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Creating a System-Wide Virtual Navigation Center

Topic Area: Patient Experience

Executive Statement of Support: "This project has been a tremendous effort by our staff and has had significant impact on the way we conduct warm-hand-offs and support our patients as they navigate our complex system." Paul E. Lorenz, Chief Executive Officer, Santa Clara Valley Medical Center

Executive Summary (limit 200 words):

The County of Santa Clara Health System (CSCHS) offers a range of crucial medical, behavioral health, and health plan services. Our goal of providing comprehensive care means that patients are increasingly using multiple care and support services. With support from state Whole Person Care funding, the CSCHS system has prioritized system change aimed to improve the health outcomes of all patients, especially those who utilize multiple systems, through increasing coordination and collaboration. One of the identified gaps in care coordination was that although CSCHS patient engagement teams provide high quality care, there are inconsistencies in how they engage, deliver, and follow-up with patients. Of approximately 20 surveyed patient access points, many had different hours of operation, communication methods, and support processes. Languages offered at CSCHS access points also vary. While most access points provide English and Spanish, tertiary languages might include Mandarin, Cantonese, Tagalog, Farsi, Hindi, or others. Navigating the various and diverse access points to get what you want, and need is challenging for most patients.

Background and relevance of the problems being addressed, and effort undertaken:

The Problem: Patients in need are not always able to access and navigate CSCHS Services in an easy and timely manner.

The Plan: As part of the county Transformation 2020 initiative, CSCHS initiated plans for a Virtual Navigation Center program to ensure that patients get the help they need. The program includes a cross-disciplinary task force and a portfolio of patient engagement improvement projects.

Goals of the initiative:

- Provide patients with a consistent and high-quality service experience across CSCHS.
- Ensure staff have the tools and support to collaborate with one another and engage patients.
- Ensure that patients have well-published and accessible entry points for care.
- Implement a Patient Navigation Center including a virtual contact center.
- Implement a searchable Resource Directory of CSCHS services that can run as both an independent portal and through other care applications.
- Leverage existing support structure in CSCHS and ensure staff are meaningfully engaged.
- Empower employees to work collaboratively to meet patient needs.
- Drive increased participation in on-line and phone self-service capabilities, including appointments, prescriptions, and provider communication.

Describe the effort, including the scope, process, strategies and tactics utilized, challenges encountered and how they were addressed.

We realized that our system is very complex and has many silos. We knew we needed to really understand what the patient is experiencing as they attempt to navigate the system. We undertook a series of internal and external discovery activities to learn what works, what doesn't work and understand how other organizations are successful.

Activity	Initial Findings	Key Planning Considerations
Reviewed CSCHS Data	 Highest utilizers are using multiple services, including a high level of ED visits – an average of four visits each in 2017. High utilizers are significantly more likely to struggle with addiction, homelessness, and mental health issues. 	 Pro-actively engaging patients reduces the need to provide emergency treatment. Patients need high quality service and need to be proactively engaged.
Collected Service Survey	 Service models and processes are inconsistent across departments – different hours, communications methods, languages offered. Communication and engagement technologies are not up-to-date – many patient-facing departments are still using old phone technology. 	 Manage a more consistent operating model and service expectations. Provide communication and information tools to ensure staff can find and connect patients to the right place.
Staff Focus Group	 Staff expressed a strong desire to help patients, but frustration at not always knowing how and when to do that. Focus group members all expressed surprise at CSCHS's comprehensive services. 	 Ensure staff have clear expectations and processes to provide support. Publish and communicate CSCHS services.
Patient Focus Group	 Patients expressed frustration that they "can't get through": getting busy signals, lost in phone trees, or not receiving call backs. Some patients didn't like the way they're treated. Sometimes they experience rude or unhelpful support. Other times they don't 	 Implement and improve inbound call management. Implement service management. Provide staff with better support training.

	feel like the agent is able to help them.	 Provide staff with ad hoc coaching and support. Provide staff with information and collaboration tools.
Industry Leader Site Visit	 Leverages a central contact center for all patient requests, including onboarding, scheduling, outreach, and follow-up. Implemented a customer management system to capture, manage, and track patient needs. Recruit, develop, and retain staff with the right skills and personality. 	 Hold leaders accountable for results. Promote self-service model. Grow tele-health business. Pick the right technology. Constantly refine processes.
Evaluate Key Technology Enablers	 Telephone System Resource Directory 	 Implement software upgrade to telephone system. Ex. NovelVox system. Conduct market research on searchable database/software that is compatible with Epic. Release Request for Proposal (RFP) for resource directory by summer 2019.

