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Increasing Patient Satisfaction & HCAHPS Scores through Digital Dashboarding



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SPEAKER



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During his career, Randall has worked passionately to protect patients, staff, and visitors in healthcare settings. While specializing in healthcare compliance, Randall has spent 20 years guiding teams through a variety of safety and risk management projects, including assessing business operational risks concerning commercial insurance policies and reducing and eliminating exposures and hazards. Randall has also consulted for many leading community-based, biomedical research hospitals, and teaching hospitals to help develop environmental health and safety management programs.

Objectives

- **Capture real-time data from patients during length of stay.**
- **Describe how one can track and trend real-time data to a dashboard to respond immediately to patient concerns.**
- **Discuss issues that impact healthcare protocols and practices.**

Overview

- Intro
- Background
- Change
- Essential Elements
 - Customer Service
 - Don't Stop at "YES"
 - Environment
 - Communication Boards
 - Hourly Rounding – "5 P's"
 - Executive Leadership
 - Patient Rounding
 - Discharge Follow Up Calling
- Real Time Results = Service Recovery Cycle
- Dashboards
- Platform Capabilities – Patient Satisfaction/Experience, Clinical Quality, Operational Quality, Event Incident Management
- Summary/Questions

Background

In a typical healthcare environment, patient satisfaction/experience assessments in addition to quality and safety are either managed by CMS-HCAHPS, Press Ganey, Leapfrog or another third party vendor approved by CMS. The surveys are typically administered either during their length of stay or post discharge. One of the many challenges that these types of assessment tools presents, is that the data is collected, compiled, and assessed, interpreted, and changes instituted many months after the patient has been discharged. Patient satisfaction surveys have been utilized since 2007, and have recently been highlighted by Value Based Purchasing connecting financial rewards/penalties with HCAHPS scores.

Background

The healthcare industry is being heavily influenced by today's technology with the utilization of smartphones/tablets and changing rapidly with the adoption of Electronic Health Records (EHR'S). A significant development that has emerged recently, and is becoming very popular is automating/digitizing the patient satisfaction/experience process (and other processes) for organizations to capture the data real time and adjust their care models while the patient is in their care, not after they've departed. This technology is a game changer and can make healthcare more effective and efficient.

Background

A typical hospital length of stay is anywhere from 72 to 96 hours. H/C executives/management and clinical professionals are adopting leadership rounds to ensure that management is engaged in the daily operations and connected to the patient care that they deliver. One of the many challenges with the current rounding system is that on average, most facilities still rely upon paper checklists to collect the data, hand off to an administrative assistant to aggregate the data, and then distribute to affected parties via email for discussion at the next patient care assessment committee, or other group to assess and adopt change. This process is labor intensive, time consuming, and by the time the issues are discussed and corrective actions implemented, the patient has been discharged & opinion formed.

Background

When you are able to address a patient satisfaction or experience issue immediately and correct it, the patient will feel comforted in knowing that your organization is responsive to their needs and they will walk away with a positive attitude and outlook for your hospital, and spread the word. Utilization of an automated/digitized tool will allow leadership to set benchmarks either by using the HCAHPS scoring categories, or adjust your categories when a patient is admitted (they may have a pet peeve or two), a rounding question uncovers a new concern, or a staff member suggests some items that have recently been requested by patients family members/friends, leaders will be able to adjust your care model to fit the needs as they arise to elevate your organizations performance.

Change

HCAHPS replaces Press Ganey. Hospital patient satisfaction scores will have a direct impact on the bottom line for health care reimbursement. In October 2012, the Center for Medicare and Medicaid Services (CMS) is reducing by 1% the base operating diagnosis-related group (DRG) payments to hospitals to create an incentive fund, estimated at \$850 million.

How this money is distributed to hospitals will depend on their performance on several "quality" measures, 30% of which will be based on how patients rate their hospital experience on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction survey. The component of payment to hospitals, which is variable and based on performance measures, is expected to gradually increase over the next several years, and private payers are likely to follow suit

Change

Patient engagement is no longer an amenity. Over the last five years or so, it's become a core strategy for transforming healthcare, improving the patient experience and increasing operational efficiencies.

