

PATIENT EXPERIENCE SYMPOSIUM



Improving the Patient Experience:
A Compendium of Abstracts

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This compendium includes abstracts from GNYHA's Patient Experience Symposium, an event that focused on supporting member hospitals in their ongoing work to provide high-quality care that is compassionate and patient-centric. The Symposium highlighted best practices and provided a platform to discuss key issues and approaches to improving the patient experience.

This compendium of abstracts includes various projects undertaken by GNYHA members to enhance the patient experience in their respective organizations. Each abstract includes a description of the project, data demonstrating improvement, and the challenges and lessons learned. While the projects differ in scope and setting, success stories in this compendium have a common theme: [both staff and patient engagement are critical to measurable, sustainable improvement](#). GNYHA believes that members can benefit from the innovative work and best practices included in this compendium, and that information from these projects can be applied to patient experience efforts throughout the membership.

The abstracts in this compendium were selected through a Call for Abstracts process. GNYHA would like to thank all applicants for their submissions, and congratulate all members on their ongoing improvements to the patient experience.

LISTENING AND RESPONDING TO THE PATIENT'S VOICE

Bellevue Hospital Center / NYC HHC

BACKGROUND AND OBJECTIVES

Bellevue Hospital Center undertook the challenge to restructure how we deliver care when we received less than complementary ratings in patient satisfaction scores. In 2013, Bellevue ranked 14th among its peers in New York State when inpatients were asked if they would recommend the hospital. Consequently, we embarked on improving the patient experience using a structured programmatic approach. With the loci of interest on the needs of the patient we created programs and reorganized departments to concentrate on designing and implementing reforms throughout the hospital to improve patient care.

INTERVENTIONS

- We began with listening to the voice of the patient through various advisory councils and through 'real time' pulse surveys. The members of these councils have been valuable allies to improve care—we heeded their suggestions to rectify patient safety to implement nutrition tables. We conduct over 650 surveys monthly which give feedback in 'real time,' allowing the application of low-level reforms immediately.
- The Office of Patient Advocacy is now available to address patients' needs for more hours during the week, and is open on weekends. The complaint process has been streamlined to enable advocates to have more time to address patients' concerns. Additionally, the multi-lingual advocates have ongoing professional development and are notaries to accommodate patients needing the service.
- Understanding that satisfied patients require happy and dedicated caregivers, the Patient and Family Centered Care Team instituted the BRAVO! Award, which recognizes the exceptional efforts of staff.
- We instituted the Patient Experience Value Stream, a training program that uses the Breakthrough/Lean principles to accomplish organizational improvements. We completed 16 multi-disciplinary events to improve communication, pain management, discharges, and the work environment of the hospital.

This multipronged approach has resulted in improved HCAHPS patient satisfaction scores where the hospital has achieved improved ratings.

MEASURED OUTCOMES

This multipronged approach has resulted in improved HCAHPS scores where the hospital has achieved improved ratings. In addition, we have realized:

- An aligned approach of making changes with and in response to patient and family needs
- A deeper understanding of the relationship of staff to patient satisfaction
- A revitalized way of working with patients and families on projects and programs
- An understanding that embracing the guiding principles and making each and every encounter with patients and their families a meaningful and positive experience will result in a patient-centered culture
- Use of data in decision making and team approaches to problem-solving offer continual and sustained improvements

CONTACT

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PRIMARY CARE PATIENT NAVIGATORS AND THEIR IMPACT ON THE PATIENT EXPERIENCE

Jamaica Hospital Medical Center

BACKGROUND AND OBJECTIVES

At Jamaica Hospital Medical Center, we identified an opportunity to improve the overall patient experience of care by adding Primary Care Patient Navigators (PCPN) to four of our ambulatory care centers. PCPN improve the patient experience while promoting best practices at various phases of the patient encounter.

INTERVENTIONS

- Prior to the medical visit, PCPN review patient charts and assess needs. They identify patients missing required services. They can also identify the need for community resources, and reinforce self-management tools provided from a previous visit. PCPN work with the interdisciplinary healthcare team to help patients overcome barriers and ensure they receive the appropriate care.
- During the medical visit, PCPN provide medical interpretations and patient education. Most of our PCPN staff members are Qualified Medical Interpreters; this helps improve communication between patients and their physicians while promoting a better understanding of their condition. PCPN provide patient education, encourage smoking cessation, and promote self-management of chronic illnesses. Self-management is encouraged and reinforced with written materials that are culturally sensitive and literacy level appropriate.
- After the visit, in an effort to improve and maintain patient health, PCPN provide and facilitate wellness programs. PCPN lead the National Diabetes Prevention Program for persons with prediabetes and the Freedom from Smoking class for tobacco cessation. These national programs have proven to drastically reduce the risk of diabetes and aid in smoking cessation, respectively. Our PCPN facilitators empower patients to make changes that improve their health.
- At various phases of the medical visit, PCPN provide compassionate patient-centered care that is tailored to the needs of our patients. Patients receive the medical attention they require, are able to better access community resources, receive easy to read education materials, benefit from an on-site medical interpreter and have programs available to them that reinforce a healthy lifestyle after their visit.

MEASURED OUTCOMES AND RESULTS

The addition of PCPN has significantly improved the overall patient experience of care.

Clinical Performance Metrics Data by Site:

Patient Navigators were introduced to each in January 2013

PNEUMOCOCCAL VACCINE IN OLDER ADULTS		
Site	Baseline (Q1 2013)	Q4 2014
Ambulatory Care Center (ACC)	34%	72%
MediSys Jamaica	65%	93%
East New York (ENY)	66%	83%
Richmond Hill Family Medicine (RHFMM)	40%	73%

Numerator Definition: Patients in the denominator who have ever received a pneumococcal vaccination.

Denominator Definition: All patients 65 and older with an outpatient encounter with the Eligible Provider (EP) less than one year before or simultaneously to the measurement end date.

HTN BLOOD PRESSURE CONTROL		
Site	Baseline (Q1 2013)	Q4 2014
ACC	58%	77%
MediSys Jamaica	61%	64%
ENY	65%	83%
RHFMM	60%	66%

Numerator Definition: Patients in the denominator who had a diastolic blood pressure of less than 90 mmHg and a systolic blood pressure of less than 140mmHg during their most recent outpatient visit.

Denominator Definition: Patients aged 18 to 85 years with a diagnosis of hypertension less than 6 months from the measurement start date with at least one outpatient encounter with the EP and who do not have an active diagnosis of pregnancy or end-stage renal disease (ESRD) and have not had a procedure indicative of ESRD.

COLORECTAL CANCER SCREENING		
Site	Baseline (Q1 2013)	Q4 2014
ACC	24%	70%
MediSys Jamaica	28%	75%
ENY	27%	83%
RHFMM	33%	43%

Numerator Definition: Patients in the denominator who received a colonoscopy less than 10 years before the measurement end date, a flexible sigmoidoscopy less than 5 years before measurement end date, or a fecal occult blood test during the measurement period.

Denominator Definition: All patients between 50 and 75 years during the measurement period who had an outpatient encounter less than two years before the measurement end date and who have not had a total colectomy. Exclusions: patients with an active, inactive, or resolved diagnosis of colorectal cancer.

CERVICAL CANCER SCREENING		
Site	Baseline (Q1 2013)	Q4 2014
ACC	54%	61%
MediSys Jamaica	38%	63%
ENY	18%	82%
RHFMM	53%	71%

Numerator Definition: Patients in the denominator who had one or more Pap tests during the measurement year or the two years prior to the measurement year.

Denominator Definition: Women aged 21 to 64 years old as of January 1 of the measurement year who have an OB/GYN encounter with the EP during the measurement year or the year prior to the measurement year and who have not had a hysterectomy.

DIABETES LDL MANAGEMENT AND CONTROL		
Site	Baseline (Q1 2013)	Q4 2014
ACC	33%	67%
MediSys Jamaica	50%	71%
ENY	53%	54%
RHFM	36%	54%

DIABETES LDL TESTING		
Site	Baseline (Q1 2013)	Q4 2014
ACC	62%	83%
MediSys Jamaica	76%	95%
ENY	71%	89%
RHFM	69%	84%

TOBACCO CESSATION INTERVENTION		
Site	Baseline (Q1 2013)	Q4 2014
ACC	55%	71%
MediSys Jamaica	89%	96%
ENY	65%	76%
RHFM	55%	60%

TOBACCO USE ASSESSMENT		
Site	Baseline (Q1 2013)	Q4 2014
ACC	94%	98%
MediSys Jamaica	99%	99%
ENY	96%	97%
RHFM	98%	99%

Numerator Definition: Patients in the denominator whose most recent LDL test was <100mg/dL.

Denominator Definition: Patients aged 18 to 75 years of age who meet either of the following sets of criteria: Patient has diabetes as an active problem or encounter diagnosis less than two years before the end of the measurement period and has at least one acute inpatient or ED encounter OR at least two non-acute inpatient, outpatient, or ophthalmology encounters, or patient has been prescribed or is taking a medication indicative of diabetes less than two years before or simultaneously to the measurement end date.

Numerator Definition: Patients in the denominator with a resulted LDL test.

Denominator Definition: Patients aged 18 to 75 years of age who meet either of the following sets of criteria: Patient has diabetes as an active problem or encounter diagnosis less than two years before the end of the measurement period and has at least one acute inpatient or ED encounter OR at least two non-acute inpatient, outpatient, or ophthalmology encounters, or patient has been prescribed or is taking a medication indicative of diabetes less than two years before or simultaneously to the measurement end date.

Numerator Definition: Patients in the denominator who received tobacco use cessation counseling or who were prescribed smoking cessation medications within 24 months before the encounter.

Denominator Definition: All patients over 18 years of age who were identified as tobacco users within 24 months before the encounter and who meet one of the following criteria: have had at least two behavioral health, occupational therapy, office visit, or psychiatric encounters with the EP during the measurement period or have at least one preventive medicine encounter during the measurement period.

Numerator Definition: Patients in the denominator identified as either tobacco users or tobacco non-users within 24 months before the encounter.

Denominator Definition: All patients over 18 years of age who meet one of the following criteria: have had a least two behavioral health, occupational therapy, office visit, or psychiatric encounters with the EP during the measurement period or have at least one preventive medicine encounter during the measurement period.

CONTACT

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INTEGRATING PATIENT CARE AND PATIENT SATISFACTION

Kings County Hospital Center / NYC HHC

BACKGROUND AND OBJECTIVES

Kings County Hospital's Behavioral Health Service provides a range of mental and addictive disease services, including Comprehensive Psychiatric Emergency Program (CPEP), Child and Adolescent Psychiatric Inpatient Service, Adult Inpatient Service, Outpatient Psychiatric Department, Mobile Crisis Unit and Chemical Dependence Services. All areas use area-specific surveys to measure patient satisfaction and engagement. Despite continued improvement initiatives using the LEAN/Breakthrough management model, patient satisfaction scores had been relatively low. Bridging the gap from qualitative improvement to finding ways to effectively reflect these improvements in data has been a challenge.

The Adult Inpatient Service developed patient satisfaction initiatives that promote communication, foster dialogue and improve efficacy of treatments delivered. As a result we expect both the satisfaction with care delivered and job satisfaction of our staff to improve.

