Baptist Leadership Group

Patient Centered Excellence

Drivers of HCAHPS Performance from the Front Lines of Healthcare

White Paper

by Baptist Leadership Group

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Organizations that are successful with the HCAHPS survey are highly focused on engaging their employees across the continuum of care (direct patient care to finance) and throughout the organization (senior team to front lines). Organizations who fail to engage and create behavioral changes on the front lines will see inconsistent improvements, or feel “stuck” with HCAHPS. At BLG we teach and coach HCAHPS-focused tactics and techniques to influence behavioral change at the front lines (e.g., Words that Work™, service teams). But we also want to share four additional front line tactics that have been proven to generate HCAHPS improvements:

1. Pre-visit calls create expectations for patients prior to scheduled visits and stays
2. Hourly Rounding ensures a consistent, disciplined hourly strategy for all caregivers to interact with patients, and address pain, “potty”, personal needs, positioning and privacy
3. Bedside Shift Reports create continuity of patient care during shift change, introduce the patient to their new care giver and create understanding of the patient’s plan of care that shift
4. Post-visit calls (or Discharge Calls) provide follow-up for effective recovery following visits and stays
5. These front-line tactics provide an important bridge throughout the patient experience from before arrival, to their care in your hospital, to their return home and beyond

Pre-visit Calls

Many times organizations are highly proficient at scheduling processes. This includes scheduling patients at appropriate times given their care and service needs. Yet often, scheduling teams have not been trained to understand that this point-of-contact with the patient is their first interaction with your organization, creating their first impression. These teams are also in a predicament because there are increased financial pressures facing hospitals, so they need to focus on point-of-service collections and communication about payments. These competing priorities seem insurmountable when looking to create line-of-sight to HCAHPS improvement.

While admissions is not directly covered on the HCAHPS survey, our research at BLG and our work with organizations across the country (including Baptist Health Care) indicates that pre-admissions and admissions form a powerful impression in the eyes of patients.

Pre-visit Calls in Action

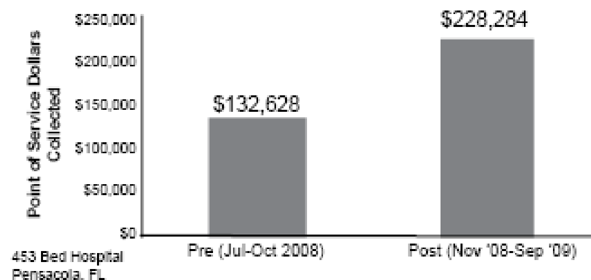
Pre-visit calls are a consistent practice of reaching out to all scheduled patient visits by telephone. They serve as an excellent opportunity to connect with patients prior to them entering your facility. You can begin to set expectations for co-payments, explain that your goal is to provide exceptional care, and share any

instructions for access, diet, etc. Remember, a hospital stay is a unique occurrence for many patients and this will help them understand what to expect, as well as provide you with opportunities to improve your HCAHPS scores.

At Baptist Health Care we have used pre-calls in conjunction with the RELATE patient-centered communication model to:

- confirm appointments
- communicate patient financial obligations
- clarify processes for the upcoming visit (e.g., dietary restrictions, location of appointment)
- offer a warm welcome to Baptist Health Care

Pre-visit calls have improved patients perceptions of care with admissions, and overall patient satisfaction. At the same time there have been dramatic increases in our point-of-service collections. Establishing earlier contact with patients also enabled Baptist to improve its ability to obtain authorizations or corrected orders, and has enhanced account accuracy.



Hourly Rounding

Many organizations struggle with the rigorous consistency requirements of achieving “Always” with HCAHPS. In order to be “Always” we have to make certain that the staff exhibit aligned and structured patient-centered behaviors. Hourly Rounding is an effective framework for achieving this level of consistency.

Hourly Rounding is a well documented best practice of proactively anticipating the patient’s needs before they request help with their call light. Many organizations view hourly rounding as a “silver bullet” for achieving improved quality and patient perceptions. However, it is quite easy for hourly rounding to become an inconstant process and ultimately “flavor of the month” (which does not drive HCAHPS success over the

long haul). When Hourly Rounding is implemented effectively by all staff, the nursing staff saves time by eliminating the majority of call lights, and patient satisfaction with the care giver team improves.

Hourly Rounding requires all caregivers to routinely and reliably round hourly during the first 12 hours of the day, and every two hours during the night shift. The proactive approach should address the most frequent reasons patient use their call light. During the first 12 hours, and when the patient is awake, the caregiver asks the patient specifically whether they can assist them in positioning them either in bed or out of bed; do they need assistance to the bathroom; and are they comfortable or in pain.

