Leadership Message | Marlene Ripa

When we began our DSRIP journey together three years ago we were just learning DSRIP’s language and setting ambitious milestones. As a network we focused first on the organizational side of the program, then on outreach, and then on helping incorporate system transformation into what you do every day. Since we cover such a large region, we emphasized the importance of our geographic and provider-type diversity to make the program work at the most local level. Together we developed a robust toolbox of training, technical assistance, and workshops to augment partners’ efforts, and foster creativity.

Now, as we start a new calendar year and enter the DSRIP home stretch, everyday we learn of new innovative approaches to delivery system transformation. The network is challenging existing norms, sharing and learning new practices, and accelerating system-wide transformation. In this issue you will read about how one partner, Nyack Hospital, has combined and leveraged the benefits from several MAX programs, workshops, and an Innovation Grant; and how other partners are using workshops, training, and CBO relationships in ways that elevate the term “creative” -- a word that you don’t hear much in health care but that applies to the work we’re doing everyday.
Connecting the DSRIP Dots: How Nyack is Embracing DSRIP
MAX, workshops, training, Innovation Grants make a robust toolbox

When Alice Cronin, Chief System and Transformation Officer of Nyack Hospital, gave her team’s feedback at MHVC’s November Emergency Department (ED) Care Triage Workshop, it was clear that there was much more going on than just enthusiasm for a training session. In fact, Nyack Hospital is an example of how an organization has benefited from the many state- and MHVC-level training, funding, and learning opportunities, effectively connecting the Delivery System Reform dots.

Nyack became part of the MAX Series in October 2017 to work on reducing avoidable use of their Emergency Department by high utilizers of the department. “We have been working on this issue for so long that we felt we were ahead of the game, but we needed help to advance to the next level and to really master the data side,” said Cronin. “We are working with a much larger cohort of patients now (233 from 31), and we want to develop more real-time interventions.” Through the MAX Series Nyack will analyze real-time data. “We can now see if we are moving toward goal of a 10% decrease in our high utilizers. We can’t get avoidable-visit data for a while so this helps. We have already had success with our small cohort.” Of about 30 high-utilizers, Nyack has successfully engaged alternatives for five, which represents some 35-40 ED visits a year.

Nyack is also taking advantage of the MAX train-the-trainer program, demonstrating its commitment to incorporating the MAX rapid-cycle improvement process to other work streams. “We have two participants who are facilitators who are currently participating in the MAX Training Program (MTP),” said Cronin. “Currently two of our ED social workers are attending, one from the main ED and one from the Psych ED.” MTP trains participants in facilitation techniques and rapid cycle improvement methods while supporting the development of a plan to scale and sustain redesign efforts.

MAX Training Program attendees (Nyack Hospital, except as noted):
(Back) Dr. Jeffrey Rabrich; Frank DeShino and Ray Florida, President & CEO, Rockland Paramedic Services; Diane Attanasio, Nursing Administrator, Recovery Center; Liliana Delgado, Assistant Nurse Manager, ED. (Front) Alice Cronin, CSTD; Tracie Florida, BHRT Team, Rockland Paramedic Services; Lillian Dunn, Director, Case Management; Daphne Alexis Marseille, CSW ED
The MHVC ED Care Triage Workshops, held in October and November 2017, and January 2018, have provided focused learning opportunities. "We met with other MAX Series partners -- St. Luke's and St. Joseph's -- who shared their challenges and results," said Cronin. "Since we are working on complex issues without prior experience, we need to hear what others are doing and how they successfully implemented their programs."

Dr. Jeffrey Rabrich, Nyack's Medical Director for Emergency Medicine, is at the center of the work. "We have the same issues with high utilizers as other EDs: mostly social determinants of health (SDH) -- homelessness, alcohol issues, and the lack of a full-time shelter in the county," said Rabrich. "We are focusing on innovative things we can do, so learning from others is vital." Nyack is working with the county to establish more services, such as a warming center and a part-time shelter, but the biggest challenge is engaging the patient.

"When the patient is willing to engage we have had great success getting them to primary care. But they often say 'no' the first three, five, or ten times, so the key is to keep engaging." Nyack has a social worker in the ED, and has developed an internal system of electronic alerts for the social worker and the ED team when a high-utilizer returns. "The system puts a flag in the chart system and generates an email to the ED team," said Rabrich.

