



ON THE MOVE



Goldwater Successfully Transfers
Patients and Residents to the
Henry J. Carter Specialty
Hospital and Nursing Facility



On November 24 and 25, 2013, there was a successful relocation of 228 patients and residents to the Henry J. Carter Specialty Hospital and Nursing Facility from the Goldwater campus. Transferring these individuals was a significant and challenging undertaking since many of the patients were medically fragile and on ventilators. The week before, a Mock Move was conducted, which enabled the IT tracking of patients and residents to run smoothly on the actual relocation days.



The two-day move, which began before dawn Sunday morning, was fully completed ahead of schedule on Monday afternoon. Hundreds of Coler-Goldwater staff from many departments took part, and gave patient safety the highest priority. They performed with complete confidence, skill and professionalism.



Representatives from the New York State Department of Health monitoring the two-day move expressed how impressed they were with the relocation process and delivery of patient care throughout. HHC President Alan D. Aviles, Executive Vice President Antonio Martin, and Senior Vice Presidents LaRay Brown and Lynda D. Curtis were also in attendance providing assistance and support. The new facility's namesake, Henry J. Carter, founder of Wheelchair Charities Inc., was also present in the Command Center.

The operation was coordinated with several agencies, including the New York City Office of Emergency Management, the New York City Police Department, the Fire Department of New York, the New York City Department of Transportation, the New York City Economic Development Corporation, and the New York State Department of Health.

"Every employee should be very proud of the role they played in the successful transfer. So many people went above and beyond the call of duty in rising to the challenges, demonstrating hard work, dedication and compassionate professionalism," said Robert K. Hughes, Executive Director of both Coler-Goldwater and the Henry J. Carter Specialty Hospital and Nursing Facility.



The Journey Continues...

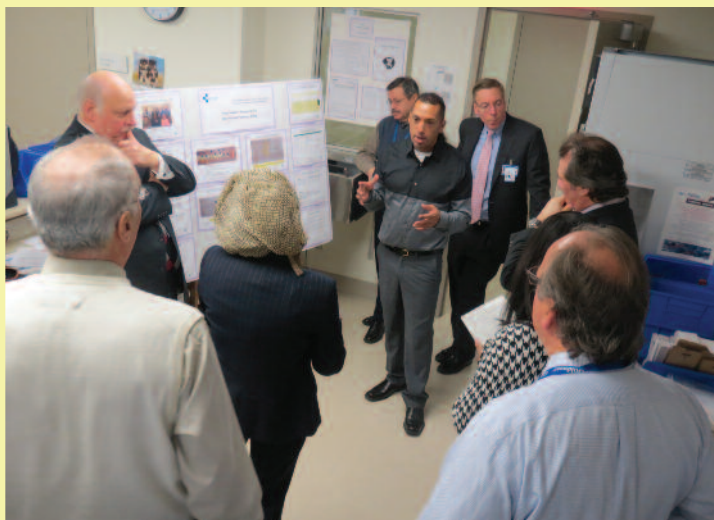
...BREAKTHROUGH INITIATIVES

An old saying notes that: *"If you don't know where you're going, any road will take you there."* The Breakthrough Performance Improvement Methodology aims to do exactly the *opposite* of that old adage.

We know where we are going, and are working to find the best and most efficient road to get there.

In March 2012, Coler-Goldwater began using the Breakthrough Performance Improvement Methodology adopted by HHC on 2007. 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 customer.

Breakthrough is based on Toyota's very successful LEAN business method, so many of the terms used in Breakthrough are of Japanese origin.



A pharmacy billing presentation explained how significant savings could be achieved.

Through Breakthrough organizational problems are solved by involving staff members who do the work. Its primary focus is identifying and eliminating waste from processing systems, therefore, becoming a "Lean" organization. As a result, patient care services are delivered more efficiently.

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

Monsy Nieves-Martinez, Breakthrough Deployment Officer (BDO) for Coler-Goldwater/Henry J. Carter, spearheads the many Breakthrough initiatives. Looking at the "Value Stream"—the entire collection of activities necessary to produce and deliver high quality care to our patients/residents—is one of the crucial steps of the Breakthrough journey.