INTERVENTIONS

We developed standard workflows to address issues identified from the data reviews, and a Patient Satisfaction Workgroup convenes to drive innovations into practice. Specific issues and their interventions included:

- **Patient feeling that they were adequately informed of rights**
The Patients' Bill of Rights was available on a single printed sheet, and was offered upon request, or as needed.
- **Staff sensitivity to emotional needs**
We created a Passport to Health, a bi-fold card completed by a Peer Support Counselor or Nurse alongside the patient as part of the treatment planning process. The card includes the names and titles of the team members involved in care, unit leadership, patient diagnosis, medications, groups, recovery goals, and emergency contacts in an easy to read format. This method of shared decision making includes the patient in their care, while providing extra face time with the care team, as well as a resource for care teams to use during team meetings.
- **Wait period for requests being fulfilled**
A patient orientation video is shown in CPEP and Inpatient Units daily. The video outlines

both physical layout and staff coverage so that patients know where to direct questions so that they can receive timely answers.

- Pain not addressed timely

A Pain Assessment Card is used by the nursing staff to assess pain level. Patients are assessed for pain upon admission and as per nursing protocol for reassessment and treatment.

- Helpfulness of time with Psychiatrist


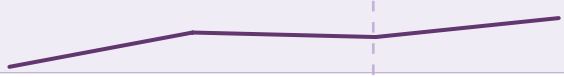





Appointment cards are routinely used to communicate appointment objectives to patients in advance. There are appointment cards available for treatment team meetings and for individual provider meetings. The cards have a space for the provider(s) to write what they plan to discuss and review with the patient, and to indicate that the patients' questions will be answered. The cards are centrally located on the units, and protocols are in place to replenish them when the supply runs low.

- Time spent in therapeutic activities

A Common Programming Area (CPA) Groups initiative was undertaken by the Therapeutic Rehab department. Previously underutilized group space outside the six Adult Inpatient units received new programming that allowed patients to leave the locked psychiatric units as soon as it was clinically beneficial. CPA groups offered a continued *treatment track* path focused on a specific recovery skill. Prescription for the track assignment would follow from the specific Patient Recovery Foci/Goals as tied to the objective set for the week during the weekly *Treatment Team Meeting*. Attendance of prescribed groups has gone up from 47% to 58%.

MEASURED OUTCOMES AND RESULTS

Patient satisfaction survey results show the effects the interventions. The data is available to all staff members on the unit-level data boards. Unit leadership is tasked with data review and bringing feedback to the local Quality Council Subcommittees.

SURVEY ITEM	Q2 14	Q3 14	Q4 14	Q1 15	PATIENT SATISFACTION METRICS, PRE- AND POST-JAN 2015 IMPLEMENTATION
Information about Patient's Rights	74.0	75.4	72.4	73.0	
Nurses' prompt response to requests	72.7	76.5	76.0	78.1	
Helpfulness of time w/psychiatrist	74.9	76.8	75.2	76.8	
Staff asked about physical pain	73.6	72.8	76.0	79.7	
Physical pain taken care of	75.0	75.5	75.3	79.5	
Sensitive to emotional needs	74.3	76.2	76.4	80.1	
Time in therapeutic activities	77.9	77.8	77.3	79.4	

TOOLS AND RESOURCES

- General and Treatment Team Appointment Cards
- Pain Score Card

CONTACT

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IMPLEMENTATION OF AN ADMISSION HOSPITALITY BASKET PROGRAM

Maimonides Medical Center

BACKGROUND AND OBJECTIVES

The MMC approach to patient- and family-centered care begins upon admission. Our team recognized that a warm and welcoming environment enhances the patient experience. Patients arriving through our Emergency Room often experience long wait times until they can be transferred to one of our inpatient units and there are less than optimal options for privacy and space. Similar to the experience of arriving at a hotel and having a welcome package in your room when you arrive, our team felt that placing a hospitality box on the bedside table before the patient arrives was a simple gesture to make patients and families feel welcome. The box contains personal care items that are routinely given to patients upon admission, either in a plastic bag or placed inside the bedside table.

The objectives of this project were to:

- Improve HCAHPS scores
- Implement a proactive “service recovery” strategy to enhance the patient experience
- In concert with other improvement initiatives, leave the patient and family an indelible impression that persists long after the patient has left the hospital
- Provide a memorable experience for the special group of volunteers charged with assembling the boxes

INTERVENTIONS

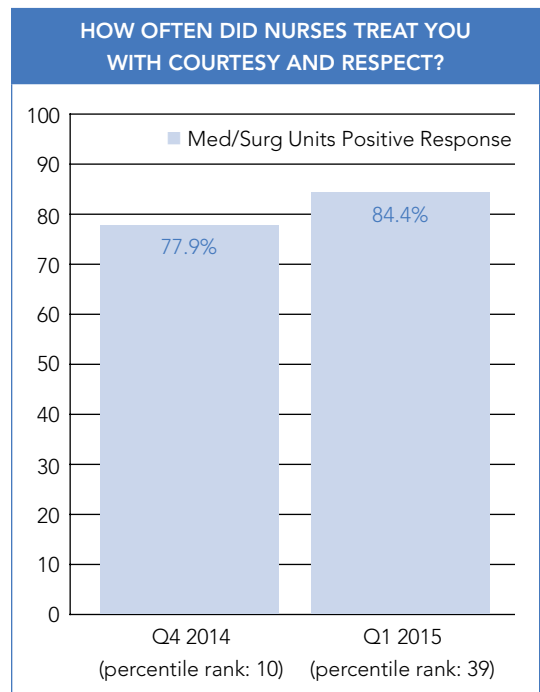
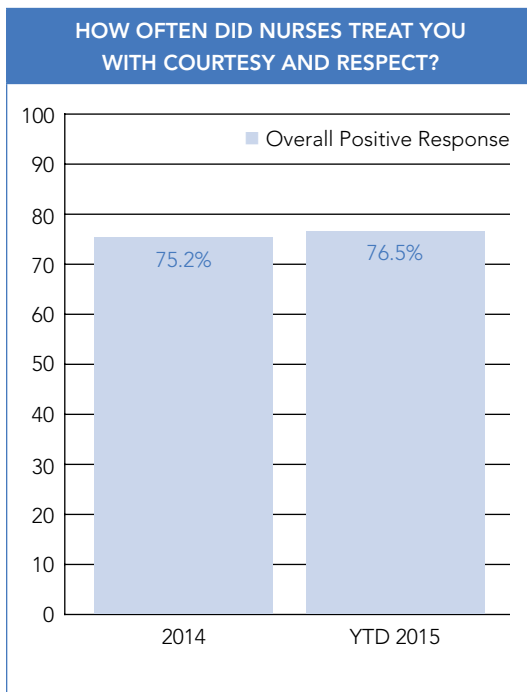
Team Members included Nursing Leadership, Volunteer Services, HASC Volunteers (The Hebrew Academy for Special Children), front line Nurses and Patient Care Technicians, Purchasing Department, and Performance Improvement Leadership.

The team investigated a number of possibilities with regard to what type of box could be used, aesthetics, and cost. It was clear that the cost of purchasing the boxes ready-made was going to be prohibitive. The Director of Volunteer Services expressed an interest in the project. The team recognized that engaging volunteers aligns with the Maimonides mission of commitment to the communities the Medical Center serves. This was an opportunity to involve a special group of local volunteers who are developmentally disabled. This group has been volunteering at Maimonides for many years and takes pride in supporting the organization in the smallest of ways. This project would give these volunteers a chance to feel that they are truly making a significant difference in our patient’s experience. Before we purchased the materials, we evaluated the ease of assembly, identified a location for assembly, established a process for distribution, and educated the staff on their roles in the process. Cards are placed inside the boxes indicating who assembled them. Not only do the patients seem to enjoy the boxes and contents within, but the joy that the volunteers

experienced was overwhelming. We celebrated the members of the special volunteers with a luncheon in their honor to thank them for their hard work. The Hebrew Academy for Special Children created a video of the volunteers hard at work, along with their comments. The video has been shared outside of the organization within the community, as well as within our organization. There is another honorary luncheon scheduled in June 2015. It has been a privilege and honor to work on a project that has impacted so many people in such a significant way.

MEASURED OUTCOMES AND RESULTS

We are using the Nurse Sensitive HCAHPS questions to measure our outcomes.



LESSONS LEARNED AND CHALLENGES

- Managing the logistics for assembly and distribution proved challenging due to space constraints at the Medical Center. The volunteers also required direct supervision when in the Medical Center, and scheduling was not always easy.
- Overcoming initial staff resistance to the project, as it required some changes in work-flow.
- Since the project was "budget-neutral" the par levels of supplies remained the same, however if staff needed additional supplies it was noted that they would open boxes to obtain them.
- Ongoing review of the process was essential to evaluate effectiveness

CONTACT

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MYMSK MOBILE APP: A TOOL TO SUPPORT PATIENTS IN THEIR CARE

Memorial Sloan Kettering Cancer Center

BACKGROUND AND OBJECTIVES

The MyMSK patient portal, launched in 2006, was a first step in connecting patients to MSK during their treatment and care. MyMSK provides patients access to many features typical in patient portals, including their calendar of appointments or billing information, and links them to their care team through secure messaging, access to their lab and radiology results, and educational materials. Since it launched 9 years ago, over 66,000 patients have created accounts and almost 750,000 messages have been exchanged.

Over 30% of the users accessing the MyMSK site do so on a mobile device. With this in mind, we began exploration around how we could support patients by more closely connecting them with MSK. The MyMSK app was launched in February 2015. It was developed with a cross-disciplinary team from the Design Innovation Group and Information Systems, is the culmination of a several year journey to develop a resource for patients that supports them in taking an active role in their treatment and care, wherever they are. This new companion app is an extension of the current portal offerings and seeks to further enhance how MSK holistically supports the needs of patients as part of their care through digital tools.

INTERVENTIONS

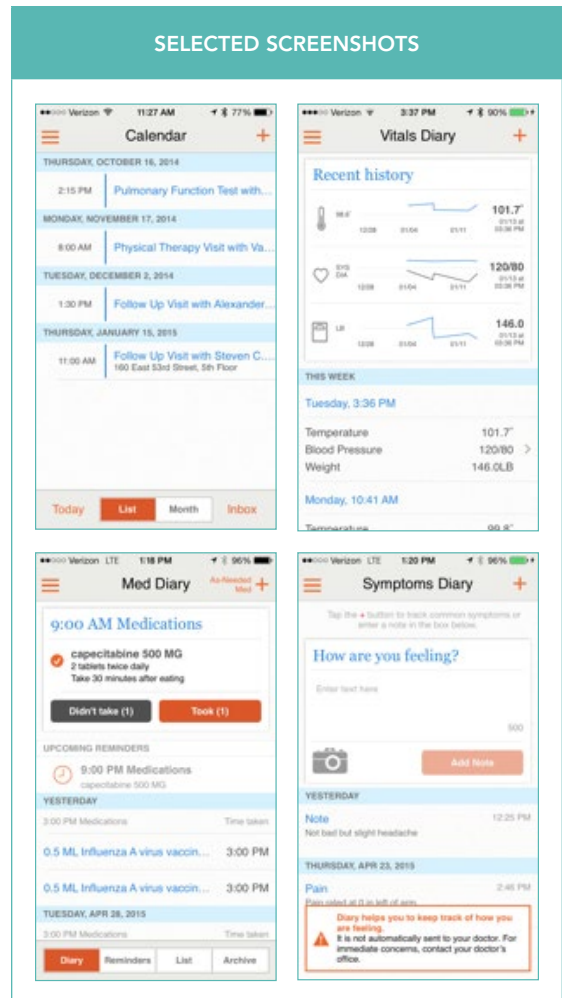
We started with a large list of possible app features generated by staff interested in improving the patient's digital patient experience. We engaged patients throughout the ideation, development and implementation process through design intercepts, and usability testing. Starting with our wish list of features, we spoke with patients in waiting rooms, chemotherapy units and throughout our outpatient environments and listened to their feedback about what they found useful or lacking. These conversations helped to whittle down the features to those that would provide the most value to patients. Features like billing, while useful on the patient portal, were deemed too complicated to do on the go. We also learned about tasks that patients were already doing, like using their smart phones to set up calendar reminders to take their medication. We saw them keeping track of how they were feeling in between visits in a paper notebook, or the notes app in their smart phone. These observations and insights refined the list of features to include several of the current MyMSK portal features as well as an extensive set of new features designed specifically for mobile use.