"We wrote our own program to follow patients with a DSRIP flag," said Cronin. "We can see if they go for other services within our system, such as a patient with MS, and we are sending alerts to our providers. The next phase is to bring in our community-based organizations (CBOs)." Nyack will kick off this phase soon, and will introduce the CBOs to mobile health care and regular case conferences. A global care plan is on paper for now, but Nyack hopes to make it electronic in the future. "Our health homes are active partners with us," said Cronin.

Tracking high-utilizers will now be expanded through an Innovation Fund grant from MHVC. Partnering with Rockland Paramedics, the Community Paramedicine Collaboration will provide multiple services to patients before they get to the ED -- and hopefully preclude an avoidable visit or admission. The mobile units will have specially-trained paramedic personnel and the hospital will have a specially-trained nurse practitioner for follow-up. "The paramedics will be able to connect to the hospital through a mobile software link to provide treatment in the home in order to avoid preventable visits and admission -- almost a 'house-call' program." Rabrich continued. "They will also have access to a behavioral health team." The team's director teaches Motivational Interviewing (MI) and will go with the paramedics on initial intake visits. MHVC has been conducting MI training for partners throughout the DSRIP period. The next phase will look to include a telemedicine application.

The Community Paramedicine Collaboration will also use Nyack's "Twage" application, which emergency services use to communicate with the ED to ensure that everything is ready: bed assignments, alerts, medications, etc. The Collaboration will get an electronic health record (EHR) interface so information goes directly into the medical record.

"Drivers of utilization and SDH are our biggest issues, and that's where DSRIP and ED care is going," said Cronin. "We are taking advantage of every learning opportunity --
from using MHVC intake forms, to trainings, to collaborations. With support from the MHVC network, we are not alone.”

NYS DSRIP Annual Learning Symposium, February 6-8
MHVC well-represented in presentations and posters

MHVC partners will be presenting multiple posters and workshops at the third annual statewide Learning Symposium next month in Staten Island. The symposium convenes all Performing Provider Systems for a multi-day engagement to challenge existing norms, share and learn new practices, and accelerate system-wide transformation. The state anticipates over 600 attendees in addition to executive leadership of NYS Medicaid and the Medicaid Redesign Team, and national and international experts in health care and system transformation.

MHVC-led workshops include: Advancing BH Integration in Primary Care: Using Self-Assessment and Technology to Support Sustainability (Dr. Henry Chung and Michelle Blackmore, PhD, MHVC); Success in Mobile Crisis Service Delivery (Timothy P. Egan, Rockland Paramedics); What Matters to You? The Key to Patient Engagement, Improved Outcomes, and Joy in Work (Dr. Damara Gutnick, MHVC, and Kathy Pandekakes, HDSW); and Mitigating Staff Resistance to Change Through Communication and Engagement (Maria Gerena and Joan Chaya, MHVC).

Poster presentations will include: Sustaining Cultural Competency and Health Literacy Beyond DSRIP (Daniel Fontanez and Joan Chaya, MHVC); Blueprint for Health Equity -- Transforming How We Work (Victoria Reid and Joan Chaya, MHVC); and Developing Talent For Responsive Sustainability (Adyna Gamboa and Joan Chaya, MHVC).

Trio of Workshops Address ED Care Triage and Social Determinants of Health
MHVC offers the third session on January 31

In its efforts to provide continuing support to the seven hospitals participating in the ED Care Triage Project, MHVC has hosted a series of workshops to support development of an integrated delivery system. The seven hospitals -- Montefiore New Rochelle, Montefiore Mt. Vernon, Nyack, St. John’s, St. Joseph’s, St. Luke’s, and White Plains Hospital -- participated in one or more of the workshops on October 25 and November 28, 2017; the next will be held on January 31, 2018.

“The purpose of these workshops is to assist our hospitals in achieving the overarching goal of reducing avoidable Emergency Department (ED) visits,” said Joan Chaya, MHVC Director of Workforce Development and Management. MHVC staff assists the hospital EDs in identifying their high-utilizer population and understanding the main drivers of utilization. According to Natalee Hill, MHVC Director of Quality and Innovation, “Through our workshops we assist our hospitals in the development of a sustainable process. We have tailored the focus of each workshop to address critical areas and techniques to achieve that result.”

