

Community Health Workers

***Learning What Matters in Preparing CHWs to
Provide Community-Based Services to Elders***

Jewish Healthcare Foundation

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WHY COMMUNITY HEALTH WORKERS MATTER

Community health workers are a growing and diverse group of health professionals whose high-touch, community-based work provides health interventions, outreach, education, social support, and advocacy to strengthen and support vulnerable community members. CHWs typically come from and share lived experience with the communities they serve. Working around the world and in the U.S., they have helped to reduce maternal and child mortality, to improve HIV testing and treatment, to reduce cardiovascular risk factors, and to spotlight the multitude of social determinants of health that contribute to poor health. Often their work has been instrumental in avoiding worsening health, hospital and nursing home admissions and readmissions. (Pennsylvania's working definition of CHWs may be found in Appendix A.)

Longtime interest at the Jewish Healthcare Foundation in alternatives to institutional living for seniors spurred the Foundation's interest in best practices for preparing CHWs to support community-dwelling elders. Since 2014, JHF staff have worked to highlight best practices from around the world for training CHWs and for integrating them into care teams. CHW deployment appears to require support for work-associated stresses, improved career pathways, personal safety, communication, care coordination, team care, health monitoring skills, and preparation for working with persons living with mental illness and/or dementia.

JHF has also led both national and Pennsylvania state efforts to advocate for formalizing CHW training, certification, and reimbursement policies. Preparing the groundwork for wider deployment of CHWs to help at-risk seniors remain in their communities as part of Pennsylvania's Community HealthChoices Managed Care Organizations has been an especially high priority.

These interests ultimately led the Jewish Healthcare Foundation to offer a [Champions of Work Redesign Program](#) specifically for Community Health Workers. **The goal of the Champions Programs is not to provide occupation-specific training, but to enhance the impact of frontline workers on their organizations.** Since 2005, the Foundation has planned and implemented multiple, 10-month-long *Champions Programs* to prepare healthcare professionals from multiple backgrounds with Lean-based tools¹ and training to improve patient safety and healthcare quality in their work settings. In addition, the collaborative nature of the program enables participants to form knowledge and support networks among themselves.

In 2016-2017, JHF launched the Community Health Worker Champions Program, involving 20 people employed as personal care assistants (referred to here as CHWs or PCAs below) to seniors in their homes, apartments or in day centers. The CHWs came from two of Pennsylvania's LIFE (Living Independence for the Elderly) organizations, known nationally as the PACE program (Program of All-Inclusive Care for the Elderly).²

The Champions program wove together the expertise of the LIFE programs in providing community-based services to seniors who would otherwise require skilled nursing care in institutional settings, with JHF staff experience in teaching healthcare quality improvement methods as part of overall organizational development. In addition, the Champions program addresses a training gap around elder care: Very few of the formal CHW training programs around the country concentrate on the care needs of seniors, particularly in programs where elder participants often struggle with mobility challenges and cognitive disorders.

In the pages to follow, we share insights gleaned from 33 interviews JHF staff conducted with the CHW Champions at the beginning and end of the program, and with 16 supervisors and program directors at the program's end, for a total of 49 interviews. Their insights can inform efforts of organizations to recruit, to retain and to more widely and effectively deploy CHWs. There is guidance here for providers exploring how CHWs can be effectively integrated into care teams, for funders interested in what makes an effective CHW training program, and for educators developing training programs for CHWs. At JHF, these qualitative findings on the impact of our CHW Champions program are already influencing the development of a robust *geriatric community health worker curriculum* to help other organizations prepare CHWs as vital contributors to the health workforce.

OVERVIEW OF THE CHW CHAMPIONS PROGRAM

JHF Champions programs are professional development opportunities initiated to bring process engineering principles, systems thinking and other quality improvement tools to our region's healthcare professionals. Those trained in any given Champions cohort are from different organizations, but are members of the same healthcare profession. JHF Champions cohorts have included physicians, nurses, pharmacists, medical assistants, librarians, emergency medical services personnel, and long-term care disciplines. Together, they learn new skills, test them in quality improvement projects of their own, and collaborate with one another via learning networks to further develop and spread understanding of these methods.

A grant from JHF helped Community LIFE and LIFE Pittsburgh to cover the costs of releasing personal care assistants/home health aides as CHW champions for weekly participation in the 10-month program. An initial group of 20 CHWs (from a pool of 230 across both organizations) were selected by the two LIFE organizations. Community LIFE invited participants, whereas LIFE Pittsburgh asked for volunteers. As is common throughout the world, CHWs hold multiple job titles; at the LIFE programs, they are "personal care workers." Some support LIFE participants in their homes; others work with participants at day centers.



The first five monthly sessions (each four hours long) were designed as collaborative learning opportunities. The first session elicited from the CHWs themselves their workplace struggles and introduced topics that would be addressed in the coming months. These included health monitoring skills, working with seniors with cognitive impairments (including dementia), mental health self-care, and care coordination and communication (working in a team).

In the second five-month phase of the project, training shifted to focus on learning the Lean-based quality improvement methodology, Perfecting Patient CareSM, as the Champions Program explicitly aimed to help champions influence the quality of care and take leadership when they see improvement opportunities. Adult learners thrive when they can apply learnings; therefore, the champions worked in small teams of two-to-four to develop and complete QI projects aligned with their organizations' priorities.

During this phase, JHF shifted staff support from directing collaborative learning sessions to providing project coaching. Each group of Champions was paired with one of four JHF coaches.

At least one LIFE supervisor was part of each team – a mid-project innovation made in response to the widespread need expressed by Champions, during the very first session, for better workplace communication and coordination.

JHF staff coached champions on conducting iterative improvement cycles (in-person and over the phone), conducted site visits to capture targeted changes and best practices, and moderated an online knowledge network on the [Tomorrow's HealthCare™](#) platform.³ Throughout this period, the Champions networked with their peers to share information and accomplishments, and attended one-hour collaborative learning and improvement webinars. In addition, the teams had at least an hour of weekly, protected project time. The final results were shared with senior leadership teams in formal presentations at the program's conclusion. An overview of the collaborative learning sessions and the CHWs' quality improvement projects may be found in Appendix B.

QUALITATIVE EVALUATION

Three goals guided our evaluation of the CHW Champions program. Our top priority was to assess the program's impact – in other words to ask who and what may have changed as a result of the project. Additionally, we wanted to elicit suggestions for how the program could be adapted and/or improved in anticipation of future CHW Champions programs. Finally, we wanted to know more about the special people whose careers focus on caring for others in the most immediate of ways in the hopes that knowing who they are and what they value could help others start CHW training program, recruit CHWs and integrate them effectively into care teams.

Information Sources

Information-gathering during program implementation resulted in changes to the curriculum and informed the evaluation.