"Value Stream Analysis" (VSA) separates the activities that contribute to value creation (high quality care for our pa-



Rebecca Rozario introduced the D/C Med Team to Gemba Walk participants.

tients/residents) from activities that create waste, and identifies opportunities for improvement. VSAs have been undertaken for the Nursing Facility, Long Term Acute Care Hospital (LTACH) and for the Patient Experience.

The staff that work in the "Gemba" (the unit or other place where work is done) are the ones who are asked to find the solutions to problems. When executive staff goes to a unit or other work area to observe firsthand, it is called a "Gemba Walk." The time when employees share their thoughts and ideas for improvement and decide on a workable solution is called a "Rapid Improvement Event" (RIE). The RIEs lead to real improvements in efficiency, and also to significant financial savings.

On January 17th HHC's newest addition, the Henry J. Carter facility, hosted a Gemba Walk to give the attendees a firsthand look at the great accomplishments they have been achieving using Breakthrough. It was the first Gemba Walk



The D/C med team gathered for a presentation during the Gemba Walk.



The Gemba Walk participants were on their way to visit unit 3E and the Pharmacy Department.

since our Breakthrough journey began. Representatives from all of the other HHC long-term care facilities, as well as from other HHC hospitals, were in attendance to see the new facility and hear about the new improvements.

The Gemba Walk was coordinated via the New York City Health and Hospitals Corporation Breakthrough Development team. Mr. Robert Hughes, Executive Director along with members of the Executive Steering Team, welcomed participants. After a welcome from the Coler-Carter executive leadership and our Breakthrough officer, the Henry J. Carter staff told the audience about their experience with Breakthrough, and in particular the improvements made in the Pharmacy area. Escorted by Rebecca Rozario and Abraham Shapiro, visitors had the opportunity to see how improvements, made using Breakthrough methodology, had been accomplished in the Pharmacy area and inpatient units.

Two Rapid Improvement Events were showcased at the Gemba Walk: Nursing Facility Pharmacy Billing and Medication Dispensing upon Discharge. By improving the process and creating standard work in Pharmacy billing and the dispensing medications upon discharge, the savings achieved in the first six months post RIE were \$1,216, 965.

Faced with the challenges of using a new software system, QS1, as well as pressing financial performance issues, the staff recognized that change was needed. Utilizing Breakthrough techniques, the Pharmacy led the way for a culture change to a more business-like model, which increased efficiency and eliminated waste.

Additionally, other RIEs have determined potential savings in the following areas:

- Nursing Overtime (LTACH) \$1,128,533
- Nursing Overtime (NF) \$1,535,197

The potential savings are very significant. So far, the Breakthrough methodology has proven to have real benefits, saving time and funds. It has also engaged staff at all levels and made them feel a part of both the processes and the solutions.

We look forward to seeing excellent results from future initiatives and procedures identified by the Breakthrough process, which will help both Coler-Goldwater and Henry J. Carter achieve and maintain a top rating among healthcare facilities.

These are some terms that are often used in Breakthrough:

Breakthrough Deployment Officer (BDO): The senior leader responsible for the overall Breakthrough activities

Breakthrough Facilitator: Someone who skillfully helps a group to reach a consensus on a topic without themselves taking any side of the argument. The facilitator learns to become the internal sensei

Executive Sponsor: The senior leader who champions and signs off on the initiations of Breakthrough activities, provides guidance and removes all barriers

Executive Steering Committee: The leadership team that guides the overall implementation of Breakthrough activities by using the Transformation Plan of Care (TPOC) as their map to prioritize Value Streams

Gap Analysis: A tool that helps compare the initial state and the target state. Helps identify potential direct causes

Gemba: The place where the work is done

Process Control Board (PCB): Visual information center that is self-explanatory, self-regulating and is aimed at targeted performance outcome and control system if necessary