The goals:
-- connect patients with primary care providers (PCP),
-- identify social determinants of health (SDH),
-- connect patients to appropriate community based resources that can address SDH needs, and
-- screen patients for depression and other behavioral health (BH) conditions, and provide linkages to health homes and care management resources.

The October workshop focused on understanding the drivers of utilization and using data to drive change. MHVC asked the 28 participants from participating hospitals to populate a template that would help them to identify the underlying medical and social needs driving patients’ unnecessary ED utilization. During the workshop, MHVC staff and network representatives asked participants to use this data to understand the needs of the high-utilizer cohort of patients and to identify targeted community providers and CBOs for partnership and intervention. Each hospital developed two action plans that focused on improving processes within their organizations.

The November workshop focus was on managing high utilizers in the community. The hospitals were asked to invite a community partner they identified in the October workshop that would help them meet the needs of their high-utilizer population. The hospital and the community partner developed two action plans that would allow for definitive and timely linkages between organizations. As a part of this workshop, the technique of Plan-Do-Study-Act (PDSA) was reviewed and added to the action plan to help measure the process the 20 participants put in place.

The January session will focus on confirming each partner has reliable and manageable processes in place to create a sustainable program, especially high-reliability processes and sustainability. For more information, contact Tawana Howard-Eddings, MHVC Director of Practice Transformation, thowarde@montefiore.org.

MHVC Presents At -- and Learns From -- IHI
Joy in Work a prominent theme: How happiness impacts outcomes

MHVC was well-represented at the Institute for Healthcare Improvement (IHI) National Forum on Quality Improvement in Health Care, December 10-13, 2017, in Orlando, FL. "Besides having the privilege of sharing our work at IHI, the team was excited that the overarching theme of this year’s conference closely aligns with our MHVC emphasis on improving patient experience by focusing on our workforce first," said Dr. Damara Gutnick, MHVC Medical Director.

An inspiring IHI keynote was presented by Jenn Lim, CEO and Chief Happiness Officer of Delivering Happiness, a company she and Tony Hsieh, CEO of Zappos.com, co-created to inspire science-based happiness, passion, and purpose at work, home, and everyday life. Lim developed frameworks for workplace happiness and discussed the formula, happier employees = happier customers = successful companies. More about IHI’s initiatives around Joy in Work will be shared in the MHVC’s February newsletter.

IHI also provides a refreshing opportunity to learn about how best practices from other industries can be applied to healthcare leadership. A provocative keynote by General Stanley McChrystal, former commander of the Joint Special Operations Task Force, described how the military successfully changed its hierarchical communications structure in order to be more nimble so they could react quickly and effectively combat Al Qaeda in Iraq.
MHVC was proud to both deliver a workshop and have two posters presented. In a session entitled, “Learning How Community Partnerships Cut Emergency Department Use by 33 Percent,” MHVC’s MAX Series results were presented by Dr. Damara Gutnick, MHVC Medical Director; Natalee Hill, MHVC Director of Quality and Innovation; Kathleen A. Sheehan, RN, MSN, Director of Emergency and Trauma Services for St. Luke’s Cornwall Hospital; and Lisa Hanrahan, VP, Quality and Risk Management for St. Joseph’s Medical Center.

In addition, MHVC had two posters accepted entitled, “Improvement in a Value-Based World: One Regional Hospital’s Approach to Reducing Behavioral Health ED Utilization” (link [here](#)), and “Designing Effective Substance Use Referrals: Building the Bridge from Both Sides” (link [here](#)).

Natalee Hill (l) and Dr. Damara Gutnick (c) with Daniel Childs, MHVC Medical Student Public Health Research Fellow.

Innovation Driving Change | Best practices from the nation to you

**May the (Quality) Force Be With You: Collaborative has Laser-Focus on Process**
*Workshop uses fun to focus on efficiency and adds patient experience*

Although he has a simple question, Dr. Peter Shamamian, FACS, knows the answer is extremely complex. Shamamian, Vice President and Chief Quality Officer of Montefiore Health System and Professor of Surgery/Vice Chairman, Quality Improvement and Performance, is asking MHVC and Montefiore hospitals: As we move forward to provide the highest level of care in our expanding network, how do we ensure that everyone goes in the same direction?
In order to start the discussion and share ideas, Shamamian’s team created the Montefiore Health System-Quality Collaborative, a group of over 200 participants representing 12 hospitals, including MHVC partners Montefiore Mt. Vernon, Montefiore New Rochelle, Nyack, St. John’s, St. Joseph’s, St. Luke’s Cornwall, and White Plains. The Collaborative convened for the first time in June 2017, and meets quarterly for full-day sessions coordinated by the Network Performance Group (NPG). There are 50 people in the group, including physicians, health economists, nurses, data abstraction experts, and other specialized areas. The Montefiore Institute for Performance Improvement (MIPI) is within the NPG, providing robust offerings, including a year-long course on performance improvement, consulting with other groups, and data analysis. The team also offers post-collaborative coaching.