- Pre-program Planning: In numerous meetings with LIFE administrators and focus groups with both administrators and personal care assistants, JHF staff elicited the organizations' goals and challenges. The early meetings and focus groups surfaced the big issues that became the focus on training: health monitoring, dementia care, mental health self-care, and communication and coordination. In each case, however, the training was tailored to enrich – and not duplicate – what already going on in the organizations *and* (unlike some organization training) to explicitly involved frontline staff.
- Champions' suggestions during implementation: The very first session of the Champions program (described in greater detail in Appendix B) explored "Learning Needs" as expressed by the Champions themselves. A consistent and oft-expressed concern in this first, four-hour session, was that often the CHWs felt devalued as members of the care team – too often treated as the implementer of care instructions, rather than also as a source of important information about elder participants and their changing needs. This information led the JHF staff to engage in two mid-program, corrective actions:
 - o **Convey the extent to which JHF views CHWs as valued and respected direct care professionals.** Although JHF staff try hard to make this a guiding principle of all interactions, we decided to use the first set of interviews for the qualitative evaluation to also elicit parts of their life stories and to prepare

biographical sketches of all of the Champions. It turns out to have been meaningful to many Champions – and to their supervisors, humanizing the Champions as far more than the ‘hands’ that carry out tasks handed down from superiors.

“When you sent out that book of bios – that had a meaning to me personally to say, ‘These are people who are daughters, mothers, sisters. They are just like us – just with different jobs. It validated them as people and not so much as ‘aides’ – there are qualities to them, depth to them.’” ~ Supervisor

- **Engage supervisors.** Staff debated about when to engage supervisors in the program. On the one hand, it was clear from the early input of the Champions – in jobs that are often seen as the ‘lowest’ rung of senior care teams – that they needed to be recognized as valued sources of wisdom, insight and improvement ideas. On the other hand, successful implementation of quality improvement projects requires the involvement of interdisciplinary teams. As a result, staff chose to engage the supervisors at about the halfway point in the Champions Program, when they officially became part of the training – a decision that the LIFE program directors supported but implemented with some difficulty as it required freeing up time among additional staff members.
- **Formal Interviews:** To gather responses that would inform these goals, JHF research staff conducted 15-minute telephone interviews with 18 Champions at the beginning of the project (October-November 2016) and again with the 15 who remained at the project’s conclusion (May 2017). At the project’s conclusion we also interviewed 13 of the 15 CHW supervisors and three program directors from the two organizations, for a total of 49 interviews. Of the original group of 20 Champions, two dropped out of the program in the first month and three others in later months – all came from the same LIFE organization.



CHW Champions with JHF staff

WHAT WE LEARNED ABOUT CHWs

The first set of interviews, all completed in the early stages of the program, with 18 of the original cohort of 20 Champions, reveal how they came to work with seniors, the personal skills and qualities they say help them do their jobs, and what is satisfying about the work. Together, their reflections shed light on what could make CHW recruitment and retention strategies more effective.

Lessons for Recruitment & Retention: Why CHWs Choose to Work with Frail Community Seniors and Why They Stay

- ➔ **Recruitment 1:** Half of the 18 CHWs began working with seniors after caring for a family member and/or after observing a family member caring for seniors. Several had been CNAs and three of the CHWs began nursing degrees, but did not finish.
 - **Champion:** *“It runs in my family. My mom does private duty. My grandmother is a home health aide. Two of my great aunts are (retired) nurses.”*
 - **Champion:** *“I started by taking care of both of my grandmothers. I really enjoyed it.”*

Recruitment Recommendations:

- ➔ Reach out to family caregivers after their responsibilities end, and to family members of current personal care workers, nurses, etc.
 - ➔ Students who did not finish a nursing degree may be a source for recruitment.
 - ➔ Look for the personality & character traits in recruits that CHWs say are important to success in their jobs.
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- ➔ **Retention 1:** While all CHWs said that they enjoyed working with seniors, many (12 of the 18) described their work in terms that related to life mission. Others (7 of 18) described it as rewarding, specifically mentioning that the job provided opportunities to learn, to gain wisdom, to form relationships, and to feel appreciated.
 - **Champion:** *“Working with the elderly is the best job you ever have; [you] can hear their perspective of life, hear their stories, form a close bond. These are people who rely on you to help them in any situation. You feel wanted, appreciated.”*
 - **Champion:** *“Helping people that you know need help – I know I’m doing something positive in their life.”*

- **Champion:** *“If you are looking for the glitz and glamor, you’re in the wrong field, [but] if you are looking to change lives, you’re in the right field.”*
- **Champion:** *“It’s like being a Good Samaritan that actually gets a paycheck.”*

Retention Recommendation:

Understanding what motivates CHWs may provide opportunities to reward – and retain – current CHW staff.

➔ **Retention 2:** Nearly all (15 of 18) used one or more of the following words to describe the personal characteristics and qualities that have helped them in their jobs: caring, empathic, helpful, giving, compassionate, kind, patient.

- **Champion:** *“It’s fun but also sad when you lose a person that you get very close to because we are able to build bonds with our clients – unlike with a nursing home facility. They become part of your family, but it’s like losing a part of your family when they pass.”*
- **Champion:** *“You have to have patience because there are a lot of seniors who need help, know they need help, but are resistant to the help because they’re so used to caring for themselves and their families for so long. Coming to the realization that they have to be cared for is a huge blow to them.”*
- **Champion:** *“I help people that can’t help themselves....I help them feel that they are different from anybody else. Let them have their independence, but assist them with daily living.”*

Retention Recommendations:

➔ Value and reward the qualities that CHWs consider important to their work with seniors.

➔ Help CHWs anticipate and prepare for the challenges of the job, including loss of seniors with whom they’ve formed emotional bonds.

➔ **Retention 3:** Common challenges were mentioned by CHW interviewees, including difficulty with participants – from behavior problems to falls and illness (9 of 18) to challenges related to work load (i.e., getting pulled in multiple directions and getting everything done on time (6 of 18). At the organizational level, many Champions (12 of 18) shared concerns about communication – from dissatisfaction with not being given sufficient information about participants, to not being asked or easily able to provide their

own insights about participants, their needs and changing condition. A persistent theme was wanting to be seen as more than doers of a list of tasks.

- **Champion:** *“There have been many times that I’ve gone to a supervisor or to an OT person [with a problem regarding a participant]. To tell you the truth, the bottom line is that a lot of them don’t respect our opinion, so it’s not followed-through or not followed-through in the way we present it. A lot of people don’t call things in anymore, because what’s the use, and they’re almost belittled.”*
- **Champion:** *“Give employees more of a voice to help make things run smoother, to understand where we’re coming from, because sometimes what we think and feel gets lost in the shuffle.”*
- **Champion:** *“I think that it’s good for us aides to feel like we actually make a difference and that we have a say in trying to make processes better. And in making those processes better, we are making it better for the participant in helping the aides provide better care.”*

Retention Recommendation:

Respect CHWs by integrating them into care planning activities and valuing their contributions to care.

➔ **Retention 4:** The 18 CHWs working with seniors had specific goals for their participation in the Champions Program. By far the most common goals related to learning information that could help them to care better for their participants (10 of 18), to sharing what they learn with other staff (4 of 18) and to improving communication with the larger care team, including management (4 of 18).

- **Champion’s Goal:** *“To assist my participants better – to try to deal with the challenges I have with their behaviors and mood swings.”*
- **Champion’s Goal:** *“To teach other aides and staff and new employees [what I learn].”*
- **Director:** *“When I handed out the invitation to participate in the Champions Program, [one CHW] cried and said, ‘Thank you for picking me; you saved my life.’ The impact when we personally picked these individuals ... I almost cried. It made*

Retention Recommendation:

Provide opportunities for on-the-job training, advancement and sharing of knowledge.

me realize that, despite the hurdles [in making the program possible], this was so important.”