Process Owner: the person responsible for leading Breakthrough efforts within an assigned Value Stream and RIE. Also is responsible for ensuring the future state is implemented, the expected outcome is achieved and the improved results are sustained

RIE (Rapid Improvement Event): The time when employees share their thoughts and ideas for improvement and decide on a workable solution

Standard Work: An agreed upon set of work procedures that effectively combines people, materials and equipment to maintain quality, efficiency, safety and predictability, and establishes a routine

Sensei: Expert

Team leader: The person responsible for leading the RIE team, keeps everyone involved, promotes a problem solving spirit and transitions the RIE Completion Plan to the Process Owner

Value Stream: The entire collection of activities necessary to produce and deliver high quality care to our patients/residents

Visual Management: The presentation of a wide variety of information in the workplace

Waste (aka Muda): Any activity that takes time and resources but does not add value to the product or service sold to the customer

AWESOME WELL DONE GOOD JOB GREAT COMPLIMENTS YOU ARE THE BEST NICE WORK

SONIA WILLIAMS



To Sonia Williams, Hospital Care Investigator, Patient Accounts, from a resident of NF6, Carter Facility:

"Expert care and guidance in difficult and trying circumstances ... helped to understand the process."

From the son of a patient on NF5, Carter Facility:

"Very accommodating and easy to talk to...a pleasant experience."

From the wife of a patient on NF2, Carter Facility:

"Ms. Williams is very sweet with the family. Thanks so much."

RAJ RANI



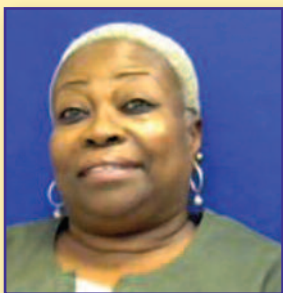
To Raj Rani, Head Nurse, and staff, from a resident of 6NF, Carter Facility:

"I want to compliment the staff for the exceptional greeting as I entered the unit. She is a very pleasant nurse."

From a resident of 6NF, Carter Facility:

"She is a good nurse."

CHELSEA WILSON



To Chelsea Wilson, CNA, Chronic, from a resident of 6NF, Carter Facility:

"I appreciate your compassion, time and care you have provided to me."

JAIRAM RANGLALL



To Asma Ahmed, MD from a resident on 2NF, Carter facility:

"She is very caring and visits my husband every day."

To Asma Ahmed, MD from a resident on 6NF, Carter Facility:

"The doctor, upon my brother's arrival on the unit, was pleasant, and we truly found the greeting a wonderful approach."

ASMA AHMED



To the Environmental Staff from resident on 6NF, Carter Facility:

"The room and unit are always maintained very clean. They do a great job."

To the Environmental Staff from a resident on 6NF, Carter Facility:

"Housekeeping is great!"

To the Environmental Staff from a resident on 6NF, Carter Facility:

"Housekeeping is excellent!"

GAIL TYSON



To Gail Tyson, MST, Chronic from a resident of 6NF, Carter Facility:

"I appreciate Ms. Tyson's time, patience and thoughtfulness."

MARGARET RIVERS



To Margaret Rivers, Associate Executive Director, Executive Administration, from a Carter facility 2nd floor patient/resident's family:

"Your presence makes a wonderful difference."

**OLUFUNMIBI
AWOSHILEY**



**COLER STAFF
A-51**



**BETTY
FENELON**



To all staff of A-51, Coler facility; Olufunmibi Awoshiley, Asst. Director, Hospital, Executive Administration; and Betty Fenelon, Special Officer, Security; from the Eye Bank hospital liaison:
"Thank you for gaining consent for the donations."

**ROSELYN
VASQUEZ**



To Roselyn Vasquez and Nathaniel Blugh, Patient Representatives, Patient Relations from a patient/resident of A-42, Coler facility:

"Everything is good."

From a patient/resident of A-11, Coler facility:

"I appreciate the help you have given me throughout my seven years."

