meetings on a rotating basis
- Project designed proffered by a PCP

North Central Bronx Hospital

Facility: NYC Health + Hospitals / North Central Bronx

Presented By: Doctors Council Member: Frederick Nagel, MD
Administration: Yvette Calderon, MD, Maureen Pode, RN
John Morley, MD

Project Title: Length of Stay for Admitted Medicine Patients in the ED

Aim Statement: Decrease the length of time from decision to admit to exiting the emergency department for stable medical patients admitted to a Med/Surg Unit by 60 minutes within 90 days

Facility: NYC Health + Hospitals / North Central Bronx

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Decrease the length of time from decision to admit to exiting the emergency department for stable medical patients admitted to a Med/Surg Unit by 60 minutes within 90 days

MEASURES/ How will we know a change is an improvement:

- Z-Out-to-Patient Exit Median Time- Current time is 2:25 median from 10/14-11/15
- Patient Experience survey questions asked at next business day of arrival to unit during “Welcome Rounds”

CHANGE/ What change can we make that will result in an improvement:

Daily Bed Huddles:

- Utilize daily bed huddles to identify admitted patients in ED awaiting bed assignment, room readiness and expected inpatient discharges, telemetry and isolation room needs

Communication process for Nurse to Nurse hand off:

- Current process requires the ED nurse to give a verbal report via phone to inpatient nurse before moving an admitted patient out of the ED creating delays.
- New process - upon learning that inpatient bed is ready, SMR & Floor notified of admission, ED nurse completes SBAR form and sends form with patient to inpatient floor. This will only be used for low acuity admissions to the medical/surgical floor who do not need monitoring, telemetry or isolation placement

Facility: NYC Health + Hospitals / North Central Bronx

Progress to Date (PDSA Cycles, results?):

- **Interdisciplinary Daily Bed Huddles implemented**
 - Validation of available beds with Admitting
 - Real time resolution of admission & flow issues
- **Team based development of standard work for SBAR communication between ED and inpatient for stable medical patients admitted to a Med/Surg Unit**
 - Training on SBAR process in progress
 - Implementation of new nurse to nurse hand off to start on 8/15/16

Comment on doctors engagement on FBCC:

- Physicians actively participating in FBCC and feel heard by senior leadership about issue that effect the physicians and their patients through the eyes of a doctor
- Collaboratively identified the importance of working on projects that focus on enhancing communication and patient safety

Queens Hospital

Facility: NYC Health + Hospitals / Queens

Presented By: Doctors Council Member: Lauren Rosenberg, MD
Administration: Dona Green, COO

Project Title: Reducing wait time in Cardiology Clinic

Aim Statement: We will decrease the wait time from vitals to provider by 11 minutes average or less than 60 minutes in one week by having pre-visit planning meetings with the PA's and MO's in cardiology clinic

Facility: NYC Health + Hospitals / Queens

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Reduce wait time along with increasing Provider/PA knowledge to have more efficient time with provider. .

MEASURES/ How will we know a change is an improvement:

- We will be measuring wait times in the clinic from vitals to patient being seen by provider

CHANGE/ What change can we make that will result in an improvement:

- Have a pre-meeting with PA's and MO going through charts and explaining reasons for visit maybe reducing need for un-necessary tests etc.

Facility: **NYC Health + Hospitals / Queens**

Progress to Date (PDSA Cycles, results?):

- Initially gathered data – baseline of wait times including start, check in, appointment time, before vitals, vital duration, wait time before provider, wait time for discharge.

Comment on doctors engagement on FBCC:

- We have engaged different doctors through out the facility who have not previously been engaged. We have also been able to clarify many communication break downs. Going forward we will continue to work on engagement of the front line clinicians at the FBCC and throughout the hospital.
- The Queens Hospital Center FBCC will also work to communicate to the greater facility.

Renaissance Health Care Network D&TC

Facility: Gotham Health Center / Renaissance

Presented By: Doctors Council Member: Jean-Marie H. Claude, MD
Administration: Reba Williams, MD

Project Title: Improving Patients' Satisfaction at Dyckman through Staff Engagement and Patient's Empowerment

Aim Statement: Decrease A1C of 15 Dyckman patients with A1C \geq 9% by 1 point in 6 weeks (September 14, 2016) and by 2 points in 12 weeks by (October 26, 2016)

Facility: **Gotham Health Center / Renaissance**

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- Decrease A1C of 15 Dyckman patients with A1C \geq 9% by 1 point in 6 weeks (September 14, 2016) and by 2 points in 12 weeks by (October 26, 2016)

MEASURES/ How will we know a change is an improvement:

- Patient's A1C will be checked before entering the program. A1C will then be checked at the 6 week mark, followed by the 12 week mark. (End of the PDSA cycle)

CHANGE/ What change can we make that will result in an improvement:

- The diabetic classes will be taken to the patients' site (Dyckman) in their preferred language. Patient will provide, in advance, a point of contact who will serve as support during their trial. This "support person" will serve as a liaison in case a patient needs additional support.