WHAT WE LEARNED ABOUT THE CHAMPION PROGRAM’S IMPACT

As the 10-month CHW Champions Program came to a close, we again interviewed the 15 Champions who completed the program, 12 of their 15 Supervisors, and three directors from the two LIFE organizations. In the first section below, using a selection of quotes from the interviews, Champions and Supervisors reflect on their learning experience – noting changes in their confidence and in their knowledge. Following this section, the interviewees assess the Champion Program’s organization-wide impact.

What Champions Said They Learned and How They Changed as a Result of the Program

➔ **A growing sense of personal agency.** In eight of the final interviews, Champions shared their growing confidence in their ability to make changes in their work places, and in their capacity to share learnings with their co-workers.

Interview Question: How was the overall learning experience for you? Do you think that there were changes in your knowledge or your skills or even in your confidence? What will you take with you after the project is over?

- **Champion:** “I’m one who sits back. It’s helping me to speak my mind more. Ideas I had I would keep to myself. Now I can maybe let somebody know.... This brought me out of my comfort zone – to think and come up with new ideas. I’m learning every day. I’m grateful that at the end of the process, I can say, wow I had something to do with this – anything that makes it easier for the aides to go into homes and do their jobs.”
- **Champion:** “I did gain the knowledge to know that if you want change, you can put it forward instead of waiting for somebody else to do it for you.”
- **Champion:** “I learned a whole lot about confidence, about team work, within myself, brain power and the mind, and leadership.”
- **Champion:** “Being in the program boosted my confidence level, educated me, made me more knowledgeable and showed me ways to maintain my mental health and how to educate others around me on this as well.... I really wanted to make a difference, especially around mental illnesses (our project). It validated the reasons for being involved in this area.”
- **Champion:** “I have a voice, but there can be barriers – like identifying the problem, how to take those problems to your administrator or supervisors, learning how to identify problems and presenting them to the administration. I was taught that.”
- **Champion:** “I think that the aides are starting to get the acknowledgement we deserve. And the participants have a little more rapport with us and trust. Therefore, they tell us things that we can report back to the IDT [interdisciplinary team], ultimately benefiting the participant.”

- **Supervisor:** *The program “gives them so much empowerment to not only take better care of the participants, but also to feel good about themselves....Without them [care of elder participants] wouldn’t be happening. They can see that now. They see now how valuable they are.”*
- **Supervisor:** *“Really early on in the program [the aides] were coming back and saying, “Hey, we got this incredible information. Can we share with staff?” Very quickly saw them putting into action what they were learning.”*

➔ **Heightened awareness of the importance of team work in quality improvement.** Five of the 15 CHWs described learning how important staff, working together, can make lasting change.

- **Champion:** *“I learned that it takes a team and that if one part of the team lacks, it’s either put on the other team or the whole thing fails.”*
- **Champion:** *“If you have a team effort doing different things, you get the job done.”*



Learning Teamwork Skills

- **Champion:** *“I think ...that, as a group, everyone [at the center] is working toward the ultimate goal – that the participant has a better life. With that being the ultimate goal and everyone realizing that that’s everyone’s ultimate goal, that pulls people together – the love of the participants.”*

➔ **Growing Ability to Analyze Problems and Make Quality Improvements.** Six of the 15 CHWs reflected on the larger organizational context in which quality problems occur, the interlocking nature of many problems, and the change process itself.

- **Champion:** *“I assess the situation now and have a better understanding about why things happen. I understand that change doesn’t happen overnight.”*

- **Champion:** *“They [JHF staff] opened eyes – took scales off of eyes that you didn’t realize were there. They helped you think outside the box on so many things that you thought were OK... Obviously communication can always be better. But then when you start thinking about ‘what do I deal with, what do I think would make a difference’... it’s different.... One [thing I’ll take with me from the project] is to be more aware of keeping your eyes open, of thinking outside the box.”*
 - **Champion:** *“[The program] helped us to see some of the issues that we were having in our company and how we may be able to help resolve some things.... Knowing that what was one small problem is really a bigger problem [also was beneficial]. [We know we] need to narrow it down. It helped us to realize that the problem we worked on was part of a bigger problem.”*
 - **Champion:** *“I definitely learned a lot and learned that as we were trying to solve one problem we figured out that there were several other little problems that added up – parts of other issues. We had to go in depth and break down the issue.”*
 - **Champion:** *“QI had never been applied in my every day work. I’m going to use and apply it every day – defining, analyzing a problem and being able to present data on any problem.”*
 - **Supervisor:** *The aides “are actually now coming and saying [a participant has an issue or change]. They are coming up with information they would never have said before. Most importantly they are coming up with solutions.”*
- ➔ **Acquisition of quality improvement skills.** Three CHWs pointed out that they learned specific, new skills, including observation, root cause analysis, PDSA cycles and experimentation, and the importance of data.
- **Champion:** *“I’m using [the PDSA] in general work every day.... I’ve learned not to assume that something is happening, [or] taking place. Doing home care, it works out well – when I sit down with someone doing home care... we do one thing at a time to see what changes.”*
 - **Champion:** *“We have already the Transition-to-Home Sheet [developed in our QI project] twice, and the aides absolutely love it. We know because we did a survey.”*
 - **Champion:** *“One thing that I learned is that when you have a problem, there isn’t an immediate solution all of the time. You have to try different things. Sometimes you even have to ask if what you think is the problem is the actual problem.”*
- ➔ **Acquisition of skills to better care for elders with dementia.** 13 of 15 Champions cited the value of learning about dementia (including specific methods – the Positive Approach, and the GEM tool; see Appendix B for details).
- **Champion:** *“The GEMS of dementia helped us to see people for their different personalities and [helped us in] looking at different difficulties we might have doing home care, things that might work for some aides that don’t work for others*

– so for that to be added to our task sheet, instead of having them be [just] task oriented.”

- **Champion:** “I definitely learned a lot and things that I never would have even thought of – specific things that participants with dementia would like – like putting music on to get them to go into the showers. That little piece of information can make the biggest difference.”



Learning About Caring for Those with Dementia

- **Champion:** “It gave me more insight, putting myself in their mindset. By having more knowledge and more empathy, I’m able to provide better care for my participants, understanding their situation. It helps me slow down and take a step back and look at the whole person, rather than the things you [as an aide] have to do.”
- **Champion:** “The Positive Approach...helped me understand the participants more – what they’re going through, intensively. Now every time I do something, I put myself in their place, maybe 100 or 200%. If they are refusing care, I put myself in their place. I say, OK, that could be me. How would I want them to do what I want?”
- **Champion:** The training on dementia “actually made me think back on earlier encounters [with participants]– things came together. I realized what was probably going on at the time.”
- **Supervisor:** “I definitely see growth in my two PCAs. Q/what kinds of differences? A/more patient for one. Not that they weren’t patient before. I had recommended them because of who they are. But they are now more mellow – they now put themselves in their participants’ places. They take their time. They are actually sharing with the other PCAs... it’s kind of brushing off.