“Our goal is to develop approaches to improvement so we can ensure that all care delivery in our system provides safe and quality care using data analytics and performance improvement,” said Shamamian. The Quality Collaborative uses the Institute for Healthcare Improvement (IHI) Model for Improvement since it has proven results and is user-friendly. The Collaborative workshops incorporate didactic exercises and breakout sessions, and have focused on three projects of importance to network hospitals: Catheter-associated urinary tract infections (CAUTI), heart failure readiness, and Emergency Department (ED) throughput time.

In addition to these three focus areas, the Quality Collaborative has now expanded its scope to include patient experience metrics. Dr. Steven J. Choi, FAAP, Assistant Vice President and MIPI Director, gave the keynote on December 8th about how patient experience is the foundation for quality. He introduced concepts of change management and highlighted the importance of patient experience.

Marcello Khattar, Director of Patient Experience for Montefiore’s Moses Campus, participated in the new Patient Experience workgroup. “It is exciting that the Collaborative agreed that this is a priority and the time to start working on this is now,” Khattar said. “Our goal was to get the process started and we chose the collaborative path, to include the patient voice in the experience and to be patient-centric in everything we do.”

“We serve diverse populations in many counties, so this is a great forum to bring together all of the critical clinical, administrative, and operational members of the leadership teams,” said Dr. Choi. “We talk about how to improve, but Lean processes and improvement science tools alone do not make a recipe for success -- we need to change the culture and behaviors within the organization, and that is often harder than the the actual plan to change health care delivery.” This change will easily take five years, or closer to ten years in a large system.

In addition to change management and improvement methods, an organization needs to understand and invest in leadership. “The greatest leaders are those who can achieve results for the organization while investing in the development of people within their organization,” said Dr. Choi. “In order to be a leader, you must behave the way you want others to behave.”

During the exercises, Dr. Choi’s team facilitated an introduction to Lean principles using an entertaining simulation exercise. Each hospital team was asked to assemble Lego-block Star Wars “stormtrooper” figurines. The simulation demonstrated that applying Lean processes led to significantly improved efficiency in production work. The winning
team, from St. Luke's Cornwall Hospital, was most efficient, reducing production time from 12 to 2 minutes, and was rewarded with Star Wars-style lightsabers.

The St. Luke's team won lightsabers for their efficient production process.

Image of a group of people holding lightsabers.

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News and Alerts | Announcements, deadlines, and requirements

**Measure Changes for Mental Health Follow-Ups**

*New changes effective January 1, 2018*

On November 15, 2017, the National Committee for Quality Assurance (NCQA) released technical specifications for the 2018 edition of Healthcare Effectiveness Data and Information Set (HEDIS), a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Modifications were made to the specifications that will affect the following DSRIP performance measures:

-- Follow-up after hospitalization for Mental Illness within 7 days (FUH07)
-- Follow-up after hospitalization for Mental Illness within 30 days (FUH30)

Previously, follow-up appointments were allowed to occur on the same day as the hospital discharge. With the new changes, the first follow-up appointment cannot be on the same day as the hospital discharge. Additionally, Telehealth visits will now count as a follow-up visit. The above changes are effective starting January 1, 2018.

As a reference to coding the new changes, follow this link for codes that will count towards the FUH07 and FUH30 measures. If you have any questions or concerns regarding the new measure changes, please contact Manav Surti, msurti@montefiore.org.

**NatCon18: MHVC Part of Faculty and Offering Partner Discount**

MHVC is pleased to be featured as pre-conference faculty -- and is offering a partner discount -- for the upcoming annual National Council for Behavioral Health Conference, NatCon18, to be held in Washington, DC, April 22-24, 2018.

More information and the registration link can be found here; early-bird registration
ends February 9. MHVC is offering a $200 registration discount to all MHVC Partners. At checkout, add “W&A2018” to the promotion code box.