Before launching the MyMSK app broadly, we tested it successfully with 25 patients throughout the fall of 2014 at MSK's 64th Street Innovation Center. By closely observing and gathering feedback from patients actively using the app in their care, this beta test enabled us to

deeply understand how patients would use this new tool, as well as identify any bugs or tweaks to further refine the app before launch. It also allowed us to find out what, if any, impact the new app would have on patients' interactions with clinic staff.

The app includes:

- Calendar and logistical support, like the ability to confirm appointments, access a map and generate turn-by-turn directions
- Diary
 - Medications diary to create a list of medications, set reminders and track if you've taken your medications
 - Symptoms and side effects diary to help patients be prepared for conversations with their care team
 - Vitals diary to track their vitals in between visits
- Laboratory results and radiology reports
- Secure messaging to the care team
- Ability to easily share items with family or caregivers



Recognizing that this innovation was also new to staff, the Design Innovation Group went on a 'road show' in the weeks before the MyMSK app reached the Apple App Store to educate staff on how the MyMSK app might help them engage with patients, and asking for their help in getting the word out.

MEASURED OUTCOMES AND RESULTS

As of April 21, 2015

- 2,681 users
- 25,000 sessions (avg 5 minutes per session)
- 271,000 screen views
- Top sections: Appointments, Labs, Radiology Reports, Messages, Medication

Clinician Buy-in

"Whether they're tracking their medications, using the app to manage their appointments, or checking their lab results from the waiting room, we are seeing patients benefit from using the

app on a daily basis,” says medical oncologist Andrew Zelenetz, MD. “We also see the potential to support our patients in deeper ways in future iterations of the app.”

LESSONS LEARNED AND CHALLENGES

- The value of patient feedback
- Prototyping to learn
- Organizational change management and buy-in

These are inextricably linked in making the development and launch of the MyMSK app a success. From providing guidance and validation about what patients actually want and need, to identifying unexpected use cases, to validating that in fact patients do want and will use an app. Prototyping with actual patients was an invaluable and an essential part of this process. It not only shaped what the product is, but helped to reinforce and build the argument about why it was important for MSK to build an app and to take our first step into the mobile space.

THE FUTURE

We are working on our second release since go-live. Some exciting new functionality will be available in upcoming releases, including:

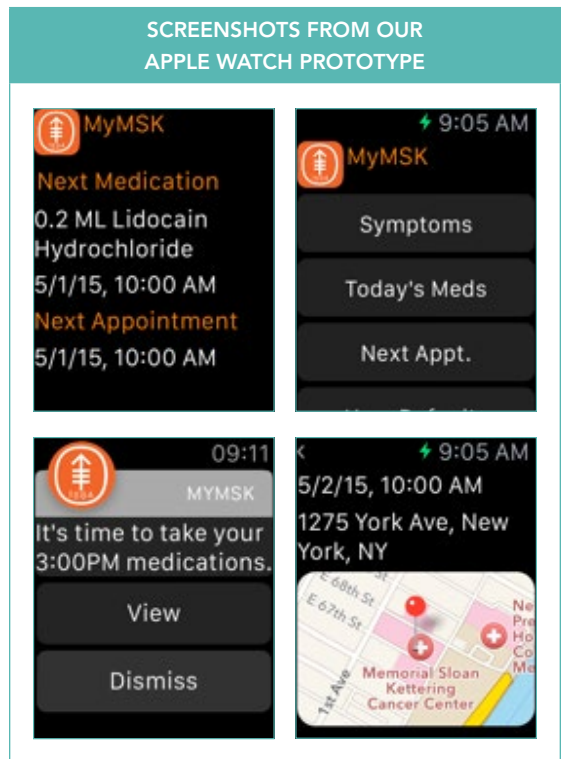
- The ability to view and attach files to secure messages
- Integration with HealthKit and the new Apple Watch
- Push notifications to send reminders and announcements directly to patients’ mobile devices
- Integrating the appointment calendar with the native device calendar

TOOLS AND RESOURCES DEVELOPED

- MyMSK mobile app
- App_HowTo.pdf
- Marketing collateral
- Google Analytics tools

CONTACT

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ENGAGING STAFF AND PATIENTS TO IMPROVE PATIENT SATISFACTION SCORES IN BEHAVIORAL HEALTH UNIT

Metropolitan Hospital Center / NYC HHC

BACKGROUND AND OBJECTIVES

Metropolitan Hospital embarked in 2012 to move towards a more patient-centered culture to address the difficulties experienced by patients with mental illness, and empower patients to engage in their treatment. A multidisciplinary group of frontline staff and leadership implemented various solutions to overcome barriers around the patient experience.

INTERVENTIONS

Staff Engagement Strategies and Activities

- Health and Hospital Corporation's (HHC) Director of Patient & Family Experience conducted an educational campaign to all facilities on the journey to improve the patient and family experience.
- Senior leadership at Metropolitan identified hospital-specific strategies. Leadership and unit-level champions were identified to work at the local level. Departmental in-services were conducted to review the importance of enhancing the patient and family experience. In-service topics included:
 - HHC's Guiding Principles: Putting the Patient and Family First
 - Trauma Informed Care
 - Service Recovery and Customer Service Training
 - Team STEPPS principles: Including Huddles, Debriefing, SBAR, Situation Monitoring
 - Purposeful Rounding: Bedside shift reporting, 6P's, CALMS and REACT, Getting to Know You
- Patient satisfaction data was regularly accessed and reviewed by hospital and unit-level leadership to identify areas of focus. Units discussed how to improve low scores, and celebrated high scores, while also recognizing staff members for going above and beyond. The system for compliments and complaints was enhanced for both staff recognition, and to indicate opportunities for service recovery.

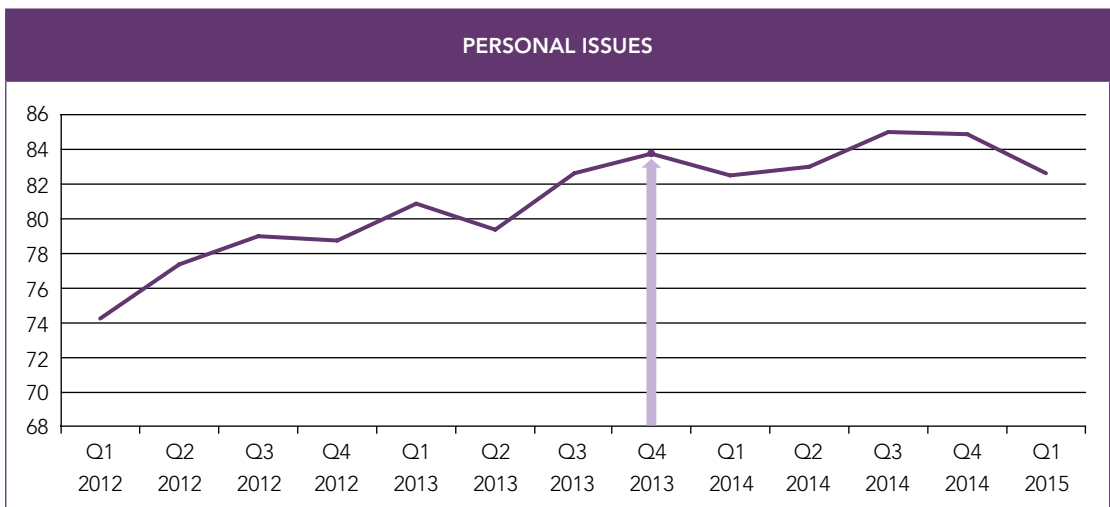
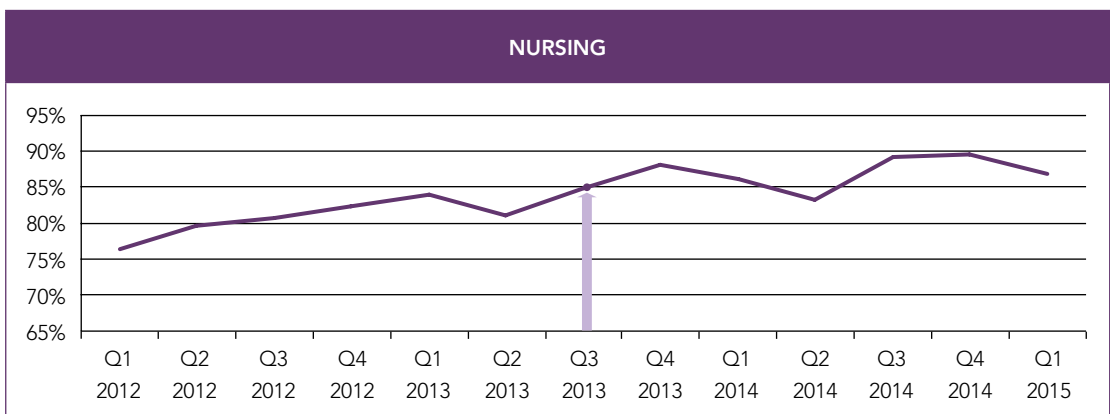
Patient Engagement Strategies and Activities

- We used peer counselors on the behavioral health units to promote principles of recovery, empowerment, healthy choices and hope. The peer counselors are former patients who understand the struggles of being admitted, and the social stigmas that are sometimes associated with behavioral health diagnoses.