A patient's perception of the quality of their nursing care is largely dependent on the staff's ability to anticipate and meet the patient's needs. Patients often require assistance with their personal needs like help using the bathroom, turning in bed or ambulating, or pain management.

The goals of Hourly Rounding are to:

- Reduce call lights for increased nurse efficiency and staff satisfaction
- Reduce patient falls
- Reduce skin breakdown
- Improve patient perception of consistency their care
- Improve patient satisfaction levels
- Create more time for nurses to provide quality patient care
- Create a consistent proactive process that builds a trusting relationship between caregiver and patient improve two-way communication between the patient, family and healthcare provider

Critical Success Factors for Hourly Rounding

Hourly Rounding must be hardwired to be effective. It is important to use this powerful tool to achieve sustainability. These are the critical success factors:

- Create buy-in with staff that hourly rounding will decrease their work time and be more satisfying to the patient
- Create urgency that hourly rounding will improve both patient perceptions with HCAHPS and quality outcomes, ultimately making the organization successful
- Implement Senior Leader Rounding to create urgency and awareness of the need for hourly rounding
- Implement Leader Rounding on Employees to assess barriers, reward and recognize, and reinforce the importance of hourly rounding
- Use rounding logs as a public commitment to the patient and their family

- Develop department-specific Words that Work to provide the staff with a model to communicate effectively with patients (see Chapter 6 on Patient-Centered Communication)
- Implement Leader Rounding on patients to validate the rounding behaviors are being performed as prescribed
- Reinforce new behaviors through role modeling and recognition

As a best practice at NorthCrest Medical Center, Nurse Leaders conduct annual hourly rounding competencies. A mock patient room is set up and a leader is the patient while a peer leader is the care giver. They role model best practice, and then staff are observed doing a return demonstration. Additional coaching is provided if needed after the observation. The annual competency is placed in the employees file. If patient rounding validates that hourly rounding is not being consistently performed, the leader refers to the annual competency and re-establishes the expectation through coaching and/or Vital Conversations. The leader then increases the number of patients rounded on for that individual staff member to determine response to coaching.

BLG coaches organizations on key steps to effectively execute hourly rounding (an example of NorthCrest Medical Center's white board is a public commitment to their work on hourly rounding):

1. Use opening Words that Work such as RELATE to reduce anxiety
2. Perform scheduled tasks
3. Address the 5 P's of patient care
4. Assess additional comfort needs
5. Conduct an environmental assessment to assure there are no patient safety risks
6. Close the conversation
7. Set expectations by telling each patient when you will be back
8. Document the round on the patient's chart

By noting hourly rounding on the communication board, the nurse or nurse assistant is able to use Words that Work to make sure that the patient understands that they were rounded on. Also, this provides a visual for the patient and/or family to validate that hourly rounding is occurring.

PLEASE CONTACT YOUR NURSE IF YOU ARE NOT COMPLETELY SATISFIED WITH YOUR CARE

HOURLY ROUNDING
7:00
8:00
9:00
10:00
11:00
12:00
1:00
2:00
3:00
4:00
5:00
6:00

DATE:
NURSE:
CARE PARTNER:
PRIMARY PHYSICIAN:
EXPECTED DISCHARGE DATE:
CASE MANAGER:

NorthCrest MEDICAL CENTER

PLAN OF CARE

Pain Scale
0- NO PAIN
10- WORST PAIN

FOCUS/PRIORITY TODAY

Best Practice
Freeman Hospital
Joplin, MO

The patient is provided a picturesque post card that is an explanation of hourly rounding and what the patient and the family can expect regarding rounding. On the flip side the family is given the information about the rapid response team and how the family is empowered to activate that team if they personally see a decline in the patient status.

The Five P's of Patient Care to Address in Hourly Rounding

Pain

Ask the patient if they are having any pain. If they were recently medicated, ask what their pain level is currently. Take action or notify nurse is pain not improving. "We want you to be as comfortable as possible." Document the pain level on the patient communication board, readdress and adjust the score as it changes. This provides the patient and the family with a visual of the efforts around pain control.

Potty *(word used for internal use as a prompt only, not for patient)*

Ask the patient if they need any assistance going to the bathroom. "We will check on your every hour and address any needs that you may have." "Your safety is always our concern, we will be happy to assist your to the bathroom."

Positioning
Look at the patient. Pull them up in the bed if necessary. Turn their pillow over. Reposition them to enhance skin integrity. "We will constantly check your position to make sure that you are comfortable."