Before reimbursement reform enacted under the Affordable Care Act, the way many organizations thought about enhancing the patient experience was by putting a grand piano or a coffee bar in the lobby of their hospital, making patients feel like they were checking into a hotel. While those things are nice in a care environment, they don't drive outcomes.

Change

Today, healthcare providers are looking for ways to increase HCAHPS scores, patient satisfaction and interaction with their patient portals-all stated and laudable goals of health reform. Still, when it comes to implementing a patient engagement strategy, they face potential obstacles, such as a lack of support by executive and/or clinical leadership, and how to measure the value of their investment.

The benefits to providers are just as significant. Streamlined clinical workflows help nurses save time on their rounds. Integrated medication teaching and pharmacy ordering can enhance revenue. And decreased 30-day readmissions are good for patients as well as the hospital's bottom line.

Change

Some fundamentals regarding automated rounding is as follows:

- There is no silver bullet or one solution to this challenge. Key elements need to become a part of your healthcare organizations DNA to excel in patient satisfaction.
- Action must be taken while the patient (inpatient/outpatient) is within the continuum of care.
- It's everyone's responsibility (not just nursing) to execute, it's excellence in all aspects of visible operations.
- Real time electronic capability is non-negotiable. The volume and speed demanded will overwhelm any manual system.
- Don't stop at "YES". There is often disconnect with patient/customer satisfaction results obtained internally & post discharge.
- It's all about customer service recovery. Focus on rapid service recovery and results will follow.
- It's not just HCAHPS calculation. Transparency will play a larger role patient selection of the healthcare org/hospital that they elect to get their procedures performed.

Change Improvement

Essential Elements

- Customer Service Attitude
- Don't Stop at Yes
- Environment
- Communication Boards
- Hourly Rounding "5P's"
- Executive Leadership Rounds
- Inpatient Care Rounding
- Outpatient Care Rounding
- Discharge Calling

Continuing Improvement in Real Time equals Excellence – Patient Experience, Clinical, Operational Quality & Event/Incident Management!

Customer Service Attitude



Customer Service Attitude

Greeting Welcome Appreciation

Eye contact, smile, use patients last name (Mr. Ms.) and introduce yourself & role/title

Professional Telephone Presence

Minimal use of voicemail. Answer in 3 rings. Introduce yourself. Get approval to put on hold. Ensure transfer extension is correct. End call with "thank you" and offer future assistance

Confidentiality and Privacy

Knock on patient door, pause, wait for response, indicate who you are. Emphasize importance of privacy...preferences for curtains and doors. Avoid discussing personal information.

Respect

Recognize, respect, and respond to the diversity of customers/staff. Protect the dignity of customers. Demonstrate genuine interest by using "yes" and phrases such as "I'm happy to help you", and "I have the time"

Environment

Personal ownership of the environment. Pick up trash, workplace is neat and tidy, minimal wall signage, etc. Reduce noise in patient care, work, and public areas. Report any safety concerns.

Don't Stop at "YES"

When conducting patient care rounds or patient interactions, our nature is to be looking for "yes". "Yes" means it's "all good" and I can move on. There are often major *disconnects* with patient feedback received while at the hospital with what is from subsequent surveys.

Some reasons for this disconnect are

- The low rate of surveys.
- Only patients who are upset or delighted complete surveys.
- While in the continuum of care, there is an inherent fear of reprisal for many patients if a complaint is made.

Don't Stop at "Yes"

- Remember "yes" can often just be avoidance.
- Don't challenge the validity of the answer
- Have a script if the answer is "yes" i.e. "how so?"

Examples of not stopping at "yes" in a patient interview

- "Is the nursing care meeting your needs today?" - "Yes"
- Follow up script: "Excellent". What is the best part of your care?"
- Be mindful of hesitation or generalizations, seek clarity

Don't Stop at "Yes"

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"Dining Out Experience" – Example

- *How often are you asked when dining out "how is everything"?*
4-5 Times?
- *How often do you answer "everything is fine"?* 99% of the time?
- *How often is your actual experience less than fine?* 75% of the time?