What We Learned About Organizational Change

“We are not just handing out certification in a skill, we are helping the organization to take better advantage of that skill.” ~ Bruce Block, MD, JHF/PRHI

Beyond training a cohort of health professionals, the explicit aim of the JHF Champions programs is organizational development. Quality improvement is more than a set of skills and methods. Staff are embedded in multi-faceted cultures with diverse organizational structures and multiple personalities. Based on the interviews, there are indications that the Champions Program may have sparked organizational changes at both participating LIFE organizations. Again, using illustrative quotes, we consider a set of, at a minimum, short-term impacts of the program on the organization beyond its impact on the Champions.

➔ CHWs are treated with more respect.

- **Supervisor:** *“The reaction we’re getting for our project is contagious through the whole center. As an example, our project introduces the aides to our IDTs through pictures and emails. When I didn’t get [the latest introduction] out yesterday, people came to me today asking where it is. And the aides are asking, “When am I the ‘aide of the day’?”*

Interview Question: Do you think that the project will have value for Community LIFE/LIFE Pittsburgh? In other words, do you think there will be any longer-term impact on the organization?

- **Supervisor:** *“It opened my eyes as a supervisor – about how the front line workers are human beings first. Sometime I feel like they get looked down upon from higher-ups that may not know exactly what their jobs consist of. They know they are caregivers, but when you aren’t in there and seeing what they do, you don’t see how hard they work. When they come back and tell us something, you really have to pay attention. They are the ones who are with participants every day. Their opinions should matter. Not that it hasn’t mattered in the past, but it seems like this project is a wave of the future because it gets to the nitty gritty of health care – which is the front-line worker.”*
- **Supervisor:** *“This program is really giving us as managers [the ability to see] what our folks have in their back pocket – [like] being able to strategize, come out with a great product and speak well in front of a crowd. It’s being received very well.”*
- **Supervisor:** *The Champions “are valuable. They are the front line. They build the fort. There’s no protection behind the fort unless they are there. They are the success of us, as the whole PACE program is based on keeping people safe in their home. ... if we can give them [the information and involvement] they are asking for.”*
- **Supervisor:** *“I think for me one of the key things with our group was to have higher-ups listen. Do you know what I mean? I’ll always have that with me to find ways to get the higher-ups to listen. Being persistent, I know that eventually somebody does hear you.*

- **Director:** “I think [the Champions Program] has affected all of us already. The number one big thing is communication and how the aides feel valued and respected. We already realized that we were handicapping ourselves – we don’t let the aides do enough. We are getting in our own way.”

➔ **CHWs are giving and receiving more information about participants. Communication has improved.**

- **Champion:** “Communications is getting a little bit better between the nurses and the staff. They are telling us a little bit more things.”

- **Champion:** “Our project put more information on paper and makes it available to other aides that may go into that assignment. It includes them more in developing that task sheet and that extra information that we now collect.”



Learning Communication Skills

- **Champion:** “Being that our project was communications, you could tell there were changes. The aides feel better about talking to the IDC team, and the team seeks out the aides more. There is more detail and clarification shared among them.”

- **Champion:** “For our project [to improve communication], we didn’t think we had a hope of making a difference. The head of our nursing [department] is looking at the potential of actually being able to use this in the department and [for aides] to be contact with our nurse ourselves.”

- **Champion:** “They hear us now. We feel like we are heard.”

- **Supervisor:** “Yes [things will be different now] because everyone pretty much had the same idea – that there was a lack of communication between the aides and the IDTs that assign the orders for care. There weren’t enough specifics for people to actually take care of folks.”

- **Supervisor:** “What we learned also in doing our [quality improvement project’s] pre-test is that the IDT and aides don’t know each other. That was a real eye-opener and a shocker. We won’t drop this when the project is over.”

- **Supervisor:** “I think it opened a lot of eyes. It’s going to promote a lot closer team work between a lot of departments and those on the IDT.”

- **Supervisor:** *One of things I got out of the program was to listen to the front line and their needs to succeed. I learned that what they were asking for wasn't a HIPPA violation, but they want information so they can do their jobs better."*
- **Supervisor:** *"We have an enrollment process with a history of participants. Most at the IDT have developed a knowledge of this person, but when aides go out [into their homes], all of this information isn't available to them. They are handed a list of tasks. They [learn about the participant] over time, but some of [the information] is already available. These aren't impossible wishes, so we are going to form a committee once the project is finished to work on all of these."*
- **Supervisor:** *"I think communications have gotten better. That's from us observing things that the other groups have been doing."*
- **Supervisor:** *"We are trying for organizational change. One thing we knew going into this is that our task sheets are very task oriented. [For example,] there were no helpful tools to help them be successful [with participants who have dementia]. We need better communication."*
- **Supervisor:** *"I now update [the aides with new information on participants] on a weekly basis. That made a world of difference because the aides are now better prepared when they go into the home. The know that 'Mary Jane' is battling depression ... or she's different today. [In turn], they let the nurse know [if something has changed] and therefore the nurse can follow up. That was the connecting piece."*

➔ **New approaches to quality improvement have been introduced to staff, other than the Champions, contributing to organizational development.**

- **Supervisor:** *"I had been working ... on various quality projects, but the Champions project gave me some tools to help me explain things about quality to other people. So the PDSA can explain that better to all levels of staff. Practical tools."*
- **Supervisor:** *"I'd never taken the team into consideration before [as part of quality improvement], or tried to rework the system to make it better."*
- **Supervisor:** *"I learned with the surveys that we did, and the data, collecting all of that data and putting it altogether. It helped a lot ... presenting the idea, presenting the problem that we came up with and how to fix the problem. All the information and the research helped us to show it really was a problem."*
- **Supervisor:** *"This has been something we've tried to tackle on site, as opposed to organizationally. I always knew there was a better way to do task sheets, but you don't have time always to do the things that need to be done. Everybody has great intentions, but you don't have the time to get to them. This was done outside the organization and was actually better. It really helped pull it all together – with direction from [JHF staff who] broke it down into something we could use. You gave us more tools – we didn't have to think of the tools and good directions on how to get there."*

- **Director:** *Staff involved in leading quality improvement saw “how that could be done ‘in a controlled project – with coaches, timeline and organization....that really showed the possibilities.”*
- **Director:** *“I have already changed some of the processes, adopting some of the [quality improvement] tools that I saw. For instance, they had basically a calendar that outlined the project, where, how long. I’ve adopted that already.”*
- **Director:** *“It was so impressive the way [the champions] did this presentation to me, [showing me] how they identified the problem, how they looked at its scope, how they got feedback from their own peers, how they delved into the 5 Whys. You could see that there was an analytical thought process that was not there prior [to the training].”*

➔ **The program led to a growing awareness of the importance of team work in delivering quality care.** Above we shared the voices of Champions as they discovered the importance of team work. Below are indications that that awareness extended beyond individual champions to their organizations.

- **Supervisor:** *“One of the first sessions I attended was the Lego challenge. That was fantastic to show that if you don’t interact and plan and work together, how you can’t move forward. That was a great teaching moment for everyone in the room. When I came back [to the office], I told someone, ‘We should do that somehow!’”*
- **Supervisor:** *“It makes people re-focus on what the real importance of things are as a unit. Sometimes we don’t cross-web each other to make sure everyone is involved.”*
- **Supervisor:** *“It helped build and improve our relationship with our staff. We hear their concerns and complaints – sometimes we’re dealing with so much, we are ‘Just give me a minute’. But being involved closely gave us more respect for team work.”*
- **Director:** *Staff leading quality initiatives “learned that she needs to go right to the [frontline] staff for ideas on improving quality.”*

➔ **But, the jury is out on whether these changes will lead to longer-term organizational changes.**

Whether the changes reported above will lead to long-term changes in the participating organizations was not yet clear from the interviews. Not all of the managerial staff interviewed at the program’s conclusion were certain that the program would have longer-term impact on the organization. We share both their optimistic and more reserved voices here as well.

