Case Study: Parkland Health & Hospital System

Background[1]

Parkland Health & Hospital System is one of the largest public hospital systems in the country, averaging more than 1 million patient visits annually. The system also includes 20 community-based clinics, 12 school-based clinics, numerous outreach and education programs, and is the primary teaching hospital for the University of Texas-Southwestern Medical Center.

Problem[2]

Dedicated to operating a health care organization centered on trust, Parkland staff identified problem areas that they believed would benefit from quality improvement initiatives. These initiatives included:

- **Addiction Psychiatry Services:** Parkland's Consult Liaison Psychiatry Team identified growing rates of acute hospitalizations and hospital readmissions in patients with substance use disorder.

- **The Village Project:** Parkland's HIV Services Department identified a health care delivery gap for HIV+ young Black Men who have Sex with Men (BMSM).

- **Supporting Parkland Staff (SPARKS):** Parkland leaders identified the intense need for a peer support program, just before the Dallas police shootings in July of 2016.

- **Rapid Integrated Group Healthcare Team (RIGHT Care):** Parkland staff identified the need for improvement in crisis intervention response for people in mental health crises.

Solution

In collaboration with the ABIM Foundation and America's Essential Hospitals, Parkland conducted its inaugural *Building Trust Challenge* from January - March 2020. The Challenge was hosted by Parkland's Center for Innovation and Value and Patient Relations departments, and was designed to identify who was building trust within and outside of the institution.[2]

Parkland first launched its *Building Trust Challenge* by creating an organization-wide survey, asking each department eight questions, starting with, 'What does building trust mean to you?,' and cascading to, 'Are

you building trust in your area?' The survey was first socialized by Fred Cerise, MD, MPH, President and CEO, and Kavita Bhavan, MD, MHS, Chief Innovation Officer, Center for Innovation and Value, at the executive level, and was later shared through various Parkland platforms, including: a letter signed by the CEO sent to the organization, weekly newsletter, and discussion at various meetings, including a population health forum. The survey received 36 submissions; surpassing initial expectations, and creating the go-ahead to launch.[3]

> "Establishing and maintaining trust is essential if we are to provide the best possible care for our patients, our employees, and the community. We saw the opportunity to take advantage of the creative thinking from the ABIM Foundation to highlight the importance of trust and recognize the types of behaviors and activities that will promote greater trust within our institution and between Parkland and the community we serve," said Cerise.[3]

Addiction Psychiatry Services: Patients with substance use disorders are often stigmatized, and thus lack trust in the health care system. Addiction Psychiatry Services is a multifaceted consult team composed of addiction psychiatrists, advance practice providers, licensed clinical social workers, and peer support specialists highly trained in substance use disorders. The service engages patients during acute hospitalization, providing them with an opportunity to diagnose and initiate engagement in substance use treatment. Ultimately, the project's goal is to stabilize patients and provide a direct link to an outpatient provider to continue recovery at discharge, engaging the patient in long-term treatment and recovery.[2]

The Village Project: This project offered a nine-month intervention for young BMSM ages 17-34 living with HIV that connected patients to clinical, behavioral health care and supportive services.* The Village Project clients receive weekly visits from case managers and peer patient navigators for their first six months, and monthly contact for the remaining three months. Patients receive a customized care plan, which is reevaluated every 90 days, to provide the best support possible. [2]

> "The intent of the entire project is to help facilitate adherence to medical care and ART therapy by expanding access to care, by creating relevant and impactful programming, and by creating affirming pathways to behavioral health to support BMSM in their health care journey."[2]

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* The project is funded by HRSA - Ryan White HIV/AIDS Program Part F (Special Projects of National Significance).

SPARKS: The SPARKS program is manned by volunteer employees who receive training in psychological first aid, and provide confidential support to Parkland employees who experience a stressful patient-related event, which can include cumulative work stress or a specific patient situation.

RIGHT Care: This project created a multi-disciplinary first responder program for 911 mental health calls, composed of police officers, paramedics and social workers. All of the partner entities expressed strong buy-in to address patient and community trust issues in the crisis response system. Prior to the launch of the RIGHT Care project, Dallas police officers transported all suicidal citizens to the emergency department. Now, social workers are incorporated into the response process, emphasizing how some citizens can be conditionally suicidal, and thus receive care in the field. RIGHT Care also focuses on reducing unnecessary ER visits and jail incarcerations through strategies including: connecting clients to mental health services through same-day appointments, filling medications when needed, resolving conflict in the home, finding new housing, and activating a client's support network.[2]

Results[2]

Addiction Psychiatry Services *(Winner)*	- Expanded service to the Parkland Behavioral Health Center - Built trust with many community partners, including Parkland's local mental health authority's substance abuse department, OSAR, which is now on site at Parkland - Awarded the United Way Community Impact Grant with VIP services
The Village Project *(Honorable Mention)*	- Preliminary Impact on Clinical Outcomes for BMSM 17-34 (six months into program): - Increased linkage to care by 40% (2018 baseline was 35%, currently 75%) - Increased retention in care by 13% (2018 baseline was 52%, currently 65%) - Increased viral load suppression by 3% (2018 baseline was 68%, currently 71%) - Currently enrolled 100 patients (24 newly diagnosed) - Data measures entire cohort clinic wide, risk filtered - Target Enrollment: 150
SPARKS *(Honorable Mention)*	- Network of 60 trained SPARKS peer supporters from various roles and locations across the hospital system - In the first 10 months, 230 employees received peer support from SPARKS