Personal Items
See if all personal items are within reach. "Do you have everything that you need?" "I want to make sure everything is within reach for you."

Personal Items Success Story
John T. Mather Memorial Hospital
Long Island, New York

Mather developed a sign to go above the patient's bed to address what personal items the patient has with them. There is a picture of a smile, an ear and an eye. There is a slide mechanism that covers the three pictures and whatever personal items the patient has, the slide is moved to expose the picture. The smile is for dentures, the ear for hearing aides and the eye is for glasses. This best practice has increased awareness of the need to pay attention to personal items. For example, every hostess removing a patient tray is keenly aware that the patient has dentures, and makes a concentrated effort to view the tray for dentures prior to removing it from the room. This practice has greatly reduced the loss of personal items leading to decreased expenditure for the hospital, and improved satisfaction related to the patient experience.

Privacy
"I'm going to pull your curtain (shut your door) for your privacy."

Accountability for Hourly Rounding

The nursing leader needs to perform patient rounding to verify if all staff members are consistently performing hourly rounding. Some organizations publicly display an hourly rounding log in the patient's room as a visual commitment, and reminder for the care team to round consistently on all patients on an hourly routine. The nurse leader can check the hourly rounding log in the patient's room and also use the following checklist as a way of validating the staff's performance.

- Did someone visit you hourly?
- Check pain, potty, personal needs, position, etc
- Identify staff for recognition and coaching opportunities

When utilizing an hourly rounding log, make certain the log is within the patients/families line-of-sight and that it is referred to while using Words that Work. After rounding, go to the log and check off the hour while saying "We always want to meet your needs so please know that you will either see me or the nursing assistant in the next hour. Is there anything else that I can do for you? I have time."

Bedside Shift Reports

Bedside shift reporting or "walking rounds at change of shift" is a tactic first introduced to address the urgency of national safety objectives for improving the effectiveness of communication among caregivers. This practice connects caregivers with patients at the end of their shift with the oncoming care team to "report off" at the patient's bedside. The goal is to make sure the patient understands who the new caregivers are, and the plan of care for the next shift.

Involving the patient at the bedside addresses key patient-centered strategies to involve patients in their own care to improve safety.

While many national safety advocate organizations and progressive healthcare organizations have encouraged adoption of this best practice, the benefits are substantial. Many organizations seeking to be patient-centered struggle with keeping the patient involved at the appropriate levels, as well as letting patients participate in their care. Since HCAHPS is rooted in communication, Bedside Shift Reports create tremendous opportunities to demonstrate to patients that we do care about communicating in a way they understand. We are responsive to their needs in the "hand off" process, and much, much more. In particular, Bedside Shift Reports provide organizations with a consistent and disciplined process of showcasing a commitment to Nurse Communication, treating patients with courtesy and respect, listening carefully to patients, and explaining things in a way they can understand.

The Mechanics

During shift change, the oncoming nurse and nurse completing his or her shift walk to the bedside to introduce the oncoming nurse. During the information exchange with the patient the nurses have an opportunity to use Words that Work that align with the HCAHPS Nursing Communication Domain questions, Doctor Communication (by managing up the patient's attending physician), and Medication Communication.

This is also a forum for proactive service recovery (which is key to the outcome measures of Overall Rating and Recommend).

The following provides both an example but also demonstrates how RELATE can easily ensure this process works both smoothly and consistently.

1. First the retiring nurse introduces the oncoming nurse by “managing the nurse up” to the patient (Reassure). This is done by introducing the nurse by name and endorsing his/her competencies and caring attitude to the patient.
2. Next, the retiring nurse explains the plan of care to both the patient and oncoming nurse (Explain). Information exchange generally is accomplished in a modified SBAR format: situation, background, assessment, and recommendation.
3. A quick visual assessment is made to evaluate any critical immediate needs (Listen)
4. The oncoming nurse asks the patient if they have any questions regarding their plan of care, answers their questions, and listens for any concerns or complaints (Answer)
5. The oncoming nurse then takes action on any immediate needs (Take Action)
6. Finally, both the retiring and oncoming nurses thank the patient for the opportunity to care for them (Express Appreciation)

Bedside shift reporting sounds simple, but is difficult to implement since it requires the nursing staff to organize their report prior to the end of the shift and anticipate patient’s needs prior to the bed side shift report. Then interruptions during the report, or delays in performing bedside shift report because there is a patient need, can be avoided. Hourly Rounding should be implemented first, in order for bedside shift report to be effective.