During the pre-conference offerings, Dr. Damara Gutnick, MHVC Medical Director, and Kristin Woodlock, consultant to MHVC, will be joined by Carolinas Healthcare in a session titled, “A Path to Value in a Value-Based World.”

**MedReview Reminder**

Achievement of annual Clinical performance targets is an important component of how NYS DOH monitors and evaluates DSRIP performance. MHVC partners will be randomly contacted by MedReview Inc., to schedule chart abstraction audits through March 31, 2018. Medical Record Review is one of three ways, along with Claims Data Review and CG-CAHPS Survey Data Review in which the DOH measures clinical performance.

As part of this process, patient charts are randomly selected for auditing clinical performance and documentation on Screening for Clinical Depression and Follow Up and Controlling High Blood Pressure (specifications [here](#)). If you have questions or concerns, please contact Aliza Travis, altravis@montefiore.org.

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**Provider Resources and Tools | New and helpful tips**

**Get Hooked Up! Link to HealthLink Improves Coordination**

*MHVC recognizes 23 partners who have bidirectional connections*

Connecting to a Qualified Entity (QE), also known as a Regional Health Information Organization (RHIO), helps providers deliver better-coordinated care to their patients by providing quick and easy access to the information that is needed from other providers outside of one’s healthcare organization. The goal of HealthlinkNY (HLNY) is to make sure that information is available when and where it is needed across the Hudson Valley. Connection to and utilization of data made available on the QE is essential in managing transitions of care.

RHIO connectivity is essential to MHVC’s network to ensure development of an integrated delivery system and is a critical factor in our clinical interoperability strategy. A bi-directional connection is one where an organization is contributing their patients records up to the QE as well as accessing to see health information available from other organizations. The operational value allows a better insight into a patient’s medical record to coordinate care. We want to recognize our [23 contracted partners](#) that already have established a bi-directional connection to HLNY. If you are interested in learning more and moving toward connection, please contact Senior Account Manager, Costanzo Feo, at HealthlinkNY.

**How to Do It: PDSA and Tobacco Cessation**

*HDSW gets results from a program involving both clients and staff*

Recognizing the high prevalence of tobacco use and tobacco-related diseases in the Hudson Valley, MHVC/Einstein created and disseminated a survey that examined readiness and capacity for tobacco cessation services amongst partner organizations in August, 2016. Although results showed a high prevalence of tobacco use, particularly
amongst behavioral health organization staff and clients, most do not receive funding for tobacco cessation activities nor do they have a tobacco cessation program for employees.

One of MHVC’s community partners, Human Development Services of Westchester (HDSW), decided to act. HDSW discussed strategies for how they implemented tobacco cessation initiatives with both their clients and staff. Utilizing Plan-Do-Study-Act (PDSA), a rapid-cycle evaluation process, they designed an initiative that has already produced results.

Before starting the intervention, HDSW sent their staff nurse to an American Lung Association “train-the-trainer” session. As a result of the training, HDSW implemented an agency-wide screening for tobacco use at intake/admissions, and also referred clients to the NYS Smokers’ Quitline and a doctor, as needed.

Additionally, at HDSW’s Hope House, a day-respite program, staff asked guests/clients if they wanted to have their own tobacco cessation program, and they said “yes.” Staff members were able to participate alongside guests/clients, and participated in a weekly discussion on tobacco use, with 8-15 participants. Guests/clients were allowed to select both a start and an end date for the tobacco cessation program. Successes included one long-term smoker quitting, and a number of both staff and guests/clients reducing the number of cigarettes they smoked per day. Other positive impacts included an increase in the number of conversations about tobacco use and cessation at Hope House and a stronger rapport with staff and guests/clients as they worked towards quitting smoking together. Hope House is gearing up to start another tobacco cessation initiative in January 2018.

Around MHVC | Partner activities

Is your organization or staff being honored or recognized? Let us know so we can share the news with the MHVC network.

March is Colorectal Cancer Health Awareness Month

If you have special events or activities around colorectal cancer health awareness, let us know so we can feature them in our upcoming newsletters and post them on our MHVC website. Contact us at MontefioreHVC@montefiore.org.