	▪ Volunteers engaged in 42 encounters over 12 months. Forty-eight percent (48%) of these encounters were called in by a supervisor concerned for the employee(s). Additionally, 38% of employees were self-referrals and 50% of encounters occurred on Wednesdays and Thursdays with 55% occurring between the hours of 10 a.m. and 2 p.m.

Right Care	▪ RIGHT Care is diverting 32% of all encounters away from busy ERs and jails
	▪ Collaboration among some of Dallas' most important institutions, including: Dallas Police Department, Dallas Fire-Rescue, City of Dallas, Parkland, MetroCare Services, North Texas Behavioral Health Authority, and Parkland Foundation
	▪ Dallas City Council is unanimously supportive of RIGHT Care and the proposed expansion from one team in South-Central Dallas to three teams serving the entire city
	▪ RIGHT Care is diverting 32% of all encounters away from busy ERs and jails
	▪ Police officers now call social workers at Parkland requesting advice on how to handle challenging situations
	▪ Other mental health agencies and programs are eager to partner with RIGHT Care and expand with the team to a city-wide model
	    • MetroCare is currently writing policies for how it operates its same-day clinic for RIGHT Care, so that other MetroCare clinics in other parts of the city can serve in a similar manner
	    • The North Texas Behavioral Health Authority is willing to fund the next 1-2 years of the program and supplement the program with an additional follow-up team, clinicians in the 911 call center, and a complex care team

Patient Engagement[2]

How does the practice build trust?

Addiction Psychiatry Services: This practice builds trust by providing care to patients and community members who have been historically dismissed and mistrusted. Further, when patients are members of a team, they feel a sense of connection and belonging. As stated in the Parkland Compendium, "This team uniquely gets to see patients in both the inpatient and outpatient settings. They build trust on the

inpatient side and foster trust with ongoing medication management, individual therapy, group therapy and peer engagement on the outpatient side."

The Village Project: This project builds trust through its team's diverse representation, racially and in gender and professional expertise, thus, reflecting its commitment to inclusion and representation. The Village Project supports minority communities who often experience a trust deficit within the health care system.

SPARKS: SPARKS is centered on confidential support. The program builds trust by demonstrating the utility, effectiveness, and need for peer support in the organization. SPARKS builds trust with employees at all levels of the organization by effectively, compassionately, and intrinsically providing support to each other.

RIGHT Care: Trust is built among agencies and professions through strengthened relationships between social workers and first responders as they work collaboratively in emergency response. Additionally, trust is built in the community and among citizens, by avoiding unnecessary ER visits or jail incarceration, and by providing community referral services.

Challenges[3]

Generating Initial Buy In. "This was completely new and the first time that Parkland had done something like this. The idea of building trust is not something we typically hear about in a health care organization; so we did not receive a lot of traction during the very beginning stage. That gave us the impetus to reach out to our individual departments, and also to leverage existing partnerships that we have within the organization," said Sheryl Mathew, LCSW, ACM-SW, Grants & Research Program Manager, Center for Innovation and Value.

Timeline of Launch. Parkland's challenge was launched at the height of the COVID-19 pandemic, which caused the team and system to pivot entirely. This delayed the timeline of wrapping up the challenge; including editing submissions, contacting those that had participated, selecting winners and creating the Parkland Compendium.

Keys to Success[3]

Receive Support from Leaders. Having verbal and obvious support for the challenge from leaders was essential to engaging frontline department leaders. "Specifically, Dr. Bahavan networked to clinicians, and Dr. Cerise socialized at the executive level," said Mathew.

Engage In 1:1 Communication with Departments. In-person, direct communication with department leaders generated a high number of challenge submissions. "Once our colleagues learned about the challenge in detail, they were eager to participate," said Mathew.

Make Submissions as Easy as Possible. Parkland utilized QR codes and links that worked on both mobile and PC platforms to make it as easy as possible for departments to submit their practices.

Encourage Multidisciplinary Effort. Parkland received submissions from all over its system; thus, improving quantity, content and quality of submissions.

Strong Wrap-Up. The winning department and honorable mentions participated in an award ceremony for their executive leadership. All departments who participated were recognized by receiving papers copies of the finalized Parkland Compendium.

References

1. General Information. Parkland Hospital. Available from: https://www.parklandhospital.com/general-information
2. Building Trust Challenge. Parkland Hospital. Available from:
http://www.parklandhospital.com/Uploads/public/documents/PDFs/About%20Us/Building%20Trust%20Challenge%202020.pdf
3. Parkland Interview. ABIM Foundation. August 2021