- **Champion:** *“You really aren’t sure if it’s ever going to go anywhere. This doesn’t feel that way. It feels like we may honestly be able to have an impact, from the very beginning, when [the JHF staff] said they wanted this information from the aides and not from anyone else.... There is real potential that this is going to continue to grow.”*

- **Champion:** *“There hasn’t been the time yet to test out whether it has affected communications. New staff needs time to get adjusted.”*
- **Champion:** *“We’ve been sharing our experience with our coworkers. I think it’s starting, maybe not right at this second fully, but this is something you can always improve on. I feel like we kind of got it started.”*
- **Champion:** *“Somewhat. Actually I don’t know, but I’m hoping that it will help with the new supervisor.”*
- **Supervisor:** *No long-term impact “that I know of. But definitely the company is interested in and excited by what we’re doing. They’ve always been very supportive, taking into consideration what we say. Anything that’s going to make it better, they are interested in.”*
- **Supervisor:** *I think that there will definitely be long term. It shouldn’t be isolated to the PCAs but extended to the IDT team. Would help all. It definitely creates a great atmosphere and positive interaction.*
- **Supervisor:** *I think so. Because they already started really implementing one of the ideas [first aid mental health training] – we already got that started? If we can pull off doing the focus groups that can help people bring their ideas and then work around the issues as a group, together. The FGs will show staff that there is support for troubleshooting ideas.*
- **Supervisor:** *Maybe: “We’re doing task sheet changes [with more information sharing]. Hopefully the company will implement that but, being a company, there is a process – so probably in the future it will happen. Nothing happens overnight.”*
- **Director:** *“I can say that the enthusiasm level and the motivation on the part of the champions and their supervisors is so high. We’re excited to sit down and decide how to roll out each of the projects organization-wide. The confidence level, the enthusiasm of the staff that have been involved and sharing with other has been very high.”*
- **Director:** *“I’m contemplating how I can keep the champions involved and not lose [their interest]. They have lots of information and knowledge, so I want to use their knowledge in future teams. But I also want to use their enthusiasm so that they can ‘infect’ the other [staff] with their enthusiasm.”*

WHAT WE LEARNED ABOUT PROGRAM IMPLEMENTATION

Beyond attempting to evaluate the impact of the Champions Program both on the Champions and on the organizations more widely, the interviews also elicited information for improving implementation of CHW training programs more generally. In particular, we asked the champions, supervisors and directors what was surprising or challenging about the project, and what suggestions they have for improving any future CHW Champions Program in the future. Below we summarize the recommendations that emerged from their comments.

- ➔ **Align expectations from the start by preparing participants for hard work and significant time commitments.** Nearly everyone – Champions, supervisors and directors – noted that it was challenging to find the time for effective participation in the program. This was true of Champions, but especially true of Supervisors, who were added only after training staff at JHF realized the extent to which the issues raised by the Champions would require broader organizational involvement in order to solve. While feedback surveys were handed out at the end of each collaborative learning session, one Champion recommended that feedback should be sought not just on the learning, but on how the learning was going: “You [JHF] could have gotten feedback that people were feeling [overwhelmed], instead of [the post-session evaluations] only being about, “How was the lesson/what did you learn?” You should ask, “How do you feel about this?”
- **Champion:** *“It was hard. There was a lot involved – the homework aspect – talking to different staff, having them understand what we were trying to do, and also trying to understand what our [JHF] coaches expected.”*
 - **Champion:** *“It was a little overwhelming at times, especially being pregnant. I couldn’t really wrap my head around how I was going to carry on every-day responsibilities and the extra responsibilities of being a champion.”*
 - **Champion:** *“Figuring out good meeting times was hard. It took effort to get everybody together.”*
 - **Champion:** *“I’m so glad that I signed up [to participate]. The first [invitation] letter that came out with the sign-up sheet was very vague – about helping people in the community. But over these months, what we learned!”*
 - **Supervisor:** *“What I had struggled with, and I’m sure that you’re going to hear this from everybody – is time. It was very hard to squeeze in that time, but we did it.”*
 - **Supervisor:** *“When we were involved, I didn’t know exactly what our role was, so it was a little confusing. I didn’t know exactly what the expectation was because we had missed part of the training. The staff that had attended kind of knew the expectations, but I didn’t know if the supervisors were just observing or know that we’d actually be part of [the program].”*

- **Supervisor:** *“It’s hard because it’s during work hours... Maybe a different time [would have been better], but no time is really good.”*
- **Director:** *“The program “went well, but I couldn’t actually picture how it was all going to roll out. I had a hard time imagining how we would free these folks up and how we could keep their interest.”*
- **Director:** *“My personal struggle was to keep up with correspondence and communication. In retrospect, you were upfront about the commitment, but [being] even more descriptive would have helped.”*

➔ **Anticipate – and perhaps develop contingency plans for – inevitable staff turnover.** Of the 20 Champions who began the program, two left in the first month and an additional three left mid-way through the program. All five were from the same LIFE organization. But turnover and the challenge of acclimating new staff wasn’t a problem limited to the Champions. Both supervisors and directors changed positions or were new to their jobs during, or just before, program implementation.

- **Champion:** *“We had to get a new person on our team. That made it a little complicated because we had to bring that person up to date. Her ideas weren’t ours, so it felt like we were starting all over again. She has good ideas, but we had to compromise.”*
- **Champion:** *“My difficulty is that I didn’t have enough people in my group; everybody basically left the group. I felt like I was carrying it alone.”*

➔ **Face-to-face trainings are preferred, but if webinars are needed, the quality of the technology counts.**

- **Champions:** *Connecting to the “webinars – that was the main problem.”*
- **Champions:** *“I think you benefit more if you would meet face-to-face, rather than webinars. The meetings downtown were better because you were face-to-face in a class setting. All of you were there to address the situation together.”*
- **Champion:** *“The difficulty sometimes was the webinars – we couldn’t hear sometimes what other people were saying. It would have definitely been more beneficial if we could have done face to face.”*
- **Supervisor:** *“The telephone is not as efficient as working across from one another. That was the only hardship. Conference calls weren’t as effective. We accomplished what we wanted, but it was a challenge.”*

Organizational Readiness Matters

“If you only learn QI skills, you aren’t really a Lean organization.” ~ Jen Condel, PRHI Lean Healthcare Strategy and Implementation

Differences between the two LIFE organizations were apparent throughout, indicating differences in readiness to embrace a culture of quality. These differences were reflected in the presence of QI staff, meeting attendance, timely communication, and in selection of and support for the Champions.