Go to MHVC Website

Working It | Training and workforce development

The “People Side” of Change Management: MHVC Partners with Prosci®
Training for Change Management Practitioner Certification was “impactful”

A total of 19 participants from 14 partner organizations, including hospitals, behavioral health providers, rehabilitation services, and community-based organizations (CBOs), attended a three-day experiential development program to learn how to apply a holistic change management methodology and toolset to a real project. MHVC partnered with Prosci® to offer the certification program. With the success of the training, MHVC is already planning next steps, according to Maria Gerena, MHVC Workforce Development Manager.

The program was designed for those responsible for driving change or process improvement initiatives. "Prosci's® structured three-phase change management process focuses on the ‘people side’ of change, and is researched-based, easy-to-apply, and scalable,” said Joan Chaya, MHVC Director of Workforce Development and Management. “We also wanted a hands-on experience for participants, who were required to bring an organizational change initiative, project, or process improvement plan to work on in class.”

Change management is inextricably connected to business results, and good results always include an understanding of the impact of the change on people. Steve Bush, Prosci Master Instructor, took participants through the three phases of change: Phase I, preparing for change; Phase II, managing change; and Phase III, reinforcing change. He explained that it is imperative to understand why the change is being made, what is changing, who will be changing, and what change looks like for participants’ projects. Since change management was new to many participants, most of whom were project managers, Bush introduced the topics based on what they already knew. “You wouldn’t start a project without tools,” he said. He framed the training as a new tool, which made it more accessible. The key learning: “You can’t implement change without thinking about the individual.”

“This was an amazing program, much more robust and interactive than I expected,” said Bernadette Amicucci, DNS, FNP-BC, CNE, Director of Clinical Education for White Plains Hospital. “I didn’t know a lot about change management before, so focusing on the ‘people side’ made it exciting to learn about and appreciate the relevance of the program.” She continued, “The pre-work on our project was very engaging, and helped me see that I used some of these concepts before, and when I did, it was much more impactful and it does indeed make a difference.”

Amicucci brought her White Plains Hospital LGBTQ Education Project to the training, and her presentation further inspired Amanda Moody, CPBA, Program Manager for HRHCare, Inc., who attended with Kathy Brieger, Chief of Patient Experience and Staff Development, since HRHCare is considering a similar project.

“We see that launching a new program for the organization at the macro level will trigger individual, departmental, team, and health center changes,” said Moody. “A lot of the time we don’t factor in people’s emotions, or if we do we don’t acknowledge them. I now have tangible tools and tactics to manage based on the ‘biggest supporter’ or ‘the biggest resistor.’ People are going to be impacted so let’s not underplay that -- we need to be strategic about it.”

In addition to applying the training to their projects, participants are already disseminating the learning throughout their respective organizations. Amicucci is sharing the techniques in the hospital’s Leadership Boot Camp. She is also developing a customized training in order to spread the word throughout the organization. Moody
and Brieger immediately took the training to their CEO. "Beyond applying the lessons to our existing projects, we wanted to share the tools as best practices with other staff in the organization," Moody said. "We are also thinking about how to formalize the learning so the knowledge doesn’t stay with the two of us. I can’t overstate how impactful this was for us.”

What Matters to You | How partners are implementing WMTY

MHVC partners have told us they want to hear about how others are implementing "What Matters to You?" (WMTY). We want to highlight stories and share tools and resources in our newsletters and on our website, so contact us with your stories.

"On behalf of everyone at Cabrini, particularly its patients and residents, I enthusiastically thank you for providing us with this tool that offers new lenses for us to better see our patients as individuals who are grappling with not only "what's the matter" to what matters most to them. This has been a game changer to everyone at Cabrini and we are most grateful."

-- Lorraine D. Horgan, Vice President of External Affairs, Cabrini of Westchester

How to Make WMTY Your Own: Partner Stories
Cabrini embraces WMTY "culture shift"

When Lorraine Horgan showed the [WMTY video](#) to Cabrini’s management at their annual strategic retreat on October 3, 2017, she was amazed at the enthusiastic response. "WMTY is really bringing patient-centered care to the next level. Everyone grasped the concept and looked forward to implementing it," she said.

The impact was immediate and Horgan started making WMTY charts the next day. WMTY is discussed at monthly management meetings, where staff give examples of how it has made a difference. "The department heads presented WMTY to their staff, so now everyone at Cabrini knows about it," Horgan said.