Describe the results of the effort:

We recognized from our evaluations and analysis that the answer to our concerns would be to establish a Virtual Navigation Center. A Virtual Navigation Center is a system of access points in which the organization's representatives are geographically dispersed, rather than being situated at work stations in a central location. No matter their location, the geographically dispersed navigators represent the organization as a single entity. We wanted to look and feel like one system/organization and ensure that patients and clients have a seamless, standardized and high-quality experience. We recognized early that we already had the tools at hand to make this Virtual Navigation Center a reality. CICARE is our organization-wide, adopted, standard communication tool. CICARE stands for Connect, Introduce, Communicate, Ask, Respond and End the encounter with a Thank You. With CICARE we are able to provide excellent customer service by establishing trust, ensuring a clear exchange of information and maintaining accountability. We recognized early that we would be able to leverage CICARE effectively to conduct warm hand-offs. A warm "hand-off" is the process of transferring responsibility for care from one staff to another, ensuring that patient/client is comfortable with and knows who the next point of care contact is going to be. A warm hand-off takes more time but builds trust and confidence. We want to ensure that all patients know that those they are handed off to are experts in their areas and they care about the patients and clients we

serve. The goal of the Virtual Navigation Center is to flatten out the organization, reduce the number of silos and help us look and feel like one coordinated, organized and connected organization. In addition to the Virtual Call Center, we added additional opportunities to connect with patients such as offering regular hospital tours.

Project	Key Activities	Outcome Highlights
Call Center Observations	 Developed standardized Observational Protocols and Tools. Conducted Observations at nine core Patient Access Points, examining the patient and provider experience. 	 All core Patient Access Point observations have been completed. Observers identified many examples of exemplary processes, and some opportunities for improvement.
Virtual Patient Navigation Trainings	 Developed Virtual Patient Navigation Training Curriculum. Delivered trainings to 50 key teams in CSCHS and our partners. 	 Staff have been engaged and excited about the material presented, expressing ideas on how to operationalize the concepts within their teams. Additional departments and agencies have expressed interest in bringing the training to their teams.
Patient Orientation and Tour	 Developed content of Patient System Orientation and Tours. Piloted Orientations weekly through November and December 2018. 	 Orientation was piloted with Patient and Family Advisory members. The content developed for orientation and tours of Santa Clara Valley Medical Center have been well received to date.
Resource Sheets	 Identified Resource Needs for key Patient Access Points. Developed Navigation System Contact Sheet and sample Draft Badge Attachment. 	 Staff have responded positively and have noted that the Contact Sheet is helpful. The Contact Sheet can be seen posted throughout the county in work stations. Staff have requested additional resources beyond the information initially provided.
Scope of Work (Vendor)	 Created a RFP for Patient Navigation Consultant who would help CSCHS with 4 key areas of patient 	 Request for Proposal for Navigation Consultant was released on 4/24/2019.

navigation: 1. Engagement of Patients; 2. Managing Patient Needs; 3. Delivering Care to Patients; and 4. Managing the Ongoing Care of Patients. The consultant will be responsible for helping the administration in improving telephone call management including developing an omni channel for communication; enhancing patient service management that also addresses patients SODH needs; developing a centralized customizable resource directory and improving patient care delivery – clinical access, patient engagement, quality management and financial management.

Discuss the significance of the results. How do the results demonstrate outstanding achievement?

Through this work not only have we improved the ability of patients to successfully navigate the system and get to the resources they need and want, but we have also built confidence in the system amongst the staff. Staff are now knowledgeable about the various resources available and feel more confident to make hand-offs. Staff also have expanded and enhanced relationships with more people in the system thus creating more smooth transitions.

Describe sustainability and scaling of the achievements.

The model of Whole Person Care, which provided some framework for these efforts, is to identify a problem and goal, pilot potential strategies to make improvements on a small scale, and then to operationalize the interventions through the entire system, in order to make the change lasting and sustainable. The positive outcomes from this pilot were clear, and several key strategies were operationalized in the beginning of 2019. We are still working on perfecting the Virtual Call Center, but we feel many outstanding strides have been made. Next, we plan to develop an electronic resource directory that will feed our electronic health record.

Identifying a department to remain the champion of some of these efforts was critical for sustainability, so several projects became embedded within the health system's Customer

Relations department. The initial Virtual Patient Navigation training materials used to orchestrate the first 50 trainings in 2018 were created by a Senior Trainer within the Customer Relations department. In order to assure sustainability and increased participation in these trainings, this senior trainer now conducts the Virtual Patient Navigation Training every two weeks at every new employee orientation for the County of Santa Clara Health System. In addition, the Customer Relations team finalized the online coreCICARE training module, and it is now part of the annual competency training requirements for all employees through HealthStream. CSCHS also designated the Customer Relations team, under the Patient and Family Advisory Team manager, to continue the Patient Orientations and Tours on a regular schedule. We were thrilled to recognize that patients really liked the Tours.