To Roselyn Vasquez from a patient/resident of C-42, Coler facility:
"Thank you for your quick response in getting my electric wheelchair repaired."

"Thank you for your concern."

From a patient/resident of A-41, Coler facility:

"Thank you for making the right decision between what is right and wrong with courtesy, empathy and honesty...God bless you."

From a patient/resident of A-11, Coler facility:

"Thank you my friend for taking care of my issue with the TV."

From a patient/resident of C-44, Coler facility:

"Thanks Rosey. Appreciate Your Help!"

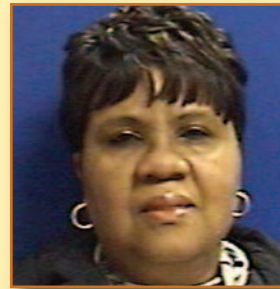
**NATHANIEL
BLUGH**



**MARIA
OLA-SIMS**



**SYLVIA
MILLER**



**ANNMARIE
XAVIER**

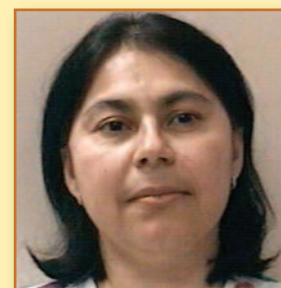


**JENNIFER
DIZON**



**MARIAMMA
MATHEW**

Patients/residents on C33 (now A33) of the Coler Facility wanted these six staff members recognized for their good work.



**OCTAVIA
VISHNEVSKY**

Coler-Goldwater's Innovative Volunteer Extended Self-Care Program

Thanks to a generous United Hospital Fund (UHF) grant of \$30,000, an important, first-of-its-kind initiative entitled the "Self-Care Program" has been in place at Coler-Goldwater for over a year. When the modernization program—which involved the relocation of many patients and residents to a new campus in Harlem, the discharge of hundreds of resi-



Residents, staff and volunteers proudly display their delicious and nutritious dishes created during a Self-Care workshop held on the Goldwater Campus.

dents into the community, and the eventual closing of the Goldwater Campus—was planned, it became apparent that innovative ways to address these big changes were needed.

Beginning in late 2010, the New York City Health and Hospitals Corporation's Corporate Planning Team, led by Dona Green, Sr. Assistant Vice President, smoothed the way for Coler-Goldwater's Self-Care program by assisting in obtaining housing and essential services for residents who qualified for discharge. This was in keeping with the corporate modernization plan.

A key aspect of the UHF grant

was a plan to use volunteers to extend the Self-Care Program to prepare nursing facility residents with the skills and support needed to successfully transition from an institutional-based setting to independent community-based living, and promote volunteerism. Coler-Goldwater matched and exceeded the UHF funds, giving the Self-Care Program more than \$60,000 of operating capital.

The UHF grant aimed to reach 114 residents, and that goal was met. Led by Pamela Hargrow, Director, Volunteer Department and assisted by Lydia Ortiz, Coordinating Manager, the volunteers were instrumental in encouraging residents to attend the program, reminding them of the class dates and times, and getting them to



Alexandre Chavkounov, resident, assisted by a volunteer, carefully seasons the cubed meat during the lunch preparation.

the scheduled workshops. Upon completion of the workshops, volunteers escorted the residents back to their units and relayed residents' concerns and questions back to the social workers. Volunteers also assisted with the follow-up on residents who had transitioned back to the community.

Sui-Fan Yung, Assistant Director, Hospital, Social Services, conceived of and implemented the Self-Care Program to teach residents—some who had been living at Coler-Goldwater for years—how to re-enter the community and function smoothly in day-to-day activities. She realized that there were many practical questions and hurdles that needed to be overcome before discharge, noting: "Residents could not just be given keys to an apartment and expected to rejoin the community unprepared."



"Ambassador" Glen Womack discovered how much he likes cooking, and proudly displays the delicious chicken he made in a Self-Care workshop.