Located in Dobbs Ferry, NY, Cabrini of Westchester is a geriatric care campus providing a continuum of care to elders and those with disabilities, so there are short-term patients and long-term residents. Of its 304 beds, all 45 short-term rehabilitation patients are offered the option to have WMTY charts in their rooms, and now requests are rapidly growing from the long-term residents. "We use the chart with circles that is in Dr. Gutnick’s keynote video and it caused a ripple effect," said Horgan. "Some of the the long-term residents wanted it also to make their interactions with staff and others more personalized and meaningful."

At the care-plan meeting with the family, Cabrini staff gives the patient or resident the
option to participate in the WMTY initiative and fill out the chart, or not. If they wish to participate, the chart is put on the bulletin board in their room. “Staff love going into the room and learning something about the patient,” said Horgan. “They are able to ask about a pet, a child, or a sports team and get to know the patient better.”

Patient John Murphy proudly holds his WMTY chart alongside Imee Garcia, PT (left) and Cheryl Cohen, OT (right), his therapists who worked hard to help him reach his goals, which include leading a healthy lifestyle, spending time with family, and serving his community.

News about the initiative has even reached Cabrini’s Board of Trustees. Horgan showed the video at the December Board meeting and gave an update on results. The Board was excited to see how deeply WMTY has penetrated in the Cabrini staff and feels it is a great complement to the person-centered care that is an integral part of Cabrini’s culture.

WMTY: “Attending my daughter’s Bat Mitzvah.”

After a hip fracture, the patient was anxious to complete short-term rehabilitation in enough time to be ambulatory and dancing at his daughter’s Bat Mitzvah. Staff used this goal to motivate him, resulting in the optimization of his therapy and quality outcomes. The patient was discharged in time for his daughter’s Bat Mitzvah, and healthy enough to celebrate with a dance.

WMTY: “Me being home in the evenings.”

WMTY is for staff as well as for patients. When possible, adjusting work schedules allows for work-life balance and well-rested, healthy, and happy employees. “That is also part of WMTY,” said Horgan.

WMTY: “Getting home to pay my bills.”

Staff was concerned that a short-term rehab patient was too anxious to stay the course of her treatment and wanted to go home. When asked WMTY, she said wanted to get home to pay her bills. Once staff learned this, they arranged for a day-pass and transportation to and from home. The patient was then calm and willing to participate in her therapy. If not for WMTY, she would have left against medical advice and would have resulted in a rehospitalization.

Partner Highlights

SLCH has the “Golden Ticket” to Bring Holiday Joy
Innovative CBO partnership helps community members in need
The December holiday season presented a golden opportunity for St. Luke’s Cornwall Hospital (SLCH) to partner with The Newburgh Ministries, Inc., to help 100 deserving men, women, and children have an unforgettable experience. SLCH distributed “Golden Tickets” to community members in need and invited them to celebrate the holidays with Santa and the SLCH team.

“This was a way we could help community,” said Kathleen A. Sheehan, RN, MSN, Director of Emergency and Trauma Services. “The idea started with our Director of Case Management and eventually involved personnel from many areas throughout the hospital. Everything -- gently-used or brand new items, clothing, toys, coats, socks, bedding -- was donated by hospital employees and families.” The Ministries, a culturally diverse, grassroots community-based organization, selected the 40 men, 30 women, and 30 children.

The concept of “Holiday at St. Luke’s Cornwall Hospital” was simple: Invite a small group to a shopping and holiday experience -- without the need for money. The event was held on Saturday, December 9, from 10 AM-1 PM, and included lunch for all guests. Each attendee was assigned an “elf” -- an SLCH team member -- to help them shop with their “Golden Ticket” while the kids had cookies, hot cocoa, and pictures with Santa. There was even a gift-wrapping station so everyone went home with a wrapped gift. “For many of our guests, this was the first time they were able to give their children a Christmas gift,” said Sheehan.

In addition to shopping, Santa, lunch, and holiday music, 25 high-school students and two teachers from a local cosmetology school donated their services; they were joined by two local barbers. “Everyone wanted to ‘give back; one student gave a little girl her first haircut,’” said Sheehan. “We recently invited the students and barbers back for a recognition luncheon and gave them certificates of appreciation for their hours of service.”

“Any organization can partner with a community outreach organization to do this,” said Sheehan. “The ‘Golden Ticket’ is truly a golden opportunity that benefits everyone.”

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The Montefiore Hudson Valley Collaborative Team