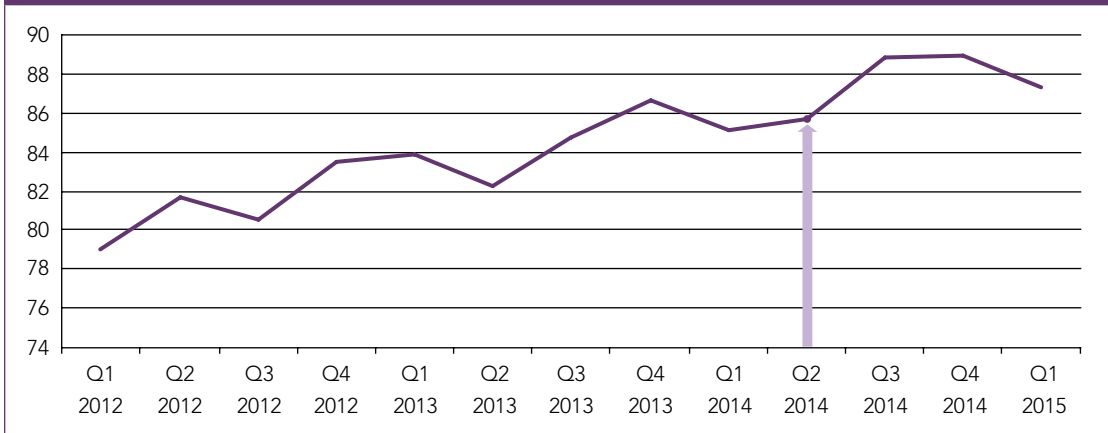
- To better engage families and provide opportunities for feedback we expanded visiting hours, created a Family Night, and implemented a Patient and Family Collaborative Council.
- We implemented a Medication Self Administration Program, a medication readiness tool to help patients prepare for discharge. Nurses teach patients about medication, and use self-management techniques such as “teach-back” to ensure that patients understand how to take their medications once they leave the hospital.

MEASURED OUTCOMES AND RESULTS

Patient satisfaction measures increased in many areas, as indicated in the below charts.



UNDERSTANDING DISCHARGE MEDICATION



LESSONS LEARNED AND CHALLENGES

- Patients with behavioral health diagnoses sometimes struggle with the social stigmas that may be associated with their illness. Patients are coached through staff and peers to help them overcome hopelessness, and to become involved in their care. Similarly, staff can become frustrated with the many challenges experienced on the unit. We help them overcome this by teaching them celebrate small victories and sustained improvement.
- Teamwork is key, particularly in an area with high turnover for support staff.
- Staff had to adjust to a culture that includes patients in their care and in treatment decisions. We overcame this challenge with a model of flexible care to adapt to patient requirements, conditions, and even external situations. This helped staff and patients prepare for discharge and ensure a seamless transition to outpatient care.

TOOLS AND RESOURCES

- Getting to Know You Boards
- Purposeful Rounding – 6Ps
- Bedside shift report
- Individualized Safety and Crisis Plans
- REACT Tool—hand off tool

CONTACT

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HOURLY PATIENT ROUNDING IS NOT ABOUT CHECKING A BOX

Mount Sinai Health System

BACKGROUND AND OBJECTIVES

Mount Sinai Health System implemented hourly patient rounding but consistency in practice is often the biggest challenge. Despite rounding taking place, the activity was not reflected in our HCAHPS scores on nurse communication. Relationship Centered Care (RCC) is our Nursing Professional Practice Model, which provides best practices for communication. The model includes spending focused time with each patient once per shift to develop a warm and caring relationship. Simulation-based training (SBT) was used to facilitate widespread adoption of the RCC model during staff and nurse manager rounding as a method to improve the perception of nurse communication and responsiveness as measured by CMS composite HCAHPS scores.

INTERVENTIONS

Implementation of SBT

- Staff participated in SBT as both the patient and the staff member to fully appreciate the patient's perspective. An inpatient room was converted to a simulation lab so that Registered Nurses (RN), Nurse Attendants (NA), and Patient Care Associates (PCA) could role played with one another to assume the role of a patient or staff at Mount Sinai Roosevelt and Mount Sinai St. Luke's. Between December 2014–January 2015, 469 employees participated in SBT.
- Mt. Sinai St. Luke's staff created five hourly rounding videos representing typical scenarios encountered, demonstrating the use of RCC best practices to connect with patients. Videos were observed in the simulation lab prior to practicing the skills.
- The person acting as the "patient" provided the "staff" basic information (age, diagnosis, non-diagnosis related information) about an assigned patient to act out the scenario.
- Coaches (Senior Directors) and the "patient" provided immediate feedback to staff regarding body language, tone of voice, and ability to establish rapport quickly.
- We developed behaviorally based competency assessment tools for hourly staff rounding and daily nurse manager rounding.
- Interventions focused on staff caring for patients on high-volume units (medical-surgical, cardiac, and post-partum).

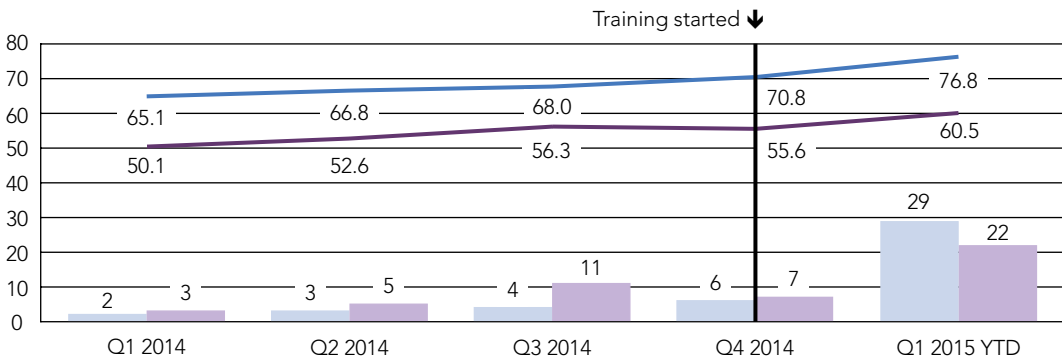
MEASURED OUTCOME AND RESULTS

The use of SBT on purposeful hourly rounding significantly improved HCAHPS domain top box scores and percentile ranks with positive trends for Nurse Communication and Responsiveness of Staff as seen by the 1Q 2015 results.

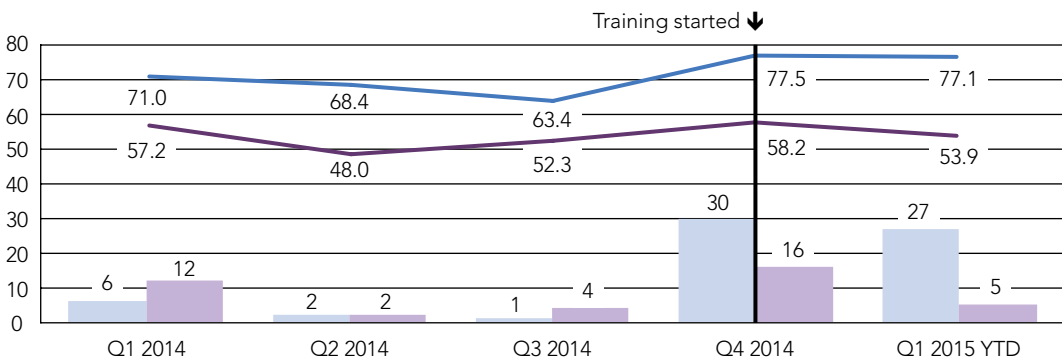
KEY

- Percentile Rank Nurse Communication
- Percentile Rank Responsiveness of Staff
- Communication with Nurses
- Response of Hospital Staff

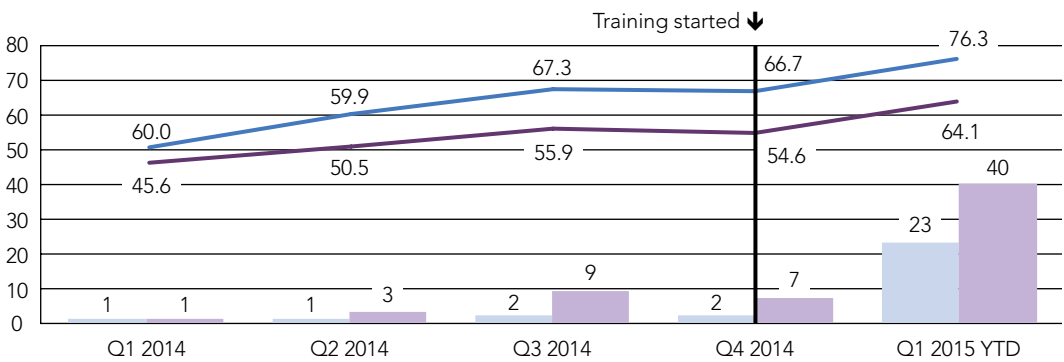
MOUNT SINAI ROOSEVELT - ALL UNITS



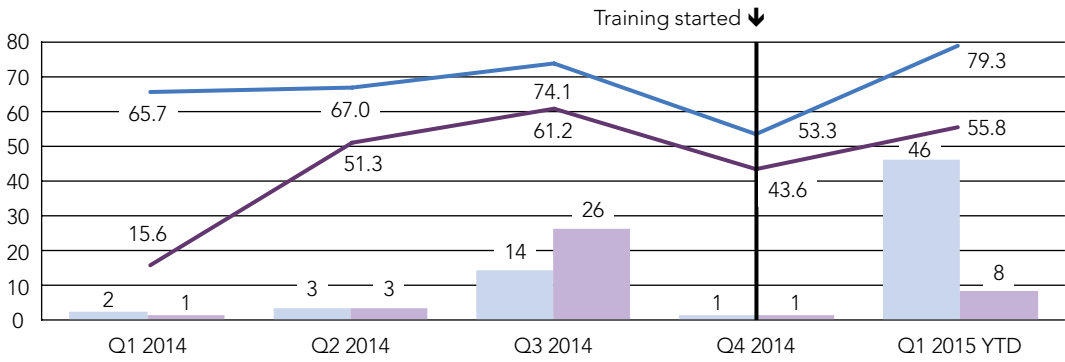
MOUNT SINAI ROOSEVELT - MED/SURG UNITS



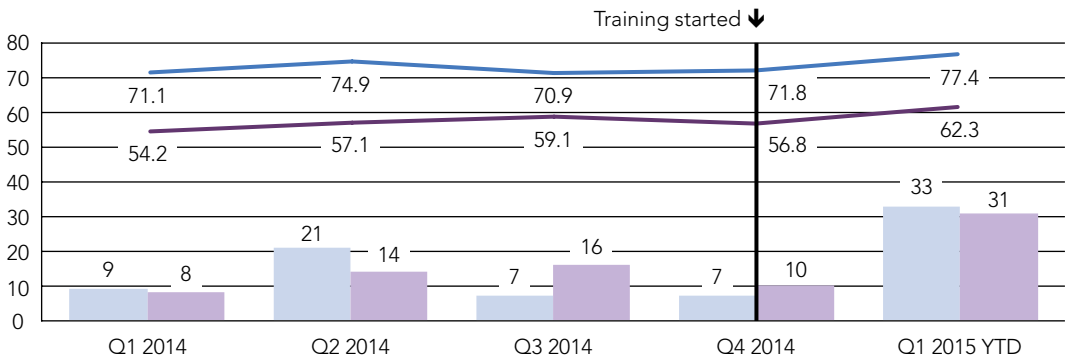
MOUNT SINAI ROOSEVELT - POST PARTUM UNITS



