

A Truly Satisfying Experience

WTH Improves HCAHPS Scores in the Face of High Volumes, Growth

Service with a smile ... what used to be closely aligned with the hospitality industry has been a key benchmark in healthcare for more than a decade now.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores provide a window into patient experience and perspective on everything from quality of care to the helpfulness of staff during a hospital stay. The survey scores have direct repercussions when it comes to reimbursement rates from federal payment sources and by potentially influencing consumer choice as the data is publicly reported.

Necessity the Mother of Invention

In 'perfect' circumstances, it can be difficult to consistently achieve high patient experience scores considering the inherent stress of a hospital stay. For West Tennessee Healthcare (WTH), expansive growth and staffing shortages created additional challenges. The large health system was determined, however, to transform adversity into innovation.

WTH Chief Nursing Officer Tina Prescott, MBA, BSN, RN, NEA-BC, recently shared the system's journey to improve quality and satisfaction as part of an on-going initiative by the Tennessee Center for Patient Safety to share best practices.

Prescott outlined how the system's 690-bed flagship facility, Jackson Madison County General Hospital, launched an initiative to implement a nursing bundle specifically addressing patient experience in 2015. At the time, the system was undergoing a leadership change both in the Emergency Department and at the CEO position, while simultaneously seeing ED volumes increase from 85,000 visits annually to more than 100,000. "We had experienced a surge in our Emergency Department and subsequently in our inpatient units," noted Prescott of rapid growth over about a two-year period.

The higher volumes, she continued, led to the hospital opening four new floors, which required additional staffing. During this time period, Prescott said it became necessary to rely on agency staffing to meet patient needs. "It's hard to instill culture in renters rather than owners," she noted of the difficulty in embedding best practices in a short-term workforce. However, Prescott continued, it wasn't only temporary nursing staff that required reminders. "If there was a clinical issue, we would not hesitate to stop someone mid-procedure to correct, but how often do we stay quiet when someone speaks harshly?" she questioned.

"We went through this journey recommitting to our culture," Prescott added of broadly articulating expectations for delivering high quality, compassionate care to the entire staff.

Implementing Change

Prior to launching the nursing bundle, the team was already working to improve HCAHP scores. Prescott said each unit had action plans to improve their numbers. "We saw pockets of great scores, but we didn't see a sustained improvement overall, which was frustrating."

The decision was made to create an action plan with the same elements for all 13 bedside inpatient units. "The commitment was that we were all going to pull in the same direction," Prescott stated. At the beginning of the process, WTH added a chief patient experience officer to help oversee consistent implementation of the new approach. About that time, the health system's chief operating officer, who had been serving as interim CEO for a year, was permanently named to the top position.

"The new CEO, James Ross, had been with West Tennessee Healthcare for over 30 years. He grew up with the organization," said Prescott. "A nurse and EMT by background, he was dedicated to the health system culture and patient experience," she continued. "When your staff see leadership commitment to the initiatives, it really speaks volumes."

Integrating quality work with their patient experience initiative, Prescott said they rolled out a four-part best practices nursing bundle in July 2016 that required hourly rounding, patient room communication boards, bedside shift reports, and bedside discharge planning. These four items were non-negotiable and became hardwired into the system.

"We felt that this is something that should work, but we committed that if it didn't, we'd stop and go in a different direction," Prescott recalled. She said embedding the quality elements in the initiative was critical. "When you have the quality component, you have buy-in. Nurses want to provide the best care they can for their patients."

Hourly Rounding brings licensed staff and care technicians together to coordinate with each other and the patient to ensure everyone is on the same page. There's a place on the communication board to sign off that the rounding happened, Prescott noted of accountability to the commitment. "When the patient knows and trusts you're going to be back every hour, it helps establish a relationship where they patient knows you are there to meet their needs," she said. The hourly mandate shifts to every two hours at night, and sleeping patients are not awakened "because that would be rude," Prescott added with a smile.

Communication Boards are located in each room and have become the command center for patients, family members and the clinical team. The boards include important notes from physicians, nurses, therapists, nutritionists, discharge planners and other ancillary service providers. "We focused on documenting the goals for the patient that day – their care plan for the day," explained Prescott. A large 'M' is written on the patient communication board any time a new medicine is prescribed. The visual cue prompts every clinician to discuss the additional prescription each time they enter the room to ensure patients understand dosing, timing, side effects and other important information.

Bedside Shift Reports were added to encourage smoother transitions of care as one nurse leaves and another arrives. The new nurse is introduced to the patient, and the two nurses, along with the patient, discuss the day's goals and progress, any questions for the physician, and concerns the patient might have. "We document a lot in the electronic health record, but nothing replaces a good conversation," Prescott pointed out. Of course, she continued, not every technical or clinical aspect is discussed in front of the patient, but the oral reporting allows the incoming nurse and patient to meet and sets the tone for the next 12 hours. "This was the hardest element to initiate and sustain," Prescott admitted of hardwiring the process during hectic shift changes.

Bedside Discharge Planning was another element that raised logistical concerns among staff initially but has become popular among providers, patients and family members. "Discharge planning has to be a multidisciplinary approach," Prescott said of gathering case managers, social workers, nurses, therapists and others. Usually done with more complex cases, Prescott said the team previously gathered in a meeting room several times a week to go over plans but now holds the meeting in the patient room. "It's really good to have those discussions in front of the family and patient. It sets realistic expectations," she said, adding it also provides a format for asking questions if the patient or caregiver is unsure about post-discharge directives.

Results

Prescott said the hospital began to see HCAHPS numbers rise. Beginning with a baseline score in the 46th percentile, nurse communication scores rose to the 85th percentile. Overall, the hospital increased from the 44th percentile to the 72nd percentile within a relatively short time. If there is a dip in scores, the team launches reeducation efforts to get everyone back on track.

"These numbers are not the reason I get up every morning," said Prescott. "It's the patient care ... but if you provide great patient care, then satisfaction and experience numbers will follow suit."

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.



Tina Prescott

