



Background

- Patient experience score reports function as a way to keep a pulse on many aspects of patient care and care delivery, and are one of many things taken into account at Mercy Health Saint Mary's (MHSM) to determine any and all opportunities for improvement
- Responsiveness of hospital staff is a necessary and important element of patient experience, and is a strong driver of the overall "rate the hospital" score
- Knowing this, Trinity Health re-introduced this topic of staff responsiveness via a global Health Stream PowerPoint with a focus on Purposeful Hourly Rounding
- Each staff member at MHSM was required to complete this education



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Senior Adult Unit

- 32 bed acuity adaptable inpatient unit
 - Cares for senior care patients who are 65 years or older requiring general medical or intermediate level healthcare
- Top diagnoses:
 - Sepsis
 - Heart Failure
 - Pneumonia/COPD
 - Dementia with behavioral disturbances



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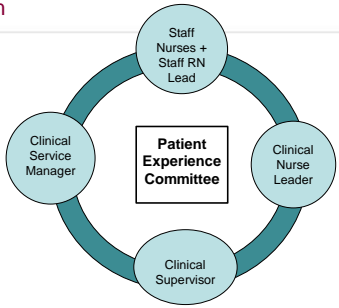
Why?


- Considering the vulnerability of this population, our senior adult unit decided to further develop this work from Trinity in order to hardwire necessary practice changes with staff around the idea of responsiveness
- To begin the senior adult unit built a Patient Experience Committee in support of geriatric clinical quality improvement in February, 2015
- This workgroup reports up through the Unit Based Council (UBC) as a way to integrate all unit interventions and avoid silo structures



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Team





Initial Patient Satisfaction (Responsiveness) Data

- The hospital consumer assessment of health care providers and systems (HCAHPS) scores on the senior adult unit at MHSM had been inconsistent and below the 50th percentile target related to the questions of responsiveness of hospital staff
- The fiscal year 2015 score for nurse responsiveness was 57.8 and the overall rate the hospital score was 75.5
- The newly formed patient experience committee would focus on this data to begin their work



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Goal/ Objectives



- Patient experience committee utilizes shared governance to continuously improve processes, collaborate, and share ideas
- Bring forth new concepts and best practices while supporting each other in the role of a patient experience champion
- Staff nurses on the Patient Experience Committee implemented a multifaceted approach for addressing the gaps in staff responsiveness

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Committee Focus Points



- Reinforcement of purposeful hourly rounding
- No pass zone implementation
- Work with UBC to analyze results of patient focus groups and implement changes as needed
- Patient white board standardization and consistent interactive use
- Teamwork and communication—use of Fist of Five
- Mid-shift pod huddle development and implementation
- Navicare implementation

Purposeful Hourly Rounding

- Trinity wide education went out via Health Stream hospital wide to discuss the importance of this rounding, how it works, and the implementation of scripting
- The senior adult unit decided to use an evidence based practice approach to develop a Purposeful Hourly Rounding Competency Checklist to establish accountability and set expectations
- Each staff member was observed and the competency was signed off by the staff member and a committee member champion for validation of key competencies:
 - Staff introduction to the patient
 - Performance of scheduled tasks
 - Addressing of the 4 Ps (pain, position, personal hygiene, personal needs)
 - Additional comfort needs
 - Environmental assessment
 - Proper closing when leaving



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Purposeful Hourly Rounding Continued

- To reinforce this behavior, the team created badge buddies with intentional rounding reminders and scripting for all staff
- Goal – to increase our proactive approach to addressing patient care needs, change patient perception of what rounding is, address patient experience scores, and patient perception of staff responsiveness

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No Pass Zone

- Developed no pass zone expectations
- Established no pass zone clinical staff champions to own this process as experts
- Set the expectation for all staff (RN, PCA, RN leaders, EVS, dietary, etc.) to respond to any and all patient call lights and bed alarms for all 32 patients on the unit
- Essentially you cannot "pass" any patient lights, you must go in unless there are circumstances preventing
- Set the behavioral standard, which allowed leadership to enforce accountability toward the standard
- Reduced response time to patient needs, and improved experience scores for responsiveness while keeping patients safe