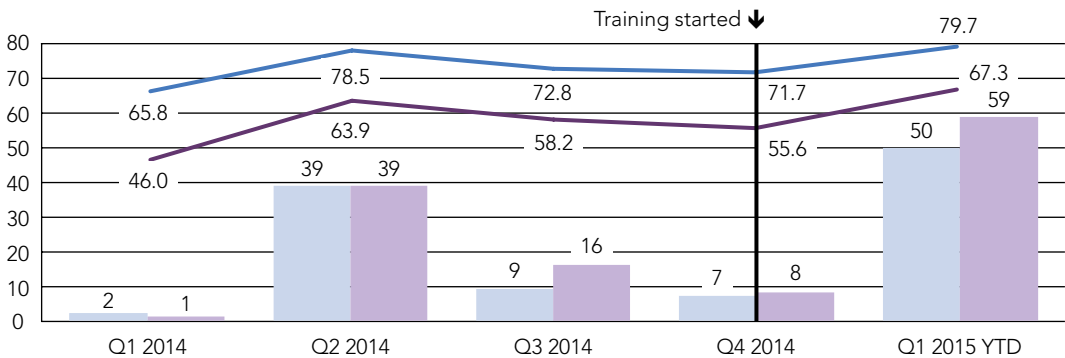
MOUNT SINAI ROOSEVELT - CARDIAC UNIT



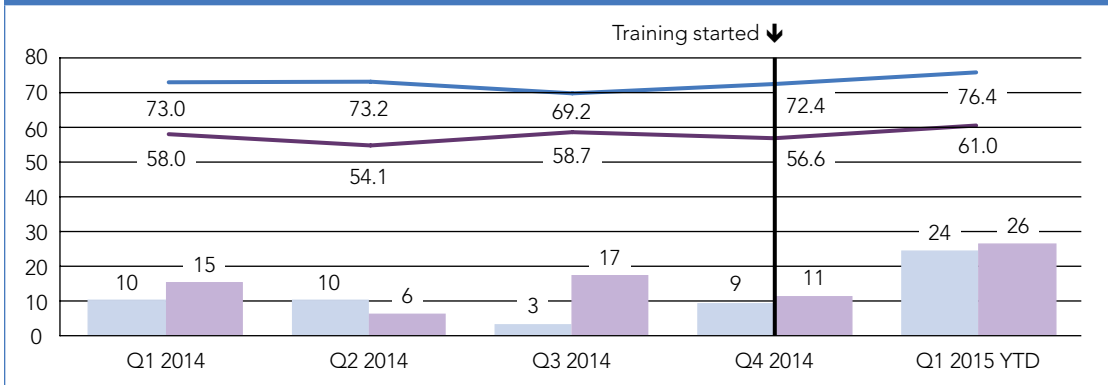
MOUNT SINAI ST. LUKE'S - ALL UNITS



MOUNT SINAI ST. LUKE'S - CARDIAC UNITS



MOUNT SINAI ST. LUKE'S - MED/SURG UNITS



LESSONS LEARNED AND CHALLENGES

Challenge: Some staff had difficulty engaging patients/families, while others expressed concerns on how to end a conversation with a patient in a polite manner. The staff also expressed feeling uneasy about engaging in conversation with patients/families due to a perception that conversations would take too much time and prevent them from completing their tasks in a timely manner.

Lesson learned: Encouraging staff to practice engaging in conversation with a colleague in a conference room improved their confidence. The use of a stop watch to time a role playing session, while sitting down with staff, changed their perception that a meaningful discussion occurred in 1–3 minutes. Providing techniques on how to politely end a long conversation empowered staff with additional tools for their “communication tool belt.” During simulation, staff experienced an “Aha” moment when they assumed the role of a patient and expressed feeling “safe, comfortable, heard, and secure” when staff sat next to them at their bedside.

Challenge: Staff expressed challenges with sitting next to the patient (in a chair or at the end of bed) due to limited space and/or personal concerns with infection control issues.

Lesson learned: On a few units, the limited space continues to be a challenge for staff to sit next to patients. We will explore other options to address this concern.

Challenge: Changes in leadership and/or lack of nurse manager coverage appeared to correlate with a negative patient perception of care as seen in 4Q2014 at MSR (medical-surgical and cardiac units).

Lesson learned: Enlisting evening and night administrators to assist with staff hourly rounding observation and validation provides additional human resources without requiring additional funding.

Challenge: Sustaining improvements is one of the most challenging aspects of initiating a program while additional projects require the attention and time of already busy nurse managers.

Lesson learned: To build accountability, the nurse managers submit staff hourly rounding competency logs, including comments for each validation on a monthly basis. Provide nurse managers with support, encouragement, listen and offer strategies to coach their staff. Ongoing rounding validation is the key to sustained improvements.

TOOLS AND RESOURCES

- Staff hourly rounding competency tool
- CNM daily rounding competency tool
- Rounding video

CONTACT

For more information contact Grace Marin, MSN, MBA, RN, System Director of Patient Experience Coaches, grace.marin@mountsinai.org; or Natalia Cineas, DNP, RN, NEA-BC, Senior Director of Nursing, Mount Sinai St. Luke's, ncineas@chpnet.org.

ENGAGING STAFF IN EFFORTS TO TRANSFORM THE PATIENT EXPERIENCE

Mount Sinai Hospital Queens

BACKGROUND AND OBJECTIVES

From 2013–2015, Mount Sinai Queens Hospital, a community hospital in Queens, and part of The Mount Sinai Health System, undertook a multi-faceted and innovative journey to improve patient experience with staff engagement at the forefront of their approach.

Starting from relatively low patient satisfaction performance (10th to 40th HCAHPS percentiles), the hospital launched a series of innovative techniques aimed at staff engagement coupled with disciplined routines at the bedside to improve HCAHPS performance.

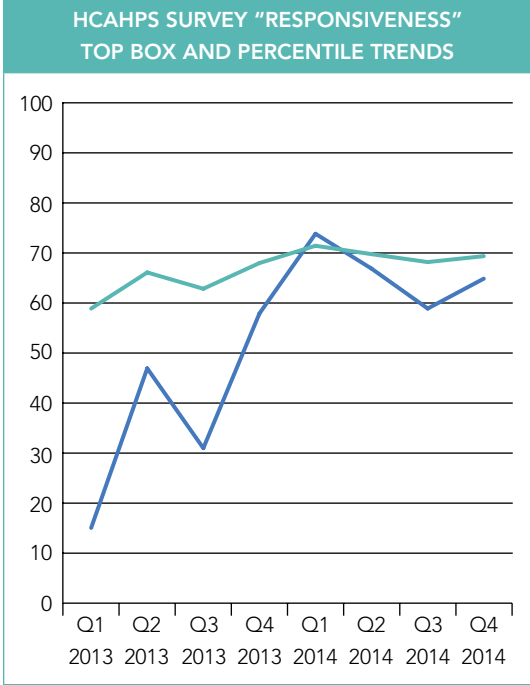
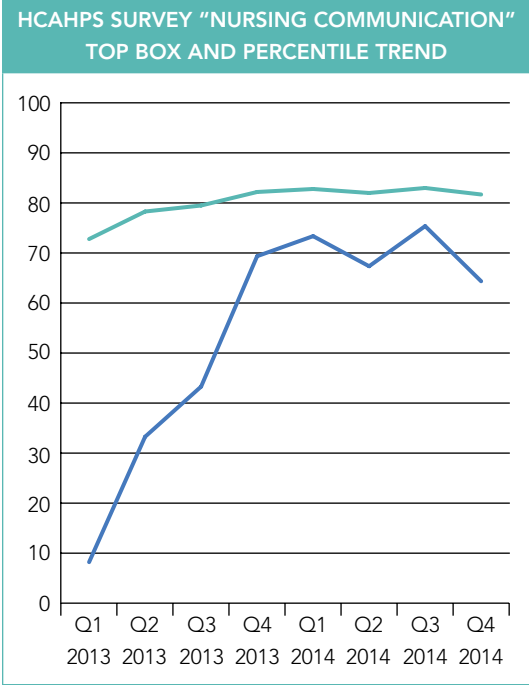
INTERVENTIONS

Our strategy was to listen to the voice of patients and staff in large and small groups, one on one, and through data analysis to develop a rational and staff-owned set of processes to improve the patient experience. We paired this with consistent communication from leadership to front-line staff about the importance of patient experience as an outcome. The result was a portfolio of efforts, listed below, that when layered one on the other resulted in sustained momentum.

- Daily interdisciplinary morning huddle and bedside rounds
- Senior Leadership Rounds—leadership team assigned to a set of beds to visit each week
- Personalized coaching for key managers to support them on specific areas of challenge
- Personalized annual physician patient experience profiles
- Team-based sessions to identify and execute on specific action plans
- A recognition program to reward specific behaviors identified in the patient and staff listening efforts

OUTCOMES AND RESULTS

The hospital sustained improvements that moved its percentile rankings, on average, over 30 percentile points consistently over 18 months. The hospital jumped from the 11th percentile to the 65th percentile in Nurse Communication and from the 16th percentile to the 65th percentile in Responsiveness.



LESSONS LEARNED AND CHALLENGES

Challenge: Parallel priorities can be overwhelming. The hospital implemented many major initiatives in a short period of time, including Magnet recognition, an electronic medical record implementation, an expansion construction project, layered with an intense focus on improved throughput, and reduced length of stay, and a reduction in staff due to growing financial pressures. We overcame this intense period of change by keeping communication about priorities consistent and simple all the way to the frontline caregivers.

Lesson learned: Leadership must continually assess the impact of efforts on staff perception, keep priorities clear and continually adjust messaging.

Challenge: A voluntary attending medical model makes "controlling" a patient's experience of physician communication a particular challenge. We worked with house staff and physician extenders to position themselves as confident guardians of the patient experience on the units.

Lesson learned: Encourage teams in facilitated improvement sessions to put themselves in the shoes of patients and develop creative solutions to work around constraints.

Challenge: “We have been doing these things for years” staff response. To overcome this we conducted workshops that allowed teams to build on the seed of improvement ideas and “have a say” into how new models were put into action.

Lesson learned: Do a few visible things early on to listen to staff and patient voices to connect each staff member personally and make the effort their own.

Challenge: Aging and crowded physical space and facilities.

Lesson learned: Focus on cleanliness to ensure current “plant” is the best it can be. Make any small changes possible (e.g., more visitor chairs). Acknowledge realities of constraints, but engage staff in techniques to recognize that there are other improvements that can be made despite the structural challenges.

TOOLS AND RESOURCES

- Senior Leader Rounding Briefing Document, Data Capture and Analysis
- Team data-packs to support facilitated sessions to prioritize actions
- Patient Experience “Guide” with key messaging
- Radiology—AIDET and key messaging to patients
- “Catch a Star” Staff recognition process and materials
- Use of “In Our Shoes” sessions to listen to staff

CONTACT

For more information contact Caryn A. Schwab, Executive Director, Mount Sinai Queens, caryn.schwab@mountsinai.org.

DIRECT OBSERVATION: AN INNOVATIVE APPROACH FOR RESIDENT EDUCATION TO ENHANCE PATIENT EXPERIENCE

NYU Langone Medical Center

BACKGROUND AND OBJECTIVES

The Accreditation Council of Graduate Medical Education (ACGME) requires that all programs teach Interpersonal and Communications, one of six core competencies. Objective assessments are required so that program directors can report resident skill development in each of the core competencies using the newly developed Educational Milestones.