Environment

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graph TD
    Cleanliness --> Maintenance
    Maintenance --> First Impressions
    First Impressions --> Noise
    Noise --> Food
    Food --> Cleanliness
  
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Environment

Most patients cannot judge quality of medical care. All patients will judge the environment

- *Must be "top class" all the time. Rooms checked and cleaned daily. Consistent high gloss floors. Hotel finish.*
- *Cosmetic maintenance must be excellent. Ceiling tiles with no stains. Chips/marks found on walls/doors fixed. No hallway clutter. Wall signage: professional, printed, minimal*
- *Furniture in good repair and appearance. Rooms not overcrowded. No staff breaks in public spaces.*
 - *No overhead paging; overall noise low. Attention to alarm management. Staff using low voices. No audible nursing station to hallway discussions. Talk noise measurements periodically.*
- *Room service. Variety of snacks and meal choices. Just dropping off meal tray is unacceptable*

Communications Boards



Launching this type of board is a major organizational initiative that requires additional resources in time and staff training. If executed properly, it has an enormous impact on patient satisfaction.

The most overlooked issue with communication boards is they must be updated continuously or it will negatively impact your patient satisfaction results. The negative impact on incomplete or out of date boards can not be overstated, not just for patient, but also other clinicians, family members & significant others.

Hourly Rounding – "5 P's"

• **How it Works:**

- Rounding every hour
- The 5 P's: Pain, Position, Potty, Periphery, Pump
- Script: "I'm here to do rounds. How is your pain? Do you need to use the restroom? Do you need help to reposition (or get up, or back to bed)? Once the patients needs are met, the nurse should make sure the call light, telephone, TV remote, bed light, bedside table and tissues are within the patients reach. The nurse should also see if the IV bags or lines need to be changed and ensure any pumps are set correctly. Before the nurse leaves the room, ask "Is there anything else I can do for you? I have the time"

Hourly Rounding – “5 P’s

- **Why it Works:**
 - Reduces patient concern and anxiety
 - Ensures increased patient comfort
 - Increase patient perception of care (HCAHPS)
- **The Benefits:**
 - Greater patient satisfaction
 - Ensures regular patient contact

This is a vitally important nursing practice. The challenge is executing the cultural shift to making this second nature. This is not about documentation, or advanced care practice, or anything other than back to basics and consistent with nursing practice. And the best part? It improves outcomes!

Executive Leadership

- **Why it Works:**
 - CEO, CNO, CFO, CMO, etc. Reinforces hospital staff and physician leaders commitment to patient satisfaction and safety.
 - Ensures regular communication between executives, departments managers, and staff.
 - When staff sees management commitment, it provides the foundation to drive sustainable improvement.
- **How it Works:**
 - Executives meet with department manager, as well as staff.
 - Executives gather feedback on wide range of operational issues.
 - Scheduled to ensure all departments are visited.
 - 30-60 minutes per department.
 - Automated follow up on items that need attention.
- **The Benefits**
 - Staff sees the executives “walking the walk”, not just “talking the talk”.
 - Department based accountability for results.

Patient Rounding

- **Why it Works:**
 - Every Patient, Every Day. Launches service recovery time during patient stay/visit.
 - Reduces patient concern and anxiety.
 - Ensure nursing routines are completed regularly.
 - Increase patient perception of care (HCAHPS).
- **How it Works:**
 - Assigned to entire hospital management team on a rotation basis.
 - 5-10 minutes per patient interview. Feedback gathered & reviewed before patient leaves.
 - Every patient, every day. Immediate correction is the goal.
 - Tablet/iPad/iPhone deployment.
 - Fully customizable template.
 - “Real time” notification for items requiring follow up.
 - “Real time” delivery available of Dashboards and Reports.
- **The Benefits**
 - Improved patient experience.
 - Perception of care increases.
 - Department based accountability for results.