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Patient Focus Groups

- Goal: Gain direct patient and family perspective through MHSM supported patient focus groups for more pointed feedback
- Sessions were completed in June, 2015
- Results used to grow unit level interventions with this committee coupled with the UBC
 - Feedback suggested staff lacked confidence in portraying expertise in senior care
 - Focus work to develop the skills of the staff around AIDET
 - Outcome---With education staff went from 30% to 100% receiving 4 or more questions correct out on the 6 question assessment
- Additional comments related to responsiveness and work continued focused toward this opportunity
- Other insights from these groups were delegated to other teams as appropriate



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Patient White Boards

- Each patient room has a manual interactive communication white board on the wall to be used for team and patient/family transparent communication
- Boards introduce the care team each shift, set patient and team goals, describe the safest way for the patient to move and transfer, and what the patient prefers to be called, diet, restrictions, etc.
- Audits were completed to assure utilization of the boards, with follow-up for accountability of staff --- Outcomes – meeting standards went from 73% to 96%
- Supports no pass zone expectation, as team members can safely assist each patient based on the most up to date information on this board



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Teamwork and Communication

- Team communication is crucial in assuring the delivery of safe and effective patient care
- Difficulty with communication within the care teams around plans for the day, break times, and basic safety information about patients and patient care
- Team developed standards around patient care assistant (PCA) meetings and the implementation of break awareness
- Encouraged transparency on the unit – Outcome --- more consistent coverage during breaks for patient safety and responsiveness



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Teamwork and Communication Continued

- After standardization of PCA workflow and communication, baseline data suggested the following gaps:
 - Using a "fist of five" method to represent current level of confidence with the team communication
 - 1-not confident with the current model
 - 5-completely confident with the current model
 - Baseline data demonstrated only 14% of staff being 5, and the rest of staff being 4 or below
- Outcomes clearly identified opportunity and intervention - -- mid shift huddle was designed and implemented



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Mid Shift Pod Huddles

- Revamped process for mid shift huddles
- Mid shift huddle is a gathering between pod partner RNs and their PCA team member 3 times a shift
- Meet in the early morning shortly after their shift starts after bedside report is completed with the off going shift, in the early afternoon, and in the early evening
- Focus is basic patient information for safety and proper care, needs from other staff members in your small team, break preferences, etc.



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Mid Shift Pod Huddles Continued

- Allows more inclusive team approach, provides opportunity to address needs throughout the shift, and creates intentional touch points with scripting
- After this intervention, a post intervention "fist of five" was completed again with the staff
- Post data increased to 92% of staff showing 5 on their confidence with the current method of communication



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Navicare Implementation

- MHSM invested in a new staff call system by Hill-Rom for the hospital to replace an outdated system
- Navicare system allows for staff locator tracking for more efficient care by knowing where everyone is on the unit
- Can see at a glance if a staff member is in a patient's room, and the type of staff member based on the color of the light (RN vs PCA vs PT)
- Easy to engage a staff emergency alert if necessary



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Navicare Implementation Continued

- Various lights are used to flag another employee without the need for a phone call and avoids unnecessary interruptions
 - An example of this is the use of a light after completing a patient blood sugar to alert the dietary team that it is ok to deliver patient meal tray without having to call the RN or PCA to gather this information
 - The dietary staff then turns the light off after each tray delivery
- Work in progress - using Navicare to alert PT and OT as to when the patient is ready to work with them so they don't have to call the RN to ask, and again save on interruptions and distractions
- Navicare can increase focus, decrease interruptions, and increase efficiency, to improve responsiveness



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Outcomes Data

- Post interventions --- Outcomes for staff responsiveness increased from 57.8 to 63.9 (~11% improvement)
- Rate the hospital score increased from 75.5 to 79.9 (~6% improvement)



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Discussion

- Multifaceted approach to addressing patient's perception of staff responsiveness by the patient satisfaction committee resulted in positive increases in HCAHPS scores
- Correlation was observed by the 6.1 point increase in patient satisfaction related to staff responsiveness, and the 4.4 point increase in the overall rate the hospital score

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Next Steps

- Continue to utilize this group to review and intervene on the patient experience outcomes for the senior adult unit
- Group would appreciate member of UBC to sit on both committees to update both teams on projects to encourage communication and collaboration

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