To address the need to adequately assess residents, the orthopaedic department began a pilot program of resident direct observation in the outpatient setting. The objectives of the education program are: 1) to enhance resident education by providing direct observation and feedback; 2) to enhance patient experience and satisfaction by observing and providing feedback on resident skills managing actual patient encounters; and 3) to address the Clinical Learning Environment focus areas including providing adequate supervision, enhance patient safety and quality of care (including outcomes for diverse populations), professionalism, fatigue management, and transitions of care.

INTERVENTIONS

A direct observation program was started in November 2013 to assess resident ability to incorporate what was taught in the curriculum when managing patients in the outpatient clinics. Checklists focusing on specific communications skills were developed to collect data and document skills, compare to peers, and track progress. In addition, global recommendations for communications, professionalism, and physical examination are scored, and concerns are documented. A debriefing is done at the end of each encounter to review with the resident skills that need to be reinforced and identify skills that need to be developed. Essential to this process is having the resident self-assess prior to giving direct feedback. Residents are expected to be able to recognize strengths and weaknesses, and develop learning goals as part of life-long learning. Awareness of the patient experience of care, or managing frustrated, angry or emotional patients is discussed, along with patient perceptions.

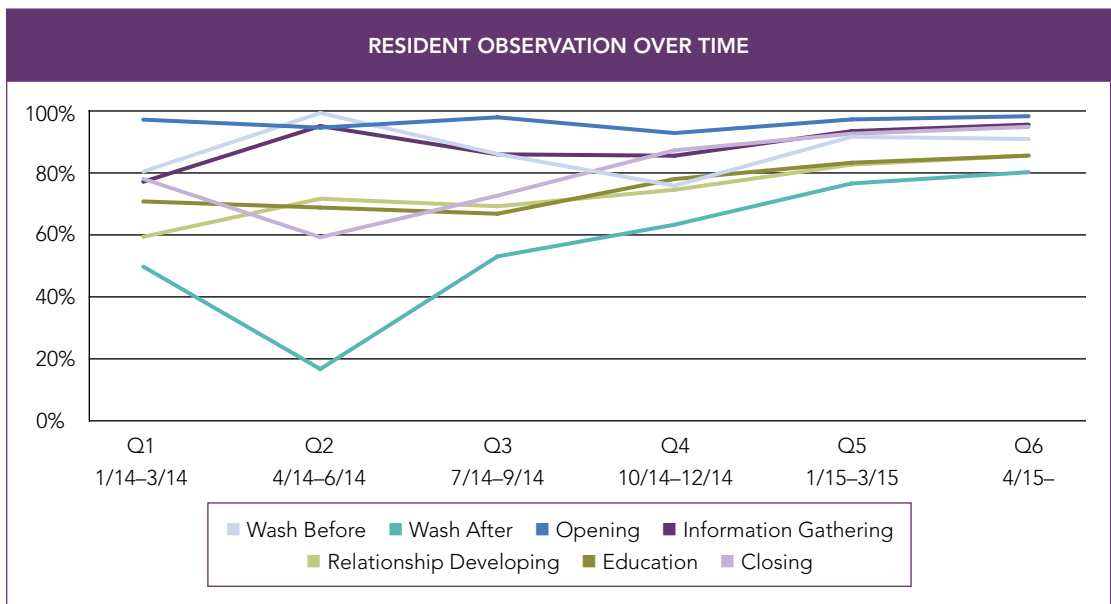
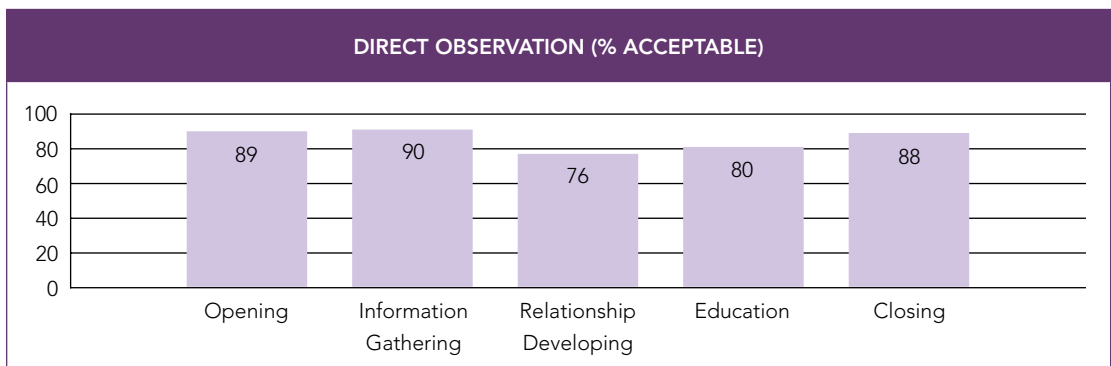
Residents not meeting expectations are provided with coaching or formal remediation, and are observed again for improvement and to reinforce basic communications skills.

A total of 63 orthopaedic teaching faculty members have been taught to do the observations in clinic. Faculty development workshops focused on the consistent use of the checklists and the most effective methods to provide feedback on resident performance.

The direct observation program has been expanded to Medicine, Surgery, OB/GYN, Pediatrics, and Physical Medicine and Rehabilitation. Workshops using videos of patient-clinician interactions either in a real clinic encounter or from an Objective Structured Clinical Examination (OSCE) are used for faculty development. Inpatient and outpatient observations are incorporated. Experienced observers facilitate the logistics and enhance the feedback sessions. Over 400 residents will be part of the expanded program, and soon students and fellows will be observed.

MEASURED OUTCOMES AND RESULTS

To date, 230 observations have been completed. Relationship development, including showing empathy, is consistently the lowest score. The education domain is weakest in assessing patient understanding, and shared decision making is only done in about 2/3 of encounters.



LESSONS LEARNED AND CHALLENGES

The challenges have centered around data management and sharing of data in meaningful reports. NYULMC's informatics division is developing web-based data collection and reports. This has been manageable in the orthopaedic department, but as the program expands to other departments it must be efficient and effective.

Residents and faculty initially resisted the direct observation and feedback program. Over time residents recognize that the observations are for his or her education, and to improve patient satisfaction. Residents frequently request input: One resident, who has a history of not being empathetic, admitted that he didn't know what to do when a patient started crying. Faculty resistance was overcome once the observations proved to assist faculty develop skills that have been shown to be successful.

Resident proficiency in managing patients may not correlate with skills in other areas. A technically skilled and knowledgeable trainee may not have the necessary communications skills to successfully take care of patients outside the operating room. From this observation process, the residents are learning that patient care goes far beyond the operating room, and that his or her ability to succeed hinges on good patient relationships and patient satisfaction with care. Conversely, faculty is learning that good technical skills do not translate into competence in all domains.

TOOLS AND RESOURCES

Checklists that are easy to use and self-explanatory have been developed and refined as new information is incorporated. Professionalism and communications, as well as the physical exam and ability to document the encounter in the medical record, provide a complete assessment of resident skills. These checklists can be used across disciplines and for outpatient, as well as inpatient observations.

CONTACT

For more information contact Donna Phillips, MD, Director of Professional Development in Medical Education, donna.phillips@nyumc.org.

A COMPREHENSIVE PATIENT AND FAMILY BEREAVEMENT SERVICE PROGRAM

NewYork-Presbyterian Hospital/Weill Cornell Medical Center

BACKGROUND AND OBJECTIVES

Our current bereavement practice in the Phyllis and David Komansky Center for Children's Health includes individualized emotional support and choices for families in creating keepsake mementos of their infant/child who is dying or has died. We provide resources for caregivers and siblings to help cope with the loss and offer anticipatory grief and bereavement support at the bedside.

As we strive to create an environment of healing, it is important to offer families choices when creating keepsakes of their child at the end of his/her life. Each family has its own unique experience and our job is to help support them through that process by meeting their individual needs. With the support and guidance of a child life specialist, creative arts therapist, or a designated bereavement staff member, families can choose to participate or simply select items to create one or more keepsakes representing the loved one. These memory keepsakes will then be sent home with the family. "Thumbies" necklaces, if chosen, are delivered about six weeks later (described below).

The goal of our current program is to offer bereavement services to meet the needs of families and patients throughout Women's and Children's Health. This project enhances the bereavement process by providing families with legacy items that allow them to still feel the touch of their loved one after they have passed and enhance the quality of bereavement care provided by staff members. The program ensures that there is no cost incurred by the bereaved family members.

INTERVENTIONS

Recipients of this care are families whose child has died at New York Presbyterian-Weill Cornell Medical Center on the Pediatric Floor, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit or Labor and Delivery.

Our goal in bereavement services has been, and will continue to be, to support a family and facilitate a process for them to create memories surrounding their child to support their grief experience. As staff spends time with the family, we often reminisce asking families about special times spent together or experiences/things the child liked. It's in these interactions that we look to shape and affect the family's coping with the death. We help to provide emotional support and understanding during the dying process which potentially affects how a family grieves their child after the death. Death will always be painful and one is changed forever; yet there are healthy ways to grieve and mourn.

A key way we support families is to offer "linking objects." Linking Objects are concrete items, such as handprints, locks of hair, pictures or a Thumbies charm. Having these items helps a person feel connected to the loved one. When someone has a linking object and uses it to remember, we are establishing continuing bonds. Research shows that people who maintain a relationship with the deceased cope better in the years to come.

MEASURED OUTCOMES AND RESULTS

To determine the effectiveness of the current program, the patient satisfaction indicator that was measured relates to how well the Child Life Specialists helped parents and children cope by providing distraction and emotional support. That indicator's mean score rose more than 2 points in one year. For the expansion of the service (see Lessons Learned section), Child Life Services will include in the team's 2015 Making It Better Plan the indicator of staff comfort and competence with the provision of supportive bereavement services to the families of Women and Children's Health. The patient satisfaction indicator we will refer to is how well staff attended to our patient's needs, both emotional and spiritual. Our hope is the increased training and confidence of staff will encourage behavior change and lead to enhanced patient perception as measured by the aforementioned patient satisfaction questions.

LESSONS LEARNED AND CHALLENGES

With our current process, we realized the need to expand bereavement training, and offer it to a broad range of disciplines and to additional staff. Child Life Services, in collaboration with The Pediatric and Perinatal Bereavement Committee, was awarded a 2014 Patient and Family Experience Grant to support the expansion of bereavement services. Bereavement support is a clinical competency that requires specific training and staff comfort. The additional staff education will be provided by The Resolve Through Sharing (RTS) Bereavement Services Training program offered by Gundersen Health System. RTS offers training to staff that care for dying patients and their families. Focusing on a relationship-based approach, RTS's purpose is to provide a rich educational experience that enhances participants' knowledge, skill and personal awareness when caring for dying children and their families. This training would further prepare NewYork-Presbyterian Hospital nurses, chaplains, child life specialists, social workers, residents and others to provide the best evidence-based care to our patients and families during a devastating time in their lives. The training for NewYork-Presbyterian will include the Neonatal and Pediatric populations to be fully inclusive of Women and Children's Health Department.

An aspect of this project is to create "bereavement carts," to securely keep materials used to create these memory keepsakes. The carts would allow our services to be mobile enabling staff to transform a patient room into one of comfort for end of life care. Some of the items within the cart would include: memory boxes, handprint/footprint materials, supplies to create a "Thumbies" necklace, impression kits, bags for lock of hair, MP3s capable of recording music sessions with the child, books for siblings, and much more. For these reasons, we would like to expand the bereavement services we currently offer by providing more choices to individualize each family's care. Following the materials and services provided, a family satisfaction survey will be given and two-month bereavement service follow-up call with the families.