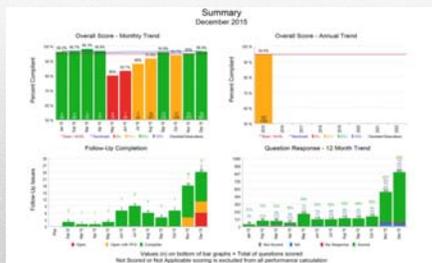
Discharge Follow-Up Calling

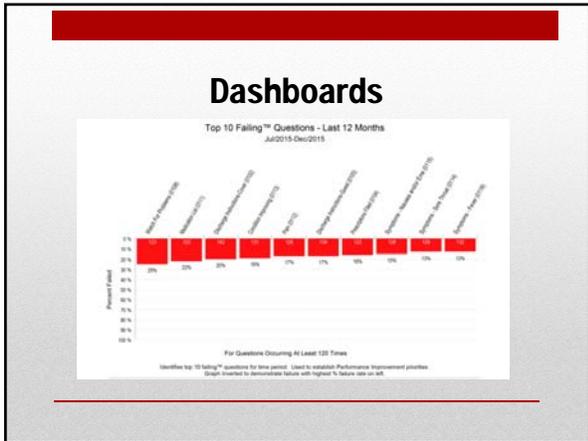
- **Why it Works:**
 - Confirms understanding of discharge instructions and medications, etc..
 - Confirms follow-up appointments.
 - Reduces patients concerns and anxieties.
 - Increase patient perception of care (HCAHPS).
- **How it Works:**
 - Tablet/workstation deployment.
 - Fully customizable template.
 - Centralized resource completes patient call by the second day after discharge.
 - 5-10 minutes per patient.
 - "Real time" notification for items requiring follow up.
 - "Real time" delivery available of Dashboards and Reports.
- **The Benefits**
 - Increased perception of care.
 - Reduction in medication errors post-discharge
 - Positive impact on readmission rates.
 - Department based accountability for results.
 - Improved patient compliance with discharge instructions = improved outcomes.

Real Time Results

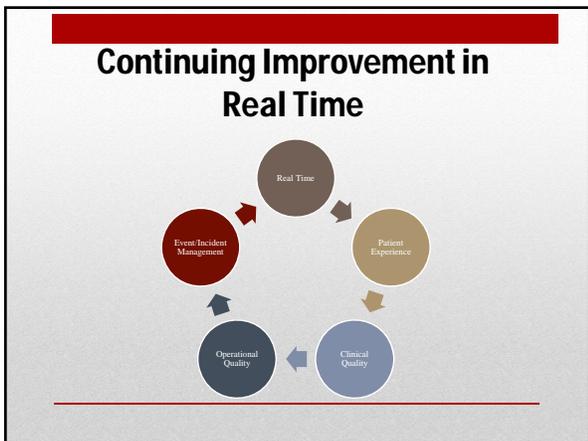


Dashboards









Patient Satisfaction & Experience

- Customer Service Attitude
- Don't Stop at "Yes"
- Environment
- Communication Boards
- Hourly Rounding "5 P's"
- Executive Leadership Rounds
- Patient Care Rounding
- Discharge Calling

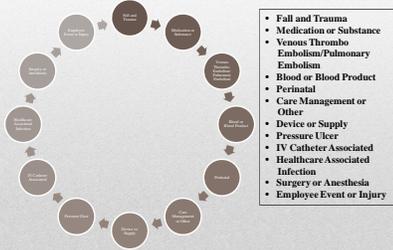
Clinical Quality

- Clinical Quality Basic
- Restraints
- Pain Assessment
- Moderate Sedation
- Waived Testing
- Blood Transfusion
- Patient Handoff
- CAUTI
- Vascular Access/CLABSI
- OR/Surgery/NSI
- VAE
- Wound Audit
- Pressure Ulcer Audit
- Stroke
- Falls
- Open Medical Record Review

Operational Quality

- Documentation Tracker
- Hand Hygiene
- Closed Medical Record
- Medication Management
- Human Resources
- Fire/Code Red Rills
- Environment of Care
- ILSM-PCRA/ICRA
- Dietary
- High Level Disinfection

Event/Incident Management



Summary

- Intro
- Background
- Change
- Essential Elements
 - Real Time Results = Service Recovery Cycle
 - Dashboards
 - Platform Capabilities – Patient Satisfaction/Experience, Clinical Quality, Operational Quality, Event Incident Management

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**Still Using Paper
Checklists?**



Questions?