Bedside Shift Reporting Success Story
NorthCrest Medical Center
Springfield, TN

There is a category on the patient communication board that is titled Patient Priority. The patient is asked at the beginning of the shift what their most important priority is for the shift. For example, a patient who is post operative for a hip replacement may indicate that pain control is their top priority. If a patient is hospitalized away from family, their priority may be emotional support or having a visitor such as a chaplain. This priority is specific to the patient and not something that is directed for them. This is a great approach to involve the patient in their plan of care and is best discussed during bedside shift report. By notating the patient’s wishes on the communication board, everyone entering the room will know the top priority of the patient. This

process yields great results for NorthCrest as the Pain Control dimension is regularly performing above the 80th percentile compared to all hospitals.

Post-visit/Discharge Calls

As we have shared throughout this book, HCAHPS is a call-to-action to manage inpatients to the discharge process. Traditionally, Discharge Planning is a hospital-centered process. Were patients given written discharge instructions? Did they get the opportunity to ask questions? Yet, it is not until the patient gets home that providers have the opportunity to make discharge a patient-centered process. It is not until the patient gets home that they begin to execute their "self-care" plan, and encounter into real- life questions that a Discharge Checklist may or not address.

In order for Discharge Phone Calls to achieve optimal patient care results, it must be a systematic and disciplined process driven by clinicians. Simply calling patients post-discharge to improve public relations or satisfaction will not elicit necessary feedback to evaluate whether a patient has experienced a complication and/or requires post-visit support. Instead, BLG recommends that organizations proactively address post-visit follow-up as a critical extension of acute care services. Here are some key steps we coach our partners to accomplish:

1. Establish a standard process

Set targets for attempting to reach 100% of patients, and connect with 70%. Craft a standard script to follow for consistency in your process. Institute a protocol for discharge calls to include time expectation for completion and number of attempts. Document on a log to capture opportunities to improve the discharge process for the patient.

2. Capture feedback systematically

Capture all patient feedback data in a discharge phone call database or log to follow-up, assess trends in patient feedback, and assure accountability for executing the discharge calls. BLG works with organizations to create a standards script that

- Demonstrates empathy and concern
- Assesses clinical outcomes
- Harvests staff reward and recognition
- Inquires about patient's perception of care
- Gathers process improvement suggestions

3. Take action

Intervene to correct problems and refer patients to appropriate caregivers. From a staffing perspective, reward and recognize employees based on harvesting information from patients, and coach for improvement if negative feedback was received.

4. Evaluate

Analyze Discharge Phone Call data to look for trends in complications, questions and feedback as a means to proactively address post discharge care.

Remember, nationally with HCAHPS, only 81% of the time patients reported "Yes" information was provided to help them after they left the hospital. All patients receive "Discharge Instructions" but we tend to approach the process from our perspective and not the patients. Post-visit calls are an excellent means to validate that patients actually understand their plan of care after hospitalization, are not experiencing complications, or do not think normal recovery pains or medication side effects are emergent. This positions organizations for HCAHPS performance improvement, and reduces unnecessary re-admissions and visits to the Emergency Department.

Post-visit Calls	
Traditional Post-visit Calls	**BLG Post-visit Calls**
• Focused on improving patient satisfaction only	• Focused on quality and service
• Inconsistent process	• Follows a detailed protocol and process
• Serves as a "stop gap" for service failures	• Confirms compliance and under standing of discharge instructions
• Little follow up action with learnings	• Documents reward and recognition and process opportunities
	• Has accountability for follow up

There are four key initiatives on the front-lines that consistently drive HCAHPS results. When executed properly they yield sustainable results for your organization. To summarize:

1. **Pre-visit calls** to create expectations for patients prior to scheduled visits and stays

2. **Hourly Rounding** to ensure a consistent, disciplined hourly strategy for all caregivers to interact with patients, and address pain, "potty", personal needs, positioning and privacy
3. **Bedside Shift Reports** for continuity of patient care during shift change, introduce the patient to their new care giver and create understanding of the patient's plan of care that shift
4. **Post-visit calls** (or Discharge Calls) to provide follow-up for effective recovery following visits and stays

Summary

It is important to understand HCAHPS from the patient's perspective. Healthcare organizations must approach common, every day processes with a mindset that keeps the patient at the center of the work – every patient, every time. Leaders and staff must understand and manage what the patient sees, feels and experiences. To be successful, everyone must be an owner - from the senior team to the front line staff, from finance to nursing.

While HCAHPS (and patient satisfaction) can seem insurmountable, the behaviors and tools are quite simple. As healthcare professionals, we need to get back to basics, and leverage performance results to influence care at the bedside.

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