CONTACT

For more information contact Sharon Granville, Manager, Child Life Services, shg9066@nyp.org.

THE COLLABORATIVE ROLE OF FOOD SERVICES AND NURSING IN ENSURING GOOD NUTRITION, COMPLIANCE, AND PATIENT-CENTERED CARE

Northern Westchester Hospital

BACKGROUND AND OBJECTIVES

To address a national gap in patient perception of hospital food, we embarked on a process redesign effort to transform food and nutrition at the bedside. Healthcare providers understand that food brings comfort and healing. It is fitting that food and nutrition is a core component of quality nursing care. A hospital stay presents an ideal time to teach patients about the health benefits of a good diet, especially when managing chronic disease.

INTERVENTIONS

A unique approach named “Food is Care” was designed by an inter-professional team and the Patient and Family Advisory Council, and focused on enhancing the quality, choice and education of the patient food experience. The comprehensive redesign methodology included data analysis, patient focus groups, best practice research, process mapping, role changes, clinical nutrition software, and changes to food procurement, production and delivery. Reporting to the Chief Nursing Officer and led by a nurse leader, the program recognized the value of nursing’s role in ensuring its success.

Nursing and Food Service departments became collaborators in one end-to-end process. Nursing ensures meals are ordered, patients are properly positioned for dining and evaluate appropriate nutritional intake. Meals are available around-the-clock meal for late admissions and or diet progression. Nutritional education happens during the ordering process with patients guided to meal selections appropriate for their recommended diet.

Food is Care resulted in:

- New in room menus and all meals “made to order” and delivered within 45 minutes of the order
- Nurses and patient care associates are the patients’ “Food Advocates”
- Redesigned cooks unit and tray line and implementation of clinical information system for nutrition management
- New method of purchasing food with a focus on local farmers (95% of produce received from local farmers) and onsite herb and perennial garden
- Registered Dietitians collaborate with Chefs on all recipes and provide on-the-spot nutrition education to all patients—no barriers to food and nutrition education.

MEASURED OUTCOMES AND RESULTS

- Scores for quality, temperature and service increased from the lower quartile to the top 10% of hospitals in the nation.

- Program received National Planetree Best Practice Award for Food and Nutrition
- NWH program has developed a replication program for interested healthcare institutions

LESSONS LEARNED AND CHALLENGES

- Creating a Food Process that is value added to the patients and families—need to be viewed a clinical intervention and not an amenity. Food is important to healing and needs to be championed by the clinical team
- Don't underestimate the time it takes to implement—requires changes at all levels from roles, training, cooking infrastructure, delivery and a strong clinical nutritional system for the nutritional compliance and safety.

TOOLS AND RESOURCES

The process is mapped out in a flow chart. All staff are trained in the process.

FOOD IS CARE
ONE PROCESS OWNED BY MANY
 Healthy Dining Services
 Northern Westchester Hospital, Mount Kisco, NY 10549

PHILOSOPHY
 Proper nutrition is crucial for good health and healing. Hospitals can influence people's eating habits and must set the healthy standard and the nutritional model to do so.

FOOD IS CARE MISSION

QUALITY

- Healthy and diverse food selections
- Brand names and locally grown food
- Culinary expertise and trained staff

SERVICE

- Patient centered – choice and control
- Dedicated food advocate
- Restaurant style menus with “anytime” selections.

EDUCATION

- Proactive, personalized clinical nutrition education

GETTING INTELLIGENT

- Patient satisfaction data
- Patient and Family focus groups
- Process mapping methodology
- Operational data analysis
- Roles and staffing adjustments
- Industry expert consultation
- Site visits, benchmarking, and best practices
- Enhanced clinical nutrition technology
- Cooking line infrastructure
- Enhanced nutritional care education

“Food is Care” means.....

We all understand the importance of diet and nutrition in the recovery process of our patients. It is a fundamental component of care delivery process.
 Leucine Society
 SVP Patient Care Services and CNO

“Food is Care” is ONE PROCESS OWNED BY MANY: Including Physicians, Care Managers, Nurses, Patient Care Associates, Chefs, Cooks, Purchasing, Registered Dietitians, Order Takers, Runners... we all make it work!”
 – Maria Hale, Vice President, Patient Centered Support Services

“We have the opportunity to do something extraordinary!”
 – Josef Seligman, CEO

METHODOLOGY/TOOLS

FOOD PROCESS PRINCIPLES

- Nursing owns process
- RN, PCA responsible for orienting patient and family to Food Process
- Food delivered within 45 minutes from order
- PCA prepares patient for the arrival of meal
- PCA accept food tray and delivers to patient
- JCA senses meal tray
- Diet order MUST be in the EMR for a tray to be generated
- No meals are missed
- Nutrition Associate is trained in therapeutic diets

WHAT CHANGED

- Process is Nursing owned
- Recipes vetted by Registered Dietitians
- Redesign of cooks unit and tray line
- New method of purchasing food with a focus on local farmers
- Took the “Healthcare W/O Harm Pledge”
- Chute herbs and perennial garden
- Implemented a clinical information system for nutrition management
- On-the-spot nutrition education
- New menus and Made to Order Cooking
- New patient meal-delivery with Nursing acting as Food Advocates

WHERE ARE WE NOW

- Responsible Process Owner
- Created dedicated Food Process team to ensure process efficacy & sustainability

Behind Patient Tension - Educates Patients about Dietitians and nutritional education

For more information contact Maria Hale, Vice President Patient and Family Advocacy and Patient-Centered Support Services, mhale@nwhc.net.

EMBRACING TECHNOLOGY TO EMPOWER PATIENTS: MEET "P.A.T."

Northern Westchester Hospital

BACKGROUND AND OBJECTIVES

An innovative teaching tablet has been designed to assist patients in making health care decisions, and their care providers to provide tools for actively managing care. This real-time platform, named P.A.T. (Patient Access Tablet) increases patient knowledge and enhances the partnership between the patient and care team. The intuitive design allows patients to enhance their clinical knowledge with information available at their fingertips and accessible at a time when they are ready to absorb it.

INTERVENTIONS

Northern Westchester Hospital, in Mount Kisco, New York designed a system to provide patients the ability to view their personal clinical information, in a patient-centered, user-friendly format, at the bedside. Administrators, nurses, patient advocates, physicians and patients collaborated to design this methodology. Patients and staff tested and gave feedback on the content and selected the type of device most optimal for patients in a hospital setting. Patient feedback highlighted the most important features, including the patient's care team, allergies, medications with informational links, diet orders with nutritional guidelines, lab results, the reason for admission, and estimated discharge date with tools for a successful discharge. Additional features include educational videos, on-line language interpreter, and radiology images. Go-live was completed one nursing unit at a time, allowing for members of the patient and family advisory council and nursing shared governance council to round on patients and assist with the tablet. A dedicated team of volunteers called Patient Access Volunteer Educators (P.A.V.E.R.S) round on each nursing unit and assist patients with accessing P.A.T. and registering for the patient portal

MEASURED OUTCOMES AND RESULTS

P.A.T. is available in each patient room on the medical-surgical floor and on the maternity unit. Usage data for the last 6 months shows that the applications most accessed by patients include:

- Sending an complimentary email to a member of their care team
- Viewing their care team
- Review of the Medication Administration Record and viewing uses for the medication
- Registering and accessing patient portal
- Viewing lab results

The hospital's HCAHPS scores have steadily increased, specifically in domains related to nurse and physician communication, medication, responsiveness and transition preparedness.

LESSONS LEARNED AND CHALLENGES

- Adoption is slow—patients are not used to having such direct access and care providers need to learn how to incorporate into their education and daily teaching.
- Create a dedicated design team of patients and professional caregivers that think about use of the tablet today and in the future.
- Less is more—content design is for the patient lens. Take the time to have patients and families give feedback on design.
- Make the tablet fun and interactive—patients may want to use it for simple things like games, and sending an email to a family member.

TOOLS AND RESOURCES

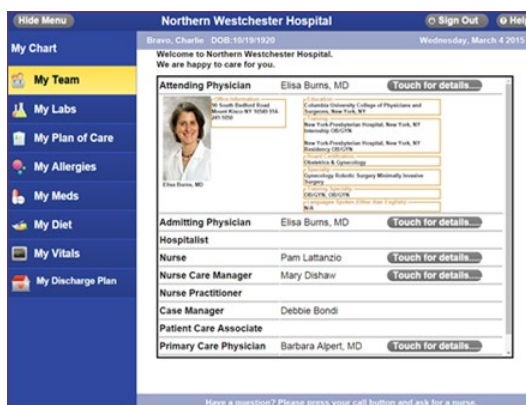
Home Screen



Lab Results in a Stop Light Approach



My Care Team



For more information contact Maria Hale, Vice President Patient and Family Advocacy and Patient-Centered Support Services, mhale@nwch.net.

MAKING PATIENT EXPERIENCE AND PATIENT ENGAGEMENT A STRATEGIC FOCUS

Queens Hospital Center / NYC HHC

BACKGROUND AND OBJECTIVES

Our journey to excellence at Queens Hospital Center (QHC) starts with putting our patients first. Therefore, the focus on improving patient experience became an organizational goal. Over the last two years, using a multi-prong approach, we have implemented a series of changes designed to improve our patient's experience, which has resulted in a significant increase in HCAHPS scores. This success is related to many initiatives designed to address QHC's challenges.

INTERVENTIONS

2011

- Goal to achieve Continuous Improvement in Patient Experience and Engagement included in QHC Strategic Vision.
- MD/RN Change Management Training focused on multidisciplinary approach to improving patient experience.

2012

- Admission Collaborative Care Planning, including physician and RN, within 6 hours of admission to the unit.
- Post Discharge Phone Calls extended to all units, all discharged patients.

2013

- Standards of Community Behavior were developed to set expectations and establish shared mental model regarding staff and patient communication; Standards of Community Behavior included as Condition of Employment.
- Attending/Resident Teams patients assigned to a single Medical Unit (Geographic Placement) to promote interdisciplinary communication and teamwork; all Medical Units staffed by full time Hospitalists; Hospitalists spend 6 months on a Unit before they rotate to another Unit.
- Monthly Interdisciplinary "Huddles" to review unit-specific HCAHPS scores/trends and share best practices with the team.
- Transform Patient Relations Department to Patient Experience Department. This made the Patient Representative a more proactive role. Patient Representatives round daily on all inpatients. In 2014, the Patient Experience Department made 25,470 patient contacts which has improved patient satisfaction.

2014

- Multidisciplinary Rounds conducted daily at each patient’s bedside including physicians, nurses, social work, care managers and patient experience staff.
- Unit Based Clinical Leadership Teams (CLOCK) established with Unit Attending and Nurse Manager Patient.
- Centered and Culturally Competent Communication Training Program—designed and implemented customized curriculum based on best practices for communication. Identified 34 Master Trainers to teach, role-model and coach the powerful language, listening and culturally competent communication approach.

2015

- Implement Voice of the Patient Video series with patients speaking to staff about their experiences at QHC.
- Implement Unit based Care Management program to link discharged patients to appropriate post hospital care.

