HRO Patient Experience

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February QPS Board Presentation
Patient Experience and Reputation

The Value of the Patient Experience

• Patient experience drives reputation
  • Patients that rate their care highly have better patient health outcomes including lower readmission rates.

• Reputation drives utilization
  • It’s important because Value Based Purchasing has tied Medicare reimbursement to HCAHPS scores.

• Utilization drives future utilization
  • Patient experience is related to the opinions and perceptions held by the general population of consumers within the community.
Patient Experience 2020

Improving as a *Place of Caring*

**Looking Back**

- What we have done
  - Launched system wide AI²DET Training
  - Launched Quiet Campaign Pilot on 6E
  - Worked to have standardized metrics for the Patient Experience Dyad
  - Introduction to rounding to influence
  - Developed discharge workgroup to review education and d/c process
    - Improve timeliness of d/c Rx's and standardization of how meds are picked up/delivered
    - Medication communication
Patient Experience 2021

Looking Ahead

• What you can expect in 2021
  o 100% of employees completing AI²DET training
  o Introduction to importance of PG survey response rates and how to achieve higher rates of return
  o Introduction to using a PDSA
  o Hardwire leadership and hourly rounding in all CCH areas
  o Service line goals for 2021 – Unit/dept goals that support overall goal of Patient Experience
Metrics Update
**Likelihood to Recommend (HCAHPS)**

**Percent Top Box Responses**

Data Source: Press Ganey  
**Baseline Period:** July 2017 to June 2018  
Monthly values, by Received Date
Basic Communications

AI$^2$DET – Rollout

• Departments’ AI$^2$DET plan turned in and approved

• 70% employees have completed AI$^2$DET training

• Start modeling and reinforcing phases started December 18, 2019
  o Introduce AI$^2$DET to all staff members with meeting, huddles, suggested language
  o Train managers on how to be AI$^2$DET observers

• Start enforcing AI$^2$DET across department with observation and coaching
  o Use SBAR, 5:1, and Rounding to Influence techniques
  o Track progress with AI$^2$DET coaching form and through LMS System; outcome metrics
  o Supervisors sent reports of their employees who have not completed AI$^2$DET training
  o Assign managers to monitor
  o Hold people accountable for both actions and results (not punitive)
Service Line Goals
Planning for 2021
Key Drivers and Goals

Realistic and Reasonable Goal Setting

• Goals will be collaborative set for each facility and survey type (inpatient, medical practice, emergency department, ambulatory surgery).
  • Division- and unit-level goals can be provided.

• Purpose is to move needle on likelihood to recommend by using our internal key drivers (meaning, what are the measures that are holding back CCH from higher performance).
  • Key drivers may vary between facilities and survey types.

• All objectives are set using realistic target and stretch goals and within a reasonable timeframe (2-year period).
  • These goals will not replace the HRO goal reported to the QPS hospital board – instead, this is a mechanism to create sustainable change in meeting that goal.
### Goal Setting (Press Ganey Recommendations)

Based on Key Driver Summary; 1-Year Improvement Period

<table>
<thead>
<tr>
<th>Top Box Score</th>
<th>Percentile Ranking</th>
<th>Threshold Goal</th>
<th>Target Goal</th>
<th>Stretch Goal</th>
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<tbody>
<tr>
<td>Nurses Listen Carefully to You</td>
<td>67.63</td>
<td>4</td>
<td>69.62</td>
<td>71.48</td>
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<tr>
<td>Nurses Treat withCourtesy/Respect</td>
<td>73.80</td>
<td>1</td>
<td>75.88</td>
<td>77.54</td>
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<td>Nurses Explain in Way You Understand</td>
<td>68.20</td>
<td>5</td>
<td>68.67</td>
<td>69.85</td>
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<tr>
<td>Doctors Treat with Courtesy/Respect</td>
<td>86.79</td>
<td>47</td>
<td>86.73</td>
<td>87.49</td>
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<tr>
<td>Doctors Listen Carefully to You</td>
<td>83.86</td>
<td>82</td>
<td>82.63</td>
<td>83.95</td>
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<tr>
<td>Cleanliness of Hospital</td>
<td>56.07</td>
<td>3</td>
<td>57.90</td>
<td>59.80</td>
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<td>Quietness of Hospital</td>
<td>60.55</td>
<td>46</td>
<td>60.60</td>
<td>62.40</td>
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</table>

**Baseline**

**Goal Setting**: based on CCH starting percentile rank range in 2018-2019; **Threshold**: top 50% of hospitals reached this goal; **Target**: top 30% of hospitals reached this goal; **Stretch**: top 10% of hospitals reach this goal.

