Using High Reliability to Improve the Patients’ Experience

Connecticut Hospital Association

Learning Objectives

• Participants will learn how HCAHPS affects hospital reimbursement

• Participants will learn four strategies needed to boost HCAHPS Scores

• Participants will learn the importance of targeting specific drivers of satisfaction
Agenda

• Welcome and Introductions
• HCAHPS
• Strategies for improving HCAHPS Scores
• Break
• Simulations

High Reliability

A high reliability organization (HRO) is an organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity.

When we call someone or something reliable, we mean that they are consistent and dependable.

always using tools, practices and processes

Every Time! Every Patient!
Every Interaction!
HRO’s Think Differently

Think about how things can fail and treat any lapse as a sign that something’s wrong with the system

Maintain awareness of what's happening at the front line – seek out and fix conditions that could compromise safe, high quality performance

Encourage differences of perspective and opinion so that no nuance is overlooked

Rock the boat by simulating and drilling for worst case scenario

Seek experts and ideas that lead to best decisions

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Reliability Culture - Genius of the AND

Safety Focus + \( \text{performed as intended consistently over time} \) = No Harm \( \text{zero} \)

Evidence-Based Process Bundles + \( \text{performed as intended consistently over time} \) = Clinical Excellence

Patient Centered + \( \text{performed as intended consistently over time} \) = “Satisfaction” \( \text{HCAHPS} \text{ } \text{SURVEY} \text{ } \text{RANKED} \text{ } \text{AMONG} \text{ } \text{BEST} \)

Financial Focus + \( \text{performed as intended consistently over time} \) = Margin \( \text{Standard \& Poor's} \)
The Human Factor

A new study shows that minor distractions as small as checking your phone can have major consequences. Office workers are often interrupted or self interrupted about every three minutes by distractions in digital or human form. Once interrupted, it can take a worker up to 23 minutes to get back on task. Modern technology has lead to increased productivity but now our workday is custom built to destroy individual focus.

It is So Easy...

It is so easy—it is frighteningly easy—to forget why we are troubling ourselves in the very first place. It is so easy—it is frighteningly easy—to become trapped in a sterile thesis that our institutions must survive simply because they must survive or that our true deep purpose is to gain and preserve market share in a vacant terrain of others whose purpose is precisely the same.

It is easy to believe that our habits of work are somehow valid and worth defending in isolation from the reason for that work to exist in the first place. The work is not there in the first place.

In the first place, there is the patient...
The Patient Who Says…

• Tell me what you know right away
• Answer me
• Comfort me
• Don’t make me wait
• Don’t waste my time
• Don’t frighten me

Help me live!

Donald M. Berwick, M.D.
“Don’t harm me, heal me, be nice to me.

Nothing is more fundamental or simple than those three expectations.”

Art Montiema, President & CEO
Hospitals: Are you Safe?

Media involvement with healthcare reports..

• Medical errors are the third leading cause of death in the U.S. Heart disease and cancer remain number one and two.
• Medical errors cost $1 trillion each year.
• Consumers should demand transparency in quality.

HCAHPS – How are you rated?

HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems. In the summer of 2002, the Centers for Medicare and Medicaid Services (CMS) asked the Agency for Healthcare Research and Quality (AHRQ) to develop an instrument to measure patient perceptions of care. This measurement would be used to publicly report hospital performance (quality of care as perceived by patients).

The HCAHPS survey asks discharged patients 32 questions about their recent hospital stay. The instrument asks patients to rate the frequency of events during their care (never, sometimes, usually, always).

~ Press Ganey
Medicare Beneficiaries

Total Medicare beneficiaries (Hospital Insurance)

Part A - 52.3 million
Aged - 43.5 million
Disabled - 8.8 million

Medicaid Facts

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to more than 43 million children, including half of all low-income children in the United States.

Medicaid provides health coverage to 11 million non-elderly low-income parents, and other non-disabled adults.

Medicaid plays a key role in child and maternal health, financing 40% of all births in the United States.

Medicaid provides health coverage to over 8.8 million non-elderly individuals with disabilities, including those who are working or who want to work.

Medicaid provides health coverage to more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. Medicaid also provides coverage to 3.7 million people with disabilities who are enrolled in Medicare.
National HCAHPS Average for Reporting Hospitals
January 2013 to December 2014 Discharges

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<th>Survey Domain</th>
<th>CT Average</th>
<th>National Average</th>
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<td>80%</td>
<td>79%</td>
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<tr>
<td>Communication with Doctors</td>
<td>80%</td>
<td>82%</td>
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<td>Responsiveness of Hospital Staff?</td>
<td>65%</td>
<td>68%</td>
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<tr>
<td>Pain Management</td>
<td>71%</td>
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<td>Communication about Medications</td>
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<td>65%</td>
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<td>Cleanliness of Hospital Environment</td>
<td>72%</td>
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<td>53%</td>
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<tr>
<td>Discharge Information</td>
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<tr>
<td>Recommend the Hospital</td>
<td>71%</td>
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How Do We Get There?

Build on the high reliability behaviors already established

- Rounding to Influence and pay attention to details
- Ask the right questions and encourage a questioning attitude from staff, patients and family.
- Provide on-the-spot coaching, because saying nothing says what you are doing is alright.
- Offer blameless apologies

Safety Starts with Me

- **C** Communicate Clearly
  - Repeat Check / Read Backs with Clarifying Questions
  - Phonetic and Numeric Clarifications
- **H** Handoff Effectively
  - SBAR
- **A** Attention to Detail
  - Self-check using STAR
- **M** Mentor Each Other – 100% Accountability
  - Cross-Check and Coach Review
  - Speak up for Safety: “I have a Concern!”
- **P** Practice and Accept a Questioning Attitude
  - Validate and Verify
  - Stop the Line – “I need clarity!”

