Teresa Pasquini describes herself as a rabble rouser, the person always trying to get her local public hospital to change the way it treats patients.

“I was the queen of the letter writers,” she says. “I was the one who would stand up before the county Board of Supervisors. I would always hold their feet to the fire.”

Pasquini’s son, 29, has schizophrenia. He has been admitted to the Contra Costa Regional Medical Center in Martinez countless times over the years. And during those years, Pasquini became an ardent advocate for those with mental illness and a champion to improve behavioral health services in her community.

But her adversarial relationship with the county hospital took a surprising turn in July 2009, when Anna Roth, the facility’s incoming chief executive officer, asked Pasquini to participate in a week-long event aimed at improving care quality. The group, comprised of caregivers, administrators, other staff and patient advocates, focused on the hospital’s response to congestive heart failure and its link to behavioral health. The team used the so-called “Lean” principals of identifying and eliminating waste and improving workflow, developed in the Japanese manufacturing industry, and increasingly adopted by U.S. hospitals.

“It was a magical week for many of us... It was the beginning of the vision of our partnership.”

—Teresa Pasquini, Family Member Partner

“I was the beginning of the vision of our partnership.”

Since that summer three years ago, Contra Costa Regional Medical Center has put patient satisfaction at the forefront of everything it does.

Patients and family members sit on three councils: behavioral health, patient experience and spiritual care. Each council meets for an hour each week to generate ideas to improve care and implement changes. The positions are unpaid. Like Pasquini, patients and family members also participate in week-long “kaizens,” which is Japanese for “improvement” or “change for the better,” and a key to the Lean method of workplace continual improvement.

“In Japanese, kaizen literally means to tear something apart and put it back together,” explains Rick Kernan, a community member who has spent close to 200 hours volunteering at the hospital and has participated in kaizens.

“When you go into a kaizen, all the titles are stripped away; it’s all on a first-name basis,” Kernan says. “Everyone is an equal and no one talks down to patients.”

Elizabeth Chebotarev, who gave birth to her daughter at Contra Costa Regional Medical Center in March
2010, participated in two kaizens, on labor and delivery and Cesarean sections. She feels her presence at the meetings caused staff members to reassess their views on the topics.

“They think differently when there is a patient present,” she says of hospital staff. “Their mind was set on something and I brought a different perspective.”

An example is the registration process for women starting labor. Chebotarev, who experienced this process herself while in labor, told staff that the paperwork and check-in is too time-consuming and uncomfortable for laboring women, and that a more comfortable setting would help patients.

The hospital is now implementing some of the ideas patients have brought to the table, says Lynnette Watts, the coordinator of patient and family advisory councils, who holds that position full-time.

Today, the hospital is piloting a new campaign called ‘Ask Me’ based on courtesy and respect for patients. Caregivers now knock before entering a patient’s room and ask if patients need anything else before exiting, for instance. “The theme is creating a partnership with the patient in the care experience,” Watts says. “Communication goes two ways. We want patients to feel comfortable communicating with providers and feel their questions are being answered.”

As part of ‘Ask Me,’ patients receive care plans upon discharge and hold discussions with caregivers on what to expect when returning home, she adds.

Contra Costa Regional Medical Center CEO Roth describes patient involvement not as a program but rather an integral part of care delivery.

“One of the things that holds us back in health care is the fear that patient participation will start to change the conversation,” Roth says. “The truth is it does change the conversation. It changes it for the better.”

Patients and family members offer a unique perspective, Roth adds. “They have an uncanny ability to break through barriers we can’t see,” she says.

Resistance from some staff to having outsiders in these key meetings is ebbing. Requests for patient and family member volunteers to sit on quality improvement committees have skyrocketed, says Watts. The goal is to have community representatives on all quality improvement teams, she adds.

“Everyone is recognizing the value of having the patients’ voice at the table,” Watts says.

Pasquini describes the experience as absolutely life changing.

“I call myself a recovering angry mom,” she says.

A pivotal moment came when she was walking through the hospital and Roth introduced her to a job candidate who was on site for an interview.

“Anna introduced me, and told the candidate: ‘This is the mother of a patient who our system had harmed, and we harmed her too,’” Pasquini recalls. “To have someone say, ‘We harmed you.’ That was huge.”

That validation and a sense of purpose keep patient and family participants motivated.

“My poor husband asks me as I’m running out the door, ‘Are you going to the hospital again?’” Pasquini says with a laugh.