The Patient Navigation System Contact Information resource sheet has become a foundational document for all CSCHS staff. It is widely distributed throughout the system and has served as the benchmark for resource tool and guide development within the entire system, for both internal and external resources.

Despite tremendous amount of work done in the last year to improve patient navigation experience, CSCHS administration realizes that tremendous amount of work needs to be done to help patients navigate the increasingly complex healthcare landscape in Santa Clara County. Towards this end, the county released a Request for Proposal for a Navigation Consultant who will guide the CSCHS in addressing two overarching areas: 1. Customer Delivery experience; and 2. In-bound Call Management. The Request for Proposal for the Navigation Consultant was released on 4/24/2019.

Describe key lessons learned and any advice to colleagues who might try to undertake a similar effort.

Patient Navigation requires changes at all system levels, and significant culture shift in so far as how leaders and all staff envision their roles in the system as a whole. It could be daunting, expensive, and slow. However, with leadership support and employee buy-in, it is achievable. You don't have to totally reinvent the wheel to get results that you have been trying to get for years.

Comments from patients and family:

"What you guys are doing here with CICARE is great, it shows that you care and that means a lot having my mom here."

"It's good that you do CICARE here, this hospital is probably the only one that does this. I like that."

"You guys did really good with CICARE, all the staff and people on the floor here are great, because really when it comes down to it, it's not where you go, it's who you see."

Project Updates (Summary)

Project	Key Activities	Key Updates
Call Center Observations	 Set Observational Protocols and Tools. Conducted Observations at 9 Patient Access Points examining the patient and provider experience. 	 Most Patient Access Point observations have been completed. It is beneficial to observe interactions in 'real time' and assess for potential staff needs.
Virtual Patient Navigation Trainings	 Developed Virtual Patient Navigation Training Curriculum. Delivered trainings to 50 key teams in CSCHS and our partners. 	 Staff have been engaged and excited about the material presented. Additional departments and agencies have expressed interest in bringing to their teams.
Patient Orientation and Tour	 Developed content of Patient System Orientation and Tours. Piloted Orientations weekly through November and December 2018. 	 Orientation was piloted with PFAT members. The content developed for orientation and tours of Santa Clara Valley Medical Center have been well received to date.
Resource Sheets	 Identified Resource Needs for key Patient Access Points. Developed Navigation System Contact Sheet and Draft Badge Attachment. 	 Staff have responded positively and have noted that the resources are helpful. Staff have requested additional resources beyond the information initially provided.
Scope of Work (Vendor)	 Created a Scope of Work for a vendor that focused on the following requirements: Patient Engagement, Managing Patient Needs, Delivering and Managing Ongoing Care. 	 A Statement of Work was prepared and submitted on November 6th, 2018. The format was provided by the Procurement Office, and the completed SOW addressed each section within the specified document.





Virtual Patient Navigation Training Penetration

- Pilot Trainings Q4 of 2018 (Oct-Dec)
- 50+ Individual Groups will participate
- 1000+ Individuals will participate
- Groups from throughout the county:
 - VMC Hospital and Clinics
 - New Employee Orientation
 - All Call Centers
 - Specialty Services
 - Behavioral Health Services
 - All Call Centers
 - MH and SUTS treatment staff
 - Office of Supportive Housing
 - Custody Health
 - Social Services Agency
 - Office of Re-entry Services



In this 60 minute training, staff will learn what a **virtual navigation center** is and why the **patient experience** starts with them. The training will also instruct participants on the use of **CICARE** during patient interactions, and guide them in the development of personalized CICARE scripting and **warm handoff** practices that are easy to follow and promote **patient-centered care**.

Topics covered include:

- ✓ Transforming dient access point culture
- ✓ CICARE service expectations and always behaviors.
- ✓ Scripting development and practice
- ✓ Resource tools and guides

For questions on the training, contact: Edgar Calonje at 408-885-4826 To schedule your training, contact: Alicia.Anderson@hhs.sccgov.org





- Scripting is one of the most cost effective and simplest ways to transform a client access point into a virtual navigation center.
- Standardization gives our customers the look and feel that we are one system, one organization.
- Clients who receive warm handoffs no matter where they call get what they need with a high quality experience.