MEASURED OUTCOMES AND RESULTS

HCAHPS 2012–2014

INPATIENT HCAHPS SCORES			
	2012	2013	2014
Rate Hospital 0–10	7	13	26
Recommend the Hospital	23	30	42
Communication w/Nurses	1	3	17
Responsiveness of Hospital Staff	4	2	21
Communication w/Doctors	11	25	52
Hospital Environment	22	34	68
Pain Management	2	3	12
Communication about Medicines	7	24	51
Discharge Information	7	7	11
Care Transitions	4	11	24

NATIONAL PERCENTILE RANKING			
	2012	2013	2014
Rate Hospital 0–10	57.6	61.6	66.3
Recommend the Hospital	65.8	67.9	71.5
Communication w/Nurses	65.6	68.9	75.1
Responsiveness of Hospital Staff	53.5	50.8	60.8
Communication w/Doctors	75.3	78.1	81.5
Hospital Environment	60.6	63.6	70.1
Pain Management	56.6	59.4	64.3
Communication about Medicines	54.8	59.8	63.8
Discharge Information	79.8	79.7	81.4
Care Transitions	40.8	44.4	48.5

- In 2014, Queens had a statistically significant increase over 2013, and exceeded the NYS average
- Communication with Nurses, Communication with Doctors, Cleanliness of Hospital, and Responsiveness of Staff showed a statistically significant increase
- Quietness of Hospital, Communication about Meds, and Care Transition exceeded NYS average

LESSONS LEARNED AND CHALLENGES

Resistance to change: Strategies to address this challenge include the selection of key multidisciplinary leaders at the unit/department level. These individuals exemplify the patient-centered competencies and commitment. Identified criteria for champions; we trained and coached them; framed the focus of the work—framed the vision in a way to show this was not another job it was aligned.

Lack of accountability: At the inception, CEO support created urgency and consistently reinforced the strategic priorities. This was reinforced with vision, hardwiring into Performance Improvement and employee performance management. Recognition of staff who model expected behavior.

Perception that “our patients are different”—Creation of the Patient Advisory Council: QHC integrates the voice of our patients sharing their personal experience in key meetings; Patient comments shared monthly at Multidisciplinary huddles.

We learned selection of champions early in the process was a key to this organizational transformation. At the inception of this initiative we selected key leaders who have passion and courage. We were able to identify strategies that could accelerate successful organizational transformation for achieving a patient centered culture. In addition, we found that involving actual patients or “voice of the patient” or comments received from HCAHPS survey was key to sensitize all direct care givers to patient perception. Positive feedback from patient comments was communicated to all care providers. Negative feedback was used for improvement opportunities.

TOOLS AND RESOURCES

- Care process redesign with involvement of patients
- Customized patient-centered and culturally competent communication training for all employees

CONTACT

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PROVIDING PATIENT CENTERED COMMUNICATION THROUGH THE IMPLEMENTATION OF A PERIOPERATIVE NURSE LIAISON

St. Francis Hospital

BACKGROUND AND OBJECTIVES

In January 2013, the Post Anesthesia Care Unit (PACU) experienced an increase in surgical volume with the addition of new service lines, including orthopedics. During this time a decrease was identified in the mean score of the question, "Information about delays" from 83.0 in the 4th Quarter 2012 to 72.5 in the 1st Quarter 2013. With the increase in the patient volume, the staff recognized a need to enhance the support we provide to patients and families, specifically when communicating delays. The PACU Unit Based Council conducted a literature search and found that a Perioperative Nurse Liaison position can enhance communication between staff, patients, and family members throughout the Perioperative phases of care. Providing this information, especially as it relates to the progress of surgery can decrease patients' and families' anxiety and increase their ability to cope with stressful situations. Our objective was to implement a Nurse Liaison position to partner with patients, families, and staff and provide patient centered communication.

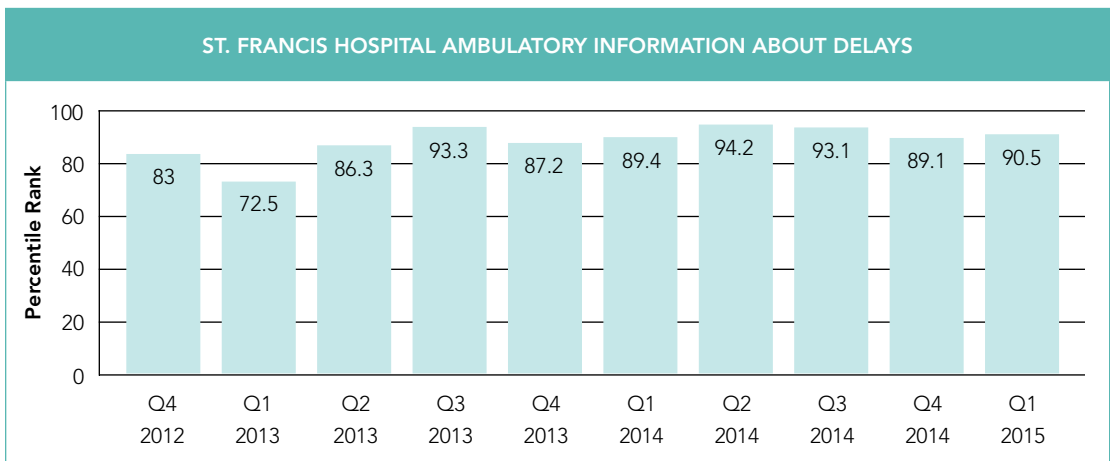
INTERVENTIONS

- The PACU Unit Based Council developed a job description, presented a proposal to Nursing Administration and initiated a three month pilot to test the role.
- A cellular phone was assigned to the Nurse Liaison and the information about the role was provided to the patient and families on admission.
- A daily tracking tool was developed to facilitate the Nurse Liaison's ability to track and interact with families on daily rounds and to provide effective hand off of information to the Charge Nurse. A script was also developed by staff for how to effectively handle issues that a patient or family may encounter.
- The Nurse Liaison coordinates coverage during break time, thus ensuring continuity of service to the patient's family.
- The Nurse Liaison collaborates with Patient Relations and the Volunteers at the Surgical Waiting Room desk to relay important information and to help support patients and families in the area.
- All interdisciplinary staff, (nursing, surgeons, ancillary) are educated about the role and feedback is encouraged.

- The Nurse Liaison meets with family in the surgical waiting area to provide regular updates as well as preparation regarding visitation in the PACU.
- The Nurse Liaison visits the patient in the PACU and helps answer any additional questions the family may have at that time.

MEASURED OUTCOMES AND RESULTS

Following implementation, on the patient satisfaction survey questions “Information about delays” 2nd Qtr 2013 there was an increase from 72.5 mean score to 86.3 and then to 93.3 3rd Qtr 2013. Since the inception of the role, the scores have shown sustained improvements.



LESSONS LEARNED AND CHALLENGES

The PACU staff found it was vital to follow up at regular intervals and keep families informed about the progress of surgery in order to meet their expectations regarding communication. There were also some challenges when multiple cases were completed at the same time in facilitating timely visiting of the patient postoperatively in the PACU. The PACU staff recognizes the positive impact this position has on patient and staff satisfaction and would like to increase the number of positions.

TOOLS AND RESOURCES

An educational brochure for patients and families about the Nurse Liaison role is being developed.

CONTACT

For more information contact Nicole Rossol, MS, CCLS, Director of Patient Relations, nicole.rossol@chsli.org.

HANDLE WITH CARE: AN INNOVATIVE WAY TO HELP PATIENTS NAVIGATE A TRANSFER FROM INTENSIVE CARE TO A MEDICAL/SURGICAL UNIT

St. Francis Hospital

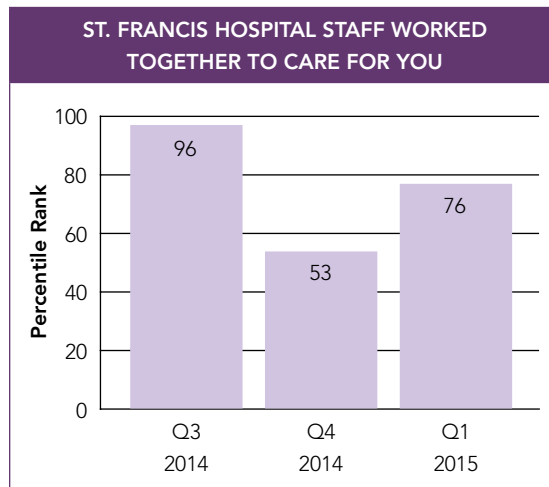
BACKGROUND AND OBJECTIVES

Most patients experience some emotions of fear and anxiety during a hospital stay. These emotions may be triggered when a patient's level of care changes from one unit to another, such as an Intensive Care Unit (ICU) to an Intermediate Care Unit (IMCU) or from an IMCU to a Medical/Surgical telemetry unit. Patients may have misconceptions about a change in environment as well as the nurse to patient ratio change from a higher level of care units. In 3rd Quarter 2014, the Nurse Managers recognized an increase in patient transfers from the ICU/IMCU units to a step-down or Medical/Surgical telemetry unit from an average of 17 patients per day to 20 patients per day. The staff observed an increase in the anxiety expressed by patients and families before and after transfer as many patients had developed relationships with the staff in the ICU/IMCU environment. During this time the question "Staff worked together to care for you" had also decreased from 96th percentile (Q3 2104) to 53rd percentile (Q4 2014). To improve in this area and help patients maintain a continuity of care during transfer, we developed a process to help our patients navigate these transitions of care.

INTERVENTIONS

- The ICU/IMCU Nurse Manager meets with the patient and family prior to transfer to start orientation to the new unit and answer any questions the patient or family may have. The goal is to emphasize the patient is doing better and no longer needs the ICU/IMCU care. The Nurse Manager also provides a brief overview of the new unit to help better prepare the patient and family for the transition.
- The ICU/IMCU Nurse Manager lets the patients know they are in good hands and tells the patients they will visit them the next day. An ICU/IMCU staff member provides the name, contact card and unit information of the receiving Medical/Surgical telemetry unit.
- The following day the ICU/IMCU Nurse Manager makes rounds on the patients on the new unit to provide continuity of care. During this transfer visit, the ICU/IMCU Nurse Manager also visits the roommate of the transferred patient to offer assistance. The Nurse Manager communicates with the new unit staff to address questions or fears the patient or family may have.
- The Medical/Surgical telemetry unit Nurse Manager makes rounds on the patients when they are admitted to their new unit and references the staff from the previous unit.

MEASURED OUTCOMES AND RESULTS



Although we are continuing to collect data, during 1st Quarter 2015 we have seen an increase in the question "Staff worked together to care for you" from the 53rd percentile to the 76th percentile.

LESSONS LEARNED AND CHALLENGES

Overall patients, families, and staff have been very receptive to this process. Not only does it decrease the patient anxiety at transfer, but in the teamwork between multiple patient care units. Depending on the number of transfers and the hospital census, this process can be time intensive for the ICU/IMCU Nurse Managers.

TOOLS AND RESOURCES

A special unit card has been created for each unit in the hospital with unit information, phone numbers and names of the unit management team. Our plan is to continue to use this process when transferring patients during their hospitalization.

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