**Data Source**: Press Ganey
Rounding
Patient Centered Communication / Rounding

Hourly Rounding and Rounding to Influence

• Hourly Rounding
  o Foundation tactics in place
  o Benefits of hourly rounding communicated
  o Competency checklist specific behaviors necessary to master hourly rounding
  o Develop monitoring process
  o Hourly Rounding Dashboard Report to measure unit’s return on investment
    ▪ Fall rate, Pressure Ulcers, Call light volumes, Patient Experience

• Rounding to Influence
  o Connect to a core value
  o Assess knowledge and reinforce the specific behavior expectations
  o Identify problems impacting ability to follow the behavior expectations
  o Establish commitment measures; e.g. What will you do to make this your habit?
Patient Centered Communication / Rounding

Update

- The Rounding initiative is under development and will be presented by our CEO Israel Rocha Jr.
- Roll-out is anticipated in first quarter 2021.
- Under consideration is the Press Ganey iRound tool, benefits:
  - Increase coordination and collaboration with ancillary departments.
  - Create culture changes by recognizing and rewarding exemplary behaviors.
  - Immediately notify responsible service departments of individual patient problems identified during rounds.
Nurse Communication (HCAHPS)

Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
“Nurse Staff Check on You During Day”

Impact of Purposeful Hourly Rounding: January to December 2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>Every Hour</th>
<th>Non-Hourly Rounding</th>
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<tbody>
<tr>
<td>Rate the Hospital</td>
<td>93</td>
<td>12</td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>86</td>
<td>19</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>67</td>
<td>1</td>
</tr>
<tr>
<td>Response of Hospital Staff</td>
<td>82</td>
<td>2</td>
</tr>
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Data Source: Press Ganey
Hospital: Stroger Hospital
Discharge Process
Patient Discharges

DC Sub workgroup

• One of the focus areas for our group is around the HCAPS metric "Patient strongly agree they understood their care when they left the hospital".

• Rather than duplicate or have redundancy in our efforts, we have begun collaborating with the readmissions workgroup.

  o Created a d/c workgroup to review education and d/c process.
  o Improve timeliness of d/c Rx's and standardization of how meds are picked up/delivered.
  o Planned pilot d/c team of Nurse + resident to review d/c in person with patient (then COVID hit).
Patient Discharges

Communication with Pharmacy

• Creation of a Discharge Group in Microsoft Teams.
• Physicians would have the ability to notify Pharmacy at the time of decision patients being discharged and the medications prescribed.
• Pharmacy would be able to instant message the physician with any questions/concerns eliminating delays in fulfilling the prescriptions.
  o Reducing delays in the Pharmacy reduces the possibility of patients leaving without their medications.
Discharge Information (HCAHPS)

Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
Pilots and Campaigns
Family Pilot
Communication with Doctors (HCAHPS)

Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
Family Pilot

Communication

Information sharing

• Health care practitioners share complete and unbiased information with patients and families in ways that are easily understood and address concerns or questions. Patients and families receive timely, complete, and accurate information to participate in care and decision making.

Participation

• Patients and families are encouraged to participate in care and decision making.
• Involving patients and families in discharge planning and plans for safe care at home.
Quiet Campaign
Quiet Place of Healing

Noise Campaign 6E (Rolling out on 6S and 7S)

- Ear plugs an offering for patients which reinforces CCHs commitment to quietness
- Use mobile phones to avoid delivering communications through the overhead PA system
- Collaboration with front desk and ED to help reinforce the visitor policy
- Staff familiarize themselves with the CCH visitor policy to help improve patients’ opportunity to rest after 8PM
- Overhead announcement notifying visitors, visiting hours has ended
- Installation of quiet campaign posters/elevator wraps
- Providing inhouse surveys about quietness
Quiet Campaign Impact on HCAHPS Scores

6 East

Percentile Rankings

- **Rate the Hospital**: Pre-Quiet Campaign 9, Post-Quiet Campaign 76
- **Recommend the Hospital**: Pre-Quiet Campaign 12, Post-Quiet Campaign 62
- **Hospital Environment (Overall Domain)**: Pre-Quiet Campaign 1, Post-Quiet Campaign 12
- **Quietness of Hospital Environment (HCAHPS)**: Pre-Quiet Campaign 26, Post-Quiet Campaign 73

Data Source: Press Ganey
Benchmark: COTH Facilities
Data pulled by Discharge Date
Patient Experience 2021

(Review)

• What you can expect in 2021
  o 100% of employees completing AI²DET training
  o Introduction to importance of PG survey response rates and how to achieve higher rates of return
  o Expansion of the Quiet Campaign, 6S and 7S late January 2021.
  o Hardwire leadership and hourly rounding in all CCH areas
  o Service line goals for 2021 – Unit/dept goals that support overall goal of Patient Experience
  o Development of a uniform discharge process
  o Enhancement of communication with family and friends of patients
Questions?