Ms. Yung observed that many residents had been living at Coler-Goldwater for years, and the outside world had changed. Some had forgotten how to do laundry, shop, cook a meal, take public transportation, cash a check, or conduct themselves in an interview.



Christine Mitchell, resident; Linda Suber, Community Liaison Worker, Therapeutic Recreation; and Lydia Oritz, Coordinating Manager, Volunteers; examine the recipe for a healthy meal during a “Cook a Meal” workshop.

Residents who were awaiting housing were required to participate in the month-long program as part of the discharge process. Each of the 13 workshops—with groups of 10 residents or fewer—were taught by staff from the departments of Social Work, Nursing, Food & Nutrition, Psychiatry, Therapeutic Recreation, Dentistry, Occupational Therapy, Nursing Rehab and Volunteers. As an incentive to attend the workshops, attendees received gifts that complimented and reinforced

each carefully planned workshop, such as a calculator and shopping tote for the “Cook a Meal” session and a measuring cup and food storage container for the “Food & Nutrition” lesson.

Residents who have completed the program return to assist in it and encourage other residents’ participation—a key aim of the UHF grant—are called “Self-Care Ambassadors.” One such Ambassador is Glen Womack. Glen is waiting for available housing and currently resides at Coler. Womack said: “I believe in giving back. The program has increased my self-esteem and motivation, and I encourage others to attend the workshops.” Mr. Womack, along with resident Shafi Alam and other “Ambassadors,” subscribe to the concept of “paying it forward,” an idea in which the recipient of a kind act shows their gratefulness by helping others.

Although the grant ends in January 2014, the program will not. Other sources of funding are being sought, and the Volunteer Department has set up an internship for students at local colleges who would continue assisting with the Self-Care Program.

Many departments at Coler-Goldwater assisted with this important initiative, and the Self-Care team is most thankful for their participation. The cooperation, support and diligence of the departments of Food & Nutrition, Psychiatry, Occupational Therapy, Dentistry, Nursing, Nursing Rehabilitation, Social Work, Therapeutic Recreation, Volunteers and Administration enabled the Self-Care program to be a great success, and the interdepartmental cooperation was instrumental in achieving a high outcome.



Former volunteers showed their commitment to the Self-Care Program by assisting current volunteers and staff during the January 29 graduation and reunion celebration.

Coler-Goldwater’s Self-Care Program is a 13-part monthly initiative with workshops on:

- ◆ Medication Management and Handwashing
- ◆ Community Benefits and Resources
- ◆ Housing Readiness
- ◆ Food and Nutrition
- ◆ Active Range of Motion (AROM) Exercises and Wellness
- ◆ Conflict Resolution Through Communication
- ◆ Oral Health
- ◆ Independent Living
- ◆ Sober Living
- ◆ Life’s Journey and Spirituality
- ◆ Food Budgeting and Preparation
- ◆ Cook a Meal
- ◆ Landlord and Tenant Rights

THE SELF-CARE PROGRAM REUNION CELEBRATION



Sui-Fan Yung, Lydia Ortiz and Pamela Hargrow spearheaded the program.



Executive administration representative Jeff Rogoff pulled the first winning ticket for the Self-Care event raffle.



A volunteer presents one of the lucky raffle winners with his prize!



Shafi Alam and Glen Womack are two of the Self-Care Ambassadors.



Volunteers presented gift bags to all the past and present Self-Care graduates who attended the January 29, 2014 celebration!



Recent Self-Care graduate Christine Mitchell displays a MetroCard from her gift bag.

WHAT IS THE UNITED HOSPITAL FUND?

The United Hospital Fund, which was founded in 1879, is a non-profit organization whose mission is to shape positive change in health care for the people of New York. They advance policies and support programs that promote high-quality, patient-centered health care services that are accessible to all, and to help solve shared problems. The Fund undertakes research and policy analysis to improve the financing and delivery of care in hospitals, health centers, nursing homes, and other care settings. They raise funds and give grants to examine emerging issues, stimulate innovative programs, and work collaboratively with civic, professional, and volunteer leaders to identify and realize opportunities for change.