- **Supervisor:** *“We had some issues with the webinars, but you have them anywhere. We could hear, but there were echoes. That’s with any webinar; that makes it tough. It’s so much more of an impact to meet in person, but I get that that is hard. You lose something with webinars.”*

➔ **Consider that holding trainings off-site and over multiple weeks may improve participants’ focus, and may enable opportunities to consider, test and discuss new ideas in between meetings.**

- **Champion:** *“We’d had training before, but having it downtown [meant that] the coaches explained more about dementia. [They had us] look at the history, look at this and that. More than just the dementia.”*
- **Champion:** *“It wasn’t just a 40-hour course. It was spread out [over months] so that [there were] multiple times to talk about things with coworkers.”*
- **Supervisor:** *“Whenever we had time set aside to go the meetings to Pittsburgh we were actually able to accomplish a lot. But trying to fit the time into a daily work schedule was the most difficult issues.”*
- **Director:** *“I think the fact that it was an outside organization helped. You can delay your own internal things, but you can’t do that with a grant.”*

➔ **Consider the benefit of training CHWs as part of multi-disciplinary teams.** A CHW training program needs to navigate the fine balance between making space for empowering CHWs and recognizing that they operate within organizational hierarchies that must also be repaired if they are to be deployed most effectively and to their satisfaction.

- **Champion:** *“I think that including more people in each department, from each building – so we work as a team from the very beginning. So we don’t have this idea and we kind of throw it at them. People do better with change if they are involved. Maybe one representative [from each of the other departments].”*
- **Champion:** *“I think that maybe more people should be involved. I think that it should involve the whole center – one person from each department of the center – like physical therapy, an aide or two, somebody from the IDT team and the supervisor. It should involve more of the staff as a team – not just different teams from different centers.”*
- **Champion:** *“Bringing in the supervisors [earlier] might have been helpful, but really it also let us be ourselves, without them first.”*
- **Supervisor:** *“I think it was a great thing to bring supervisors in – there should be more team involvement. A lot of our team doesn’t realize how much our particular department does. Many aides don’t know what we do. It would be beneficial to bring in others as well.”*

- **Director:** “Once the teams started, they were pretty independent, but I would have wanted to be more involved with them, so I could carry the organization perspective too.”
- **Director:** “Empowered CHWs [working initially without their supervisors] sometimes unknowingly broke with organizational protocol – for example, accessing patient records without permission.”
- **Director:** “We were not prepared for how critical the supervisors would be, nor how much time they would be required to invest, their work load. In fact, the champions couldn’t have done this without [the supervisors].”

CONCLUSIONS: KEY TAKE-AWAYS

This final section summarizes the key take-aways from the 49 interviews we conducted with Champions, their supervisors and program directors as part of the qualitative evaluation of the Jewish Healthcare Foundation’s Community Health Worker Champions Program.

What We Learned About How to Improve Recruitment of CHWs Working with Elders

1. Reach out to family caregivers after their responsibilities end, and to family members of current personal care workers, nurses, etc.
2. Students who did not finish a nursing degree may be a source for recruitment
3. Look for the personality & character traits in recruits that CHWs say are important to success in their jobs
4. Understanding what motivates CHWs may provide opportunities to recruit, reward – and retain – current CHW staff

“I think that our exploration at the beginning of the CHW Champions program of the personal motivations, life experiences, and learning needs of PCAs was especially valuable...and it is not typical of training programs. It laid the groundwork for the fundamental message of our curriculum: build your care plan for seniors around their personal motivations, life experiences, and learning needs! Then build your roles and skills around the individual's health aspirations.” ~Bruce Block, MD, Chief Learning and Medical Informatics Officer for JHF and the Pittsburgh Regional Health Initiative

What We Learned About How to Improve Retention of CHWs Working with Elders

1. Value and reward the qualities that CHWs consider important to their work with seniors.
2. Help CHWs anticipate and prepare for the challenges of the job, including loss of seniors with whom they’ve formed emotional bonds.
3. Respect CHWs by integrating them into care planning activities and valuing their contributions to care.

4. Provide opportunities for on-the-job training, advancement and sharing of knowledge.

What We Learned about How the Program Changed the Champions

1. A growing sense of personal agency
2. Heightened awareness of the importance of team work in quality improvement
3. Growing Ability to Analyze Problems and Make Quality Improvements.
4. Acquisition of quality improvement skills
5. Acquisition of skills to better care for elders with dementia

What We Learned about How the Program Influenced Organizational Change

1. CHWs are treated with more respect.
2. CHWs are giving and receiving more information about participants. Communication has improved.
3. New approaches to quality improvement have been introduced to staff, other than the Champions, contributing to organizational development.
4. The program led to a growing awareness of the importance of team work in delivering quality care.

What We Learned About Program Implementation

1. Align expectations from the start by preparing participants for hard work and significant time commitments.
2. Anticipate – and perhaps develop contingency plans for – inevitable staff turnover.
3. Face-to-face trainings are preferred, but if webinars are needed, the quality of the technology counts.
4. Consider that holding trainings off-site and over multiple weeks may improve participants' focus, and may enable opportunities to consider, test and discuss new ideas in between meetings.
5. Consider the benefit of training CHWs as part of multi-disciplinary teams.

EPILOGUE

The gold standard for measuring the success of a Champions Program – or of any quality improvement initiative – is the spread of a culture of quality throughout an organization. This can be demonstrated in organizational leaders who invest in quality improvement, who reward problem identification, diagnosis and solutions, and who encourage patient-focused team work and communication. Each LIFE organization adopted cultural change at different rates depending on staffing and programmatic challenges. Lean organizational development was not the central focus of the CHW champions initiative but one of the programs has since opted to invest in further lean training, bringing many of the lessons of the Champions program to additional staff and departments, a clear sign of progress towards developing just such a culture of quality.



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Appendix A: Pennsylvania Definition of Community Health Workers

PA CHW Policy Task Force January 5, 2016

A “community health worker” is an individual who contributes to improved health outcomes in the community. Community health workers promote health within the community in which they reside and/or share ethnicity, language, socioeconomic status, and life experiences with the community members that the individual serves. A community health worker proactively:

- A. serves as a liaison between communities and health care agencies;
- B. provides guidance and social assistance to community residents;
- C. enhances community residents’ ability to effectively communicate with health care providers;
- D. provides culturally and linguistically appropriate health education;
- E. advocates for individual and community health;
- F. provides referral and follow-up services or otherwise coordinating care; and
- G. identifies and helps enroll eligible individuals in federal, state, and local private or nonprofit health and human services programs.

Appendix B: Overview of Learning Sessions & Quality Improvement Projects

An overview of the program's twelve session and team quality improvement projects. Note that each session incorporated use of Tomorrow's HealthCare™ (THC), the Jewish Healthcare Foundation's (JHF) on-line platform that allows: frontline staff and leadership sharing; spreading and sustaining quality improvement work through healthcare education, training, and online collaboration tools. Champions and JHF Coaches communicated through both virtually and in-person during the program.

