HCAHPS Improvement Action Webinar
Series: Session 2
Best Practices to Improve HCAHPS Scores

September 11, 2012

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HCAHPS Action Series Available

- HCAHPS Overview & Updates
  Aug 28, 2012

- Best Practices to Improve HCAHPS Scores
  Sep 11, 2012

- Best Practice Implementation & Sustaining HCAHPS Scores
  Sep 25, 2012

Archived recordings and transcripts available on Qualis Health Website
By the end of today’s call you will…

• Have gained knowledge about the various groups and organizations who are devoted to improving HCAHPS scores & the Patient Experience
• Hear St. Anthony Hospital’s story about their journey towards HCAHPS excellence
• Leave with actionable items and best practice ideas that can be implemented in your facility
Today’s Agenda

Welcome & Intro

Discussion of National Best Practices

The St. Anthony Hospital Story

Questions

Survey
What’s already out there? Best Practices…

**Studer Group** - [www.studergroup.com](http://www.studergroup.com)
Vision: To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.

**IHI** - [www.ihi.org](http://www.ihi.org)
An independent not-for-profit organization based in Cambridge, Massachusetts, IHI focuses on motivating and building the will for change; identifying and testing new models of care in partnership with both patients and health care professionals; and ensuring the broadest possible adoption of best practices and effective innovations.

**Press Ganey** - [www.pressganey.com](http://www.pressganey.com)
Mission: To help transform health care organizations into high performers through innovative data collection, analysis, insights and consulting that improve clinical, operational, financial and experiential outcomes.
What’s already out there?
Best Practices…

Planetree-  http://planetree.org
Founded in 1978- emphasis on Patient Centered Care. Planetree’s philosophy is that, “care should be organized first and foremost around the needs of patients.” Change requires *a shift in operations and in culture.*

Picker Institute-  http://pickerinstitute.org
Picker Institute is an independent nonprofit organization dedicated to advancing the principles of patient-centered care. Picker Institute sponsors awards, research and education to promote patient-centered care and the patient-centered care movement.

The Beryl Institute-  www.theberylinstitute.org
The Beryl Institute is “a global community of practice and premier thought leader on improving the patient experience in healthcare.” The Beryl Institute defines patient experience as *the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.*
Best Practices

• Poll results from Webinar 1 suggest the top two areas for improvement are:
  – Cleanliness/Quietness
  – Communication with Physicians
Best Practices to Improve...

Cleanliness/quietness

- **Develop a quietness committee.** This committee is in charge of identifying and correcting or minimizing those occurrences that cause noise at night (and really, noisy environments during the day can affect the way our patients rate us, even though the question specifically states at night).

- **Close the patient's door.** Noise levels outside the patient's room can be quickly reduced by closing the door. Try using key words such as, "I'm going to close the door for your privacy and so you can rest better," to explain why you are keeping their door closed. This can also reduce noise for other patients.

- **Dim the lights.** When the lights in our patient's room are dim, it encourages us to speak in softer tones.

- **Reduce nighttime lab draws.** If we are required to draw blood during nighttime hours, explain why it is necessary that it occurs at that time.

- **Eliminate overhead paging.** Even if our patient's door is closed, overhead paging becomes significantly louder during nighttime hours.

- **Provide "quiet kits" upon arrival.** Include headphones and/or ear plugs for our patients to use at night.

- **Try using key words/phrases** such as "We always strive to keep the area around your room quiet, especially at night. In the event you have trouble sleeping, we've provided you ear plugs to assist you with getting the rest you need."

From: *Focusing in on the HCAHPS Composite: Nighttime Quietness*, by Vikki Choate, RN, MSN, CPHQ
Best Practices to Improve...

Communication with Physicians

- Arrange physician rounding schedules to occur earlier in the day, and if a delay will be experienced, notify patient of rescheduled rounding time
- Encourage other care providers to round with physicians, so they can hear what is discussed with the patient
- Ask physicians to sit down in the room when talking with patients
- Make sure Physicians know patient’s name, not just room number/diagnosis.
- Encourage physicians to use layman’s terminology vs. medical jargon
- Encourage the use of the “teach-back” or “show-me” method.*
- Write doctor’s name and contact information on patient’s white board
- Discuss results in all applicable meetings and remind physicians to maintain open communication – use transparent data as motivation for improvement vs. defensiveness
- Discuss evidence-based methods to improve communication
- Provide in-service opportunities for physicians on Customer Service/Patient Experience
- Physicians who are non-compliant with hospital policies can be swayed by their peers -utilize your Medical Executives, Peer Review Committee, and other physician champions to encourage problematic individuals to “get on board”

*For information on Teach-Back: http://www.nchealthliteracy.org/toolkit/tool5.pdf
Adapted from: http://www.ivantagehealth.com/improving-physician-patient-communication/
About St. Anthony Hospital

• Located in Gig Harbor, WA, St. Anthony provides a healing environment for patients, their families and visitors.

• We believe in the sacredness of life and in the dignity of all people.

• We are guided by the Ethical and Religious Directives for Catholic Health Care Services.

• Visitors have access to state-of-the-art medical care, including 24/7 emergency services, sophisticated in- and outpatient surgery, complete outpatient cancer care and more.

• St. Anthony Hospital is part of Franciscan Health System, one of the largest private employers in the South Puget Sound region of Washington state. With five hospitals, dozens of medical clinics, and other specialty care facilities, providers and staff at St. Anthony work closely within the Franciscan network.
Who are our patients?