Facility:

Gotham Health Center / Renaissance

Progress to Date (PDSA Cycles, results?):

- 27 patients with A1C 9% have been chosen and the team leading this trial has been put into place. The team is comprised of 2 overseeing doctors, 1 “hands-on” doctor, 1 CDE (certified diabetic educator), 1 LPN (licensed practical nurse), 1 outreach person, and 1 translator.

Comment on doctors engagement on FBCC:

- The FBCC doctors display constant interest in the program. We will continue motivating the frontline doctors by learning from the IHI educational program, continuing with monthly meetings, and maintaining constant communication with management.

Seaview Hospital

Facility: NYC Health + Hospitals / Sea View

Presented By: Doctors Council Member: Rufina Binayo, MD
Administration: Maria J. Pablo, MD

Project Title: Obtain Informed Consent for the Possible Use of Psychoactive Medications

Aim Statement: Sea View will obtain informed consent for the possible use of psychoactive medications within 7 days of admission achieving 100% by the second quarter of 2016

Facility: **NYC Health + Hospitals / Sea View**

OBJECTIVES (Plan)

- Further improve the quality of physician engagement
- Obtain informed consent for the possible use of psychoactive medications during the patient stay. Risk and benefits will be discussed on admission and during interdisciplinary team meetings

DO

- Initial discussion with Patient Rep, Nursing and Medicine
- Interdisciplinary discussion with patient and family
- Every encounter with Families/Surrogate

MEASURES (Check)

- Weekly Chart Review
- Patient Satisfaction Survey

Facility: NYC Health + Hospitals / Sea View

RESULTS (Check)

- First quarter achieved 86%
- Second quarter achieved 99.5%

CHANGE(Act)

- Continue to encourage opportunities for communication between physicians and patient/family addressing concerns on the possible use of psychoactive medications
- To be compliant with regulatory bodies - CMS, NYSDOH, TJC (M.M.01.01.05 EP6)
- Establish as Standard of Practice

Comment on doctors engagement on FBCC:

- Active involvement with the psychiatrist

Woodhull Hospital

Facility: NYC Health + Hospitals / Woodhull

Presented By: Doctors Council Member: Laurence Rezkalla, MD
Administration: Edward Fishkin, MD

Project Title: Teaching Effective Communication and Empathy to improve our patients' experience and engage all health team members

Aim Statement: Within 90 days, focus on Med/Surg patients to Improve our Press Ganey scores on patients' communication and treatment with respect by 5% and to decrease patient complaints by 5%.

Facility: NYC Health + Hospitals / Woodhull

3 Questions of the IHI Model of Improvement:

AIM/ What are we trying to accomplish:

- To increase awareness among all health team members of common communication challenges and barriers
- To teach skills, techniques and teamwork necessary for achieving effective communication

MEASURES/ How will we know a change is an improvement:

- Pre and post program test results will indicate if our education efforts succeeded
- Weekly follow ups with participants by FWCC members will assess attitude, behavior and outcome changes (i.e. use of new communication techniques)
- We will see a definite increase in communication and respectful treatment scores for unit 6-100 patients in our Press Ganey reports
- We will see at least a 5% reduction in complaints from 6-100 patients
- ALL staff working on 6-100 will have completed the program

CHANGE/ What change can we make that will result in an improvement:

- Patients and families will feel a warm and welcoming environment upon arrival to the unit
- Empower the frontline physicians and engage all team members in achieving the best quality, effectiveness and efficiency of care

Facility: NYC Health + Hospitals / Woodhull

Progress to Date (PDSA Cycles):

FWCC reviewed and assessed 12 months of real patient complaints:

- Result – identified lack of empathy and effective communication as causative

Focus Group with target audience (staff representatives from 6-100)

- Result: staff concurs with FWCC findings
- Staff extremely interested to engage in the program

Road Test Program Agenda, video and didactic session with FWCC

- Unanimous approval

Plan to hold first 4 hour seminar in August

Comment on doctors engagement on FBCC:

- All scheduled FBCC meetings took place
- Physician attendance has been excellent with wide participation
- All participants on both sides of the table are very engaged
- Every member of FBCC has a role in the first PI project as either an instructor, an evaluator or a monitor