Session One: Learning Goals and Project Ideas

Goals of this Session:

- Conveying purpose of the program and getting to know one another
- Identifying what participants hope to achieve from the Champions program

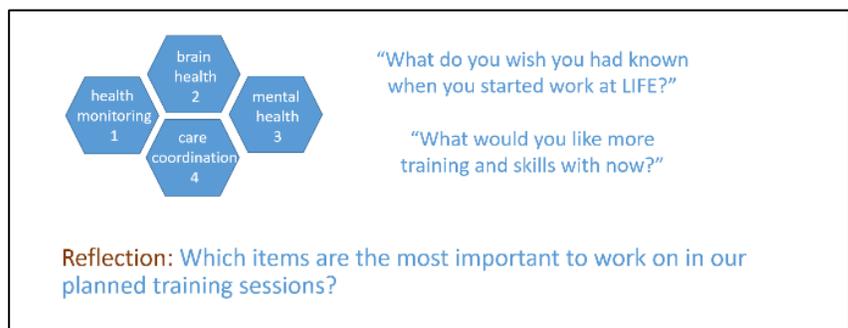
Brief Session Description:

- This session served as the Champions Kickoff to provide an overview of the program structure, which would include pre-work and homework for each subsequent session. Jewish Healthcare Foundation staff were introduced and then conducted an icebreaker activity to help

Champions get to know each other. Champions were divided into four groups and rotated through key topic stations to discuss health monitoring, brain health, mental health, and care coordination. Staff facilitated dialogue

around the following questions:

- What do you already know about this topic?
- What do you wish you knew before you started working at LIFE?
- What would you like to learn that would improve your ability to do your work?



Session Activities:

- Icebreaker activity – aided in getting to know each other, as well as how individuals learn
- Breakout group discussion in four broad areas of what LIFE caregivers need to know

Session Two: Health Monitoring

Goals of this Session:

- Describe what type of information is being collected by MDs, RNs, and PT/OTs at LIFE to monitor the participants' health
- Describe your part in collecting and using information to monitor the participants' health.
- Describe the role of LIFE participants in monitoring their own health
- Describe ways to improve communication with staff and caretakers around changes in condition [stop and watch]
- Describe tools available to help participant self-care

Brief Session Description:

- Champions were shown the assessment tools used by the IDT team to assess participant function and introduced to ways that champions could assist participants in self-care while keeping clinical staff aware of status changes.

Session Activities:

- Discussion of homework "How do you monitor health?"
- Audience identifies risk factors, symptoms and signs for common participant problems: falls, medication lapses, confusion, heart failure, and depression
- Audience identifies what works and what doesn't in communicating with Nurse or next Caretaker.

Session Three: Brain Health

Goals of this Session:

- Explain the impact of brain change as dementia progresses.
- Demonstrate Teepa Snow's Positive Physical Approach™
- Discuss strategies for engaging people living with dementia

Brief Session Description:

- Champions were introduced to the Positive Approach to Brain Change™, developed by one of America's leading educators on dementia, Teepa Snow, MS, OTR/L. This philosophy helps frontline staff better understand how it feels to be living with dementia and related challenges. Through hands on techniques, champions learned the Hand Under Hand™ techniques which enables one to shift from "dealing with behaviors" to creating a positive and caring environment where you are partnering with a person living with dementia. Lastly, we explored the GEMS™ model. This can guide professionals toward understanding an individual's current state of ability and brain function and provide the just right care and setting.

Session Activities:

- Practice Teepa Snow's Hand Under Hand(HUH)™ Technique
- Identify participants GEM

Session Four: Mental Health and Self-Care

Goals of this Session:

- Describe mental health and the impact on daily functioning
- Describe the signs and symptoms of possible mental distress
- Demonstrate effective self-care management skills
- Demonstrate effective engagement skills while caring for someone who may be experiencing mental distress

Brief Session Description:

- During this learning session, the CHW Champions were introduced to mental health as a part of health. They used experiential exercises to increase their knowledge of the impact of mental health on daily functioning and the signs and symptoms of possible mental distress. They used patient scenarios and role plays to practice effective engagement strategies. They also explored their mental health concerns related to providing personal care to Participants with complex needs in the community. This included not having enough time in their current workflows to provide personal care to participants with mental illnesses. Following the discussion, they developed self-care action plans to manage their own mental health.

Session Activities:

- Disability Rating Quiz
- Mental health opinions quiz
- Video
- Role plays
- Developed self-care plans that included managing grief and loss, career and financial planning, work/life balance, and conflict management

Session Five: Communication and Care Coordination

Goals of this Session:

- Describe communication through the roles of sender and receiver
- Discuss the skills necessary for effective communication
- Relate communication skills to difficult end-of-life conversations
- Explain the structure for the CHW Champion Projects

Brief Session Description:

- Champions participated in an active session exploring the importance of good communication and the effect on care coordination. Through role playing everyone experienced how assumptions and our own life experiences can get in the way. This session was expanded to include experts in the field of palliative care to discuss challenging end-of-life goals of care conversations. Lastly, Champions' supervisors were brought in for an overview, update and introduction to next steps on the journey, the improvement projects.

Session Activities:

- Peanut butter and jelly communication exercise
- Practice the role of sender and receiver
- Share personal perspectives on end-of-life care

Session Six: Leading Change

Goals of this Session:

- Develop skills to improve self-awareness
- Define coaching concepts to improve teamwork
- Identify a structured problem-solving approach
- Demonstrate the use of Tomorrow's HealthCare™
- Describe how to identify a problem

Brief Session Description:

- Champions and supervisors participated in an active session exploring the importance of communication and teamwork. A modified version of the DiSC Profile was used to help participants improve their self-awareness of their communication styles as well as others they work with on a daily basis. An activity demonstrating the differences between traditional supervising and coaching were also used during the session. The group was also divided into teams and asked to complete the Marshmallow activity to demonstrate the concepts of teamwork learned during the prior activity, in addition to being introduced to Plan-Do-Study-Act (PDSA) thinking. The session concluded with a demonstration of Tomorrow's HealthCare™ for the supervisors.

Session Activities:

- Bird Brain Activity and Coaching Exercise
- Marshmallow Challenge

Session Seven: Project Simulation – Using PDSA Cycles to Improve Results

Goals of this Session:

- Identify opportunities to improve care in the LIFE program
- Complete the initial steps in defining a care improvement plan
- Apply Plan-Do-Study-Act (PDSA) standardized approach to quality improvement in a care simulation activity
- Work with team members to define roles and improve work processes

Brief Session Description:

- Champions were divided into teams of three to participate in a Lean Lego, hands-on assembly line simulation. This activity was conducted as a 4 run exercise in which Champions were challenged to apply and practice rapid quality improvement thinking (PDSA cycles) with facilitated debriefing before and after each run. Champions also learned core Perfecting Patient CareSM/Lean concepts and tools for direct application to healthcare role and work environment.

Session Activities:

- Lean Simulation with Legos

Sessions Eight through Eleven: Shared Team Learnings (Webinars)

Goals of the Webinars:

- Opportunities to share knowledge and learning among teams
- Review steps in the PDSA cycle; including hypothesis, countermeasures, metrics, and action steps

Brief Session Description:

- Each month Champion project teams were provided a webinar platform where they presented the progress of their improvement projects. Using power point slides, each team walked through the project to date offering time for rich discussion. This collaborative set up allowed other LIFE centers to collaborate and share new ideas. At the end of each webinar, Jewish Healthcare Foundation staff reviewed various quality improvement concepts to help the projects move forward.