Be a safety “CHAMP” for our patients
Rounding to Influence

- Be the change – Role model desired behavior
- See 90 percent of inpatients daily
- Monitor quality, safety and service
- Assume good intentions. Look for the good things people are doing
- Coach and mentor, reward and recognize

Pay Attention to the Details…

1. Check two forms of ID
2. Does the patient look cared for?
3. Is the room free of clutter?
4. Is the bed in the lowest position?
5. Is the call light within reach?
6. Is there medical equipment in use?
7. Are there meds/IV flushes unattended in the room?
8. Is this patient at risk for falls/fall protocol?
9. What types of meds are hanging on the IV pumps?
10. Does this patient require turning every 2 hours?
Ask Clarifying Questions

Ask one to two clarifying questions:
*In high-risk situations*
information is *incomplete*
*When information is not clear*

**WHY:**
To make sure that you really understand what's being communicated

**HOW:**
Question in a manner that will give an answer that improves your understanding of the information.

A Safety Phrase
"Let me ask a clarifying question..."

Questions to Ask...

- How has your care been so far?
- Has everyone been friendly, courteous and kind?
- Have you met your care team for the day?
- Did they introduce themselves when they entered your room?
- Before anyone does anything for you, do they validate your identify by checking your arm bracelet and asking you to tell them your name and date of birth?
- Did they perform bedside shift report at your bedside.
- Do you feel like you were included and were given the opportunity to ask questions or contribute?
- Did the care team listen to you?
- Do you know what the plan of care is for the day?
- Are you comfortable, or having any pain?
- Is there anything that I can get for you before I leave?
Patient Whiteboards

“Communication Centers”

- Allows the patient, family and care team to keep in touch with each other in many aspects of the treatment plan.
- Addresses patient’s desire for involvement in treatment planning.
- Provides some sense of control and comfort for the patient.
- Serves as a teaching tool.

The Environment Matters

A visit to a U.S. hospital is dangerous and stressful for patients, families and staff members. Medical errors and hospital-acquired infections are among the leading causes of death in the United States, each killing more Americans than AIDS, breast cancer, or automobile accidents (Institute of Medicine, 2000; 2001).

AHRQ conducted a study that working conditions are an important influence on patient safety, thereby deserving scrutiny by healthcare professionals. Many elements of the healing environment concept are an integral part of the working conditions, which benefits all customers (patients, families, and staff).

We can reduce patients and staff stress and fatigue through a healing and supportive environment. This should be an obvious goal.
Listen for the Pauses…

Communicate Your Positive Intent

- Patients feel more respected and included when you communicate your actions to them prior to performing the task.
- Patients and family do not understand how we do things, let alone why we do them.
- Use inclusive words such as *us* and *we* instead of *you*, *I* or *me*, and *them*.
- Explain how your actions will benefit the patient and contribute to attaining shared goals and lead to maximum outcomes.
On-the-Spot Coaching

Use 5:1 Feedback

Tips
- Provide feedback based on observations and facts
- Focused praise – focused correction
- No “sandwich” approach
- Use the “lightest touch” possible

Remember – without saying a word: "What you permit, you promote."

Words that Work

- Creates communication practices to show respect and create familiarity.
- Create consistency and guide behaviors
- Strengthens relationships between caregivers, patients and family members
Service Recovery

An immediate acknowledgement of and response to a patient/family members concern that is handled with sensitivity, respect and professionalism.

Of note .... 65 percent of service failures occur at the front lines.

Offering a Blameless Apology

- Determine the type of service failure
- Offer a blameless apology
- Correct the problem
- Follow-up
- Track and trend the service failure
Hourly Rounding

Hourly rounding decreases call lights by 37.8%; decreases falls by 50%; decreases hospital acquired decubitis by 14%; and improves patient perception by 12 mean point. American Journal of Nursing, September 2006

- Hourly rounding is an expectation for all clinical units.
- Opening key words/phrases to reduce anxiety and connect with patient are used.
- Scheduled tasks are performed.
- There is a set protocol/checklist for hourly rounding that addresses the high value behaviors (4 P’s, connect to core measures, environmental assessment)
- The patient is told when a member of the care team will be back.
- Hourly rounding is explained to patients upon admission.

Unit Top 2
Alignment in improving the patient experience

Kudos: We got this one right!
1. Nurses always communicate well 75th percentile

Unit Top 2:
1. Patients “always” receive help quickly 70th percentile
2. Patients’ pain was “always” controlled 68th percentile

Recommendations:
Continue hourly rounding
Use the patient communication board to document pain levels and time next dose medication due

Data, whether from HCAHPS surveys, follow-up calls or other tools, can help hospitals determine what is most important for patients’ experience and then create projects to target these areas. People think about patient satisfaction as this big problem, but if you concentrate on the most important drivers of satisfaction, you will be able to move the needle. The Unit Top 2 list communicates the prioritization of the area of focus so that all caregivers will know what questions the unit is focusing on improving. The two focus questions are posted monthly on the “Voice of the Patient” communication board.
Let’s Practice!

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