Virtual Patient Navigation Training Content

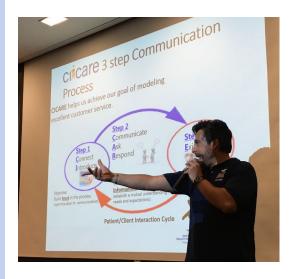
Virtual Patient Navigation Team:

All County of Santa Clara employees, no matter their department, program, or location, represent the organization as a single team/entity, make up one large network, and share a common goal of helping to navigate customers through the county service delivery system by connecting them with the right care at the right time.

> 3 Skills of Virtual Patient Navigation Teams and Navigators:

- Virtual Team Mindset (The shared belief that all members of the organization "are one team working together" towards the same goal, mindful of how our actions effect the organization, other team members, and patients.)
- Standardized Excellent Customer Services (The use of a uniform communication process during patient/client interactions provides a consistent experience and improves interactions. For example: CICARE)
- Seamless Warm Handoffs (The execution of smooth or unbroken transfer of care from one team member to another, regardless of the location, by explaining, providing information, asking for permission, avoiding blind transfer, making introductions, and assuring the connection has been made.)





Patient Navigation Orientation and Tours

- Navigation Orientation Tour materials have been completed, including system resources and maps
- One Hour Navigation Orientation Tours are being piloted weekly through November and December
- Orientation Tours include a System Orientation presentation by key staff members, and a brief walking tour of the hospital campus
 - 1. The System Orientation: Overview of CSCHS
 - 2. The Walking Tour: Highlights of SCVMC



Resource Sheets

Patient Navigation System Contact Information

Program/Service	What They Do	Number to Call	Hours
VALLEY MEDICAL CENTE	ER (HOSPITAL AND CLINICS):		
Customer Relations	The hub for patient grievances, employee recognition, Patient and Family Advisory Program, and the patient Health Resource Center.	408-885-4826	Monday - Friday 8am to 4:30pm
Dental Services	The entry point for patients seeking to access preventive, restorative and emergent dental services within the SCVMC Dental Network.	408-808-6102	Monday - Friday 8:30am to 4:30pm
Hospital Operators	The main point of entry to Valley Medical Center receiving, directing and processing phone calls, all medical and emergency alerts, and overhead paging.	408-885-5000	Saturday - Sunday 12am to 12am
Language Services	In-person, over-the-phone, written and video interpretation and translation services for the VMC delivery system.	408-808-6150	Saturday - Sunday 12am to 12am
Patient Access	Service to help uninsured and prospective patients be assessed for, and enroll in, insurance or programs that cover medical expenses.	866-967-4677	Monday - Friday 8am to 5pm
Patient Business Services	Their Dedicated Customer Service Unit is available to assist patients with questions related to their medical bills and estimates for procedures.	408-885-7470	Monday - Friday 9am to 4pm
Pharmacy Call Center	A call center dedicated to assist patients with refill requests and questions about their prescriptions filled at SCVMC pharmacles.	408-977-3503	Monday - Friday 8:30am to Spm
Valley Connection	The assistance center for SCVMC, providing information about the system, primary care appointment scheduling, and support with MyHealth Online, insurance coverage, and PCP assignment.	888-334-1000	Monday - Friday 7am to 9pm Saturday - Sunday 8am to 4:30pm
VALLEY HEALTH PLAN:			
Valley Health Plan	Service to answer customers' concerns, complaints and inquiries about Valley Health Plan health insurance, and support for providers regarding claims.	888-421-8444	Monday - Friday 9am to 5pm
BEHAVIORAL HEALTH SE	ERVICES:		
Mental Health Call Center	The entry point for individuals seeking mental health services, which screens for mental health needs and refers to suitable programs and services.	800-704-0900	Saturday - Sunday 12am to 12am
Substance Use Treatment Services (SUTS) Gateway	The entry point for access, screening, and referrals to all county/county-contracted substance use treatment services.	800-488-9919	Monday - Friday 8am to 5pm
Suicide & Crisis Services 24 Hour Hotline	Confidential suicide prevention hotline to help individuals experiencing crisis and emotional distress through phone intervention and emotional support.	855-278-4204	Saturday - Sunday 12am to 12am
SOCIAL SERVICES AGEN	ICY:		
Medi-Cal & Public Assistance Programs	The automated infoline for Public Assistance programs (CalWorks, CalFresh, and Medi-Cal), with information on current benefits, applications in progress, and applying for benefits.	877-962-3633	Saturday – Sunday 12am to 12am
			ounty of Santa CLARA

- Consolidated resource sheet with Patient Access point program descriptions and contact info
- Badge Attachments with Patient Navigation related phone numbers