Session Activities:

- Teams' report-out

Session Twelve: The Journey

Goals of this Session:

- Practice team presentation for the Champions Program Finale
- Create a visual representation of your personal journey through the Champions Program
- Create a visual representation of your team journey through the Champions Program

Brief Session Description:

- This session served as an opportunity to practice and refine presentation skills as many of the Champions had never previously presented in front of a large group of people. Ancillary staff were brought in to provide constructive feedback and recommendations for the finale. Each team rotated through two reflection stations where Champions used their creative energy to visually depict their personal and team project journeys.

Session Activities:

- Design a visual representation of your personal journey through the Champions Program
- Design a visual representation of your team journey through the Champions Program
- Practice and received feedback for team presentation for the Champions Program Finale

Champions Quality Improvement Projects

Team Vitals:

- Worsening of participant health problems may require hospital transfers and avoidable harm if not discovered at an early stage.
 - Health monitoring by PCAs lacks training and support
 - PCAs have limited access to Participant health information

CL Doves:

- PCA's, when working in the home, do not have the personal preferences, including background, in order to make a connection with participants living with dementia.

Communication Chameleons:

IDT Members and the PA's/HHA's don't know each other and this interferes with their ability to collaborate and share information about participants.

Avengers of Communication:

- The plan of care as reported on task sheets does not contain the necessary information to care for the participant.

Two Doves and an Owl:

- Changes in the care plan may fail to include the PCA
- Issues related to the care plan and scheduling raised by PCAs may not be considered

Creekside Ladies:

- Participants living with dementia cannot, have difficulty or refuse participation in ADLs



Visual Depiction of Team Project

Bubbles of Life:

- Life Pittsburgh's Administration aren't aware of the anxiety, frustration, and lack of confidence PCAs experience when providing in home care for participants with mental illnesses.

Appendix C: Interview Questions

Champions

The initial interviews with the 18 CHWs had three purposes: (a) to create a biographical sketch of each champion, (b) to record their descriptions of the job itself, as well as the personal characteristics and qualities they think are needed to succeed at the work, and (c) to help staff both to improve and evaluate the program both during and after implementation.

1. Can you tell me a little bit about where you grew up?
2. How did you come to work with seniors?
3. What do you like people to know about you?
4. What personal characteristics and qualities have helped you in your job?
5. How would you describe your work to somebody who has never worked with seniors before?
6. Can you describe a work day in the last few months that went really well? How about a day that had a lot of challenges?
7. Can you give an example of a problem that you encounter at work frequently? Did you ever try to fix the problem? [If yes] what happened?
8. What do you hope will result from your participation in the Champions program [i.e., your goal for participating in the Champions program]?

At the project's conclusion, we asked the remaining 15 Champions to reflect on their participation in the Champions program, noting challenges, learning and impact, and sharing suggestions for improvement. In addition, we followed up on their goal at the project's commencement and asked whether it was achieved.

1. Thinking about your quality improvement project, were there surprises, difficulties or benefits to you as someone who works with seniors?
2. How was the overall learning experience for you? Do you think that there were changes in your knowledge or your skills or even in your confidence? What will you take with you after the project is over?
 - a. If clarification needed, ask, 'What did you learn that you'll take with you in your career moving forward?' If nothing volunteered, example offered: "Were you familiar with the Quality Improvement method that was taught – the idea of root causes, observations, countermeasures, etc.? Do you think you are likely to use this again?"
3. Your goal for the project, when we spoke last Fall, was ...FILL IN SPECIFIC...? Did you achieve that goal?
4. Have you noticed any changes in the organization? Do you feel that the organization has a better understanding of your challenges?
5. Do you have any suggestions for us in making the project work better in the future?

Supervisors

Supervisors are typically women with experience as personal care assistants (CHWs for the purposes of the JHF program) who have been promoted to take on more managerial functions. They formally joined the program as the Champions moved from the initial five learning

sessions to sessions devoted to preparing the Champions to identify, develop and implement a quality improvement project. As mentioned above, we integrated the supervisors when it became clear that...XXX. In addition to learning something about their backgrounds, the interview questions queried the supervisors about the program's challenges, learnings and impact, and asked for their suggestions for improvement. Questions:

1. Can you tell me a little about yourself?
 - a. How long have you been with Community LIFE/LIFE Pittsburgh?
 - b. How did you get involved with senior services?
 - c. Have you been with the Champions projects from the beginning (if not, when did you join)?
2. Thinking about the Champions project, were there surprises, difficulties or benefits for you as a supervisor or part of the Champions team? [follow-up, if full range doesn't come up naturally]
 - a. How did you feel about being assigned to the project?
 - b. Did the expectations of your role change as supervisor, as the project rolled out?
 - c. Were there learnings for you that you think you will be able to apply in the future?
3. Do you think that the project will have value for Community LIFE/LIFE Pittsburgh? In other words, do you think there will be any longer-term impact on the organization?
 - a. If needed: In other words, what, if anything, do you think will be different now at work than it was before the project?
 - b. [follow-up if not mentioned]
 - i. Was the problem-solving method used by the Champions new to you (problem statement, current condition, countermeasure)?
 - ii. What about the value of the training – for example on working with participants with dementia?
4. We'd appreciate your overall suggestions for how we can improve the program. What could we have done to make it easier for you, or to make the program more effective?

Directors

Three director-level staff were also interviewed. One high-level staff member from each organization took on the responsibility for overall program coordination. In addition, in one organization, the director of quality also participated. Each understood that the purpose of the end-of-project interviews was to help JHF understand the impact of the Champions program (including what might have changed as a result of the program, its benefits and the challenges of participation), and to solicit their suggestions for improvement. Questions:

1. Can you tell me just a little about yourself?
 - a. How long have you been with Community LIFE/LIFE Pittsburgh?
 - b. How did you get involved with senior services?
2. Thinking about the Champions project, were there surprises, difficulties or benefits for you as a director or for the organization more generally?
 - a. Is the program what you expected it to be? Did your expectations change as the program rolled out?

3. Do you think that there will be any longer-term impacts at Community LIFE/LIFE Pittsburgh as a result of participating in the Champions project?
 - a. [follow-up if prompt needed] What about the value to the organization of the problem-solving method used (problem statement, current condition, countermeasure)?
4. Looking back, would you have anything differently? Looking forward, would you recommend that WE do anything differently?

¹ Our Lean Organizational Development curriculum features a healthcare process improvement methodology based upon Lean concepts, principles, and tools. Originally adapted from the Toyota Production System and Alcoa Business System, our methodology — **Perfecting Patient Care**SM — is designed to address the challenges healthcare organizations are facing today, including patient safety, staffing shortages, value-based reimbursement, rising costs, inefficiency, and suboptimal outcomes.

¹ Living Independence for the Elderly (LIFE) is a managed care program that provides a comprehensive, all-inclusive package of medical and supportive services. The program is known nationally as the Program of All-Inclusive Care for the Elderly(PACE). All PACE providers in Pennsylvania have "LIFE" in their name.

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<http://www.dhs.pa.gov/citizens/alternativestonursinghomes/lifelivingindependencefortheelderly/>

³ Tomorrow's HealthCareTM (THC) is an online knowledge and collaborative-learning network developed by PRHI to foster action among health professionals by providing a platform for them to learn, communicate, collaborate, and engage. THC creates clinician communities that shape health policies, work environments, and daily behaviors to deliver maximum value for purchasers, and the best care possible for patients. The THC platform is customizable to each organization's needs.