- Peninsula community welcomed us like family
- Geographical barrier of Narrows bridge made us essential for rapid emergency care
- Demographics:
  - 48% male
  - 52% female
  - Median age 51
What are our patients saying about us?

- RN: They all must have taken a class on being nice.
- RT: She was very concerned about my well being and very generous with her time.
- MD: She was very thorough. She did a wonderful job. I cannot say enough about her.
- Staff: Very informative, professional, cheerful and made me feel like I was involved in my recuperation.
- RN: She listened well and explained my new medicines very well.
- RN: She was nurturing and represented the healing environment.
- MD: He was patient and easy to talk to.
Let’s review our data...

<table>
<thead>
<tr>
<th>Inpatient goals</th>
<th>Your Top Box</th>
<th>Top Box Needed Percentile 95</th>
<th>Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Courtesy/respect of nurses</strong></td>
<td>88.4%</td>
<td>93.4%</td>
<td>-4.98%</td>
</tr>
<tr>
<td>Nurses listening carefully to patients</td>
<td>79.3%</td>
<td>85.7%</td>
<td>-6.44%</td>
</tr>
<tr>
<td>Clear communication by nurses</td>
<td>69.8%</td>
<td>83.3%</td>
<td>-13.52%</td>
</tr>
<tr>
<td>Timely response to call buttons</td>
<td>61.6%</td>
<td>74.5%</td>
<td>-12.93%</td>
</tr>
<tr>
<td><strong>Courtesy/respect of doctors</strong></td>
<td>83.1%</td>
<td>94.0%</td>
<td>-10.84%</td>
</tr>
<tr>
<td>Doctors listening carefully to patients</td>
<td>69.8%</td>
<td>88.4%</td>
<td>-18.62%</td>
</tr>
<tr>
<td>Clear communication by doctors</td>
<td>71.7%</td>
<td>85.1%</td>
<td>-13.44%</td>
</tr>
<tr>
<td>Cleanliness of room/bathroom</td>
<td>70.3%</td>
<td>83.0%</td>
<td>-12.68%</td>
</tr>
<tr>
<td>Quietness of area around room at night</td>
<td>67.3%</td>
<td>78.1%</td>
<td>-10.89%</td>
</tr>
<tr>
<td>Assistance with bathroom/bedpan as soon as wanted</td>
<td>71.6%</td>
<td>83.8%</td>
<td>-12.23%</td>
</tr>
<tr>
<td>Pain well controlled</td>
<td>65.5%</td>
<td>75.0%</td>
<td>-9.53%</td>
</tr>
<tr>
<td><strong>Staff doing everything they could to help with pain</strong></td>
<td>83.8%</td>
<td>88.1%</td>
<td>-4.30%</td>
</tr>
<tr>
<td>Explanations of new medicines</td>
<td>79.5%</td>
<td>86.2%</td>
<td>-6.69%</td>
</tr>
<tr>
<td>Communication of possible side effects of new medicines</td>
<td>57.8%</td>
<td>61.6%</td>
<td>-3.81%</td>
</tr>
<tr>
<td>Talking to patients about help after discharge</td>
<td>84.1%</td>
<td>90.9%</td>
<td>-6.75%</td>
</tr>
<tr>
<td>Providing written discharge instructions</td>
<td>88.2%</td>
<td>95.3%</td>
<td>-7.09%</td>
</tr>
<tr>
<td><strong>Overall rating of hospital</strong></td>
<td>76.7%</td>
<td>81.6%</td>
<td>-4.85%</td>
</tr>
<tr>
<td>Treating patient as whole person, not just medical condition</td>
<td>74.7%</td>
<td>83.1%</td>
<td>-8.39%</td>
</tr>
<tr>
<td>Involvement of family in care</td>
<td>81.2%</td>
<td>82.2%</td>
<td>-0.98%</td>
</tr>
</tbody>
</table>
St. Anthony Hospital ED data
Our Journey to HCAHPS Excellence Past, Present and Future…

• FHS Values (RICE)
• Studer-based organization
• Patient, Physician and Employee Experience teams
• Patient/Family Advisory Councils
• Franciscan Experience Department/coaches
Who we are…

In addition to our Values,
Our Pillars are:

• Best Place to Heal
• Best Place to Work
• Best Community Health Resource
• Best Performance
Where we started…

• Team Culture agreement
• Opening, hospital without walls
• Shared governance model with staff involved in decision making
• ED Split-flow model
• AIDET training prior to opening
• Unit-level AIDET video contest
• Sharing the vision
Where we are…

• Continue to innovate
  – Nurse leader rounding
  – Collaborative Care
  – Staff-led change
  – Bedside shift report
  – Messaging developed by staff
    • Clinical and non-clinical collaborations
Where we are…

• **System Level support/interventions**
  – Values and Pillars
    • Best Place to Heal
    • Best Place to Work
    • Best Community Resource
    • Best Growth
  – PFAC and other CHI lead initiatives
  – Provider engagement on patient experience
Where we are going….

• AIDET team
  – Influencer model
  – “Deep” AIDET strategies
    • Teach back
    • Active Listening
  – 4-hour practicum (30 scenarios)
  – Staff developed plan for implementation
Sustaining Best Practices…

• System-level Steering Committee; Chief Nursing Officer for System is our sponsor
• System goals for HCAHPS performance
• “Patient Experience” as standing agenda item
• On-going data review to achieve and sustain 95\textsuperscript{th} percentile
• Committed Hospital Leadership
• Community accountability
QUESTIONS?
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For more information: www.QualisHealthMedicare.org
Thank You

Please evaluate this webinar!

https://www.surveymonkey.com/s/MTYC6JG