Improving Patient-Perceived Nurse Communication

September 30, 2015
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.
RAISE YOUR HAND

• If you wish to speak telephonically, please “raise your hand”. We will call your name, when your phone line is unmuted.
AGENDA

• Introduction

• Improving Patient-Perceived Nurse Communication
  » Grady Health System

• Q&A

• Upcoming events
Rhonda A. Scott, PhD, RN, NE-BC, NEA-BC
Chief Operating Officer and Chief Nursing Officer
Executive Vice President
Grady Health System
Improving Patient-Perceived Nurse Communication:
Improving satisfaction, improving quality and saving lives

America’s Essential Hospitals
Education Webinar

Rhonda Scott PhD, RN, NE-BC, NEA-BC
Chief Operating Officer / Chief Nursing Officer
Executive Vice President
Atlanta, GA
Wednesday, September 30, 2015
Outline

• Introduction & Background
  – Grady Health System
  – Employee / Nurse Engagement

• The Situation / Challenge

• Engagement Strategies

• Barriers

• Measurable Outcomes
  – Patient Satisfaction
  – Quality Improvement
  – Value Add – Saving A Life
Introduction and Background

• Founded in 1890
• Level I Trauma Center
• Burn Center
• Comprehensive Stroke Center
• Level III PCMH Network
• Regional Cancer Center

• Primary Training Site for Morehouse and Emory Schools of Medicine
Grady provides care for everyone!

Margaret Mitchell

Whitman Mayo of Sanford & Son

Supermodel Niki Taylor
Fast Forward...1890 to 2007

- Loosing (Bleeding) Money
- Low Patient Satisfaction
- Poor Quality Results
- Low Employee Engagement
- Low Physician Engagement
- No Growth
- Little Philanthropic Support
- Antiquated Technology & Facilities
“The Grady Miracle” – 2008

- Corporate Atlanta Takes Over
- Grady Becomes Private
- The Financial Turnaround Begins
- Philanthropists Come Forward
  - $325M Raised
  - Centers of Excellence Created
  - Facilities & Technology Updated
  - EMR Implemented
The Transformation Begins – 2011

• Focus and Accountability:
  – Patient/Family Experience
  – Quality
  – Operational Excellence
  – Profitable Growth
  – Employee Engagement
  – Leadership Engagement
  – Nurse Engagement
  – Physician Engagement
Courage
To do what’s right, not what’s popular
Become a Risk Taker

Grady nears bankruptcy..
Atlanta Business Chronicle 2003

Grady Memorial Hospital in Atlanta, Georgia is in Debt - Needs $100 Million to Stay Open...2007

New Governance Structure, 2008

Vision Statement

Grady Health System will become the leading public academic healthcare system in the United States.
Strategic Framework

**VISION**
Grady Health System will become the leading public, academic healthcare system in the United States.

**STRATEGIC PLAN 2015**

**QUALITY**
Leading performer in clinical quality and operational excellence and safety measures at all sites of care.

**SERVICE EXCELLENCE**
Patient-centered, integrated system of care focused on meeting the service expectations of the patient.

**STEWARDSHIP**
Financially strong, innovative leader focused on providing funding for high quality care.

**PEOPLE**
Highly engaged workforce who propel Grady toward excellence.

**GROWTH**
Exceptional health system creating opportunities for profitable growth to fund the ongoing mission.

**The Triple Aim**
- Improve population health
- Reduce / control per capita cost
- Enhance patient experience

**S**
Safe

**T**
Timely

**E**
Equitable

**E**
Effective

**E**
Efficient

**P**
Patient Centered
What is Employee / Nurse Engagement and/or Workforce Commitment

- Willing to go “above and beyond,” exerting additional effort
- Demonstrating energy and enthusiasm for their work
- Loyalty to the organization – greater likelihood to stay employed
- Pride in the organization and willingness to recommend the organization as a place to work and to receive care
- Greater overall satisfaction

Workforce commitment is often used synonymously with employee “engagement,” currently a popular term in organizational leadership.
Nurse Leader and Staff Action Planning

• Managers receive reports showing their “tier” ranking

• Managers work with their employees to develop action plans based on results and employee input

• All leaders create action plans which are reviewed by senior leadership on a quarterly basis as reflected within the leader’s 90-day action plans within the LEM
Focusing on the “Must Haves” of Employee Engagement

• 30 & 90 Day New Employee Rounding
• Rounding on Employees
• Redesigned Performance Management System
• Leadership Competency Development & Assessment
• Leadership Development Institutes – Quarterly
• Goals, 90-Day Plans, Quarterly Goal Reviews
Focusing on the “Must Haves” of Employee Engagement

• CEO Led Employee Forums
• CNO Led Nursing Forums
• CEO Led Monthly New Employee Breakfasts
• Just Culture
• Reward & Recognition System
• Career Development & Coaching
• Competency Based Pre-Employment Assessments
Focusing on the “Must Haves” of Employee Engagement

- Implementation of High/Solid/Low Evaluations
- Senior Leader Rounding
- Stop Light Reports
- Standardized meeting minutes
- Standardized performance improvement boards
- Employee Service Awards Banquet
- Academy Awards of Nursing Excellence
The Situation / Challenge

For years, we were consistently not meeting the needs or expectations of our patients and families.

“The nurse just doesn’t listen to me”.

“When I need to speak with my nurses, it takes a long time”
The Situation / Challenge

2012
1/8 HCAHPS Domains > 50th percentile
• Doctor Communication 76th
• Nurse Communication 30th

2013 Goal
By the end of 4th Quarter 2013
4/8 HCAHPS Domains > 50th percentile,
............. including Nurse Communication
17 Engagement Strategies

- Chief Nursing Officer served as the Initiative Champion to improve Patient-Family Experience and more specifically Nurse Communication (1)

- Senior Leadership serving as Executive Sponsor

Rhonda A. Scott, PhD, RN, NE-BC, NEA-BC
Chief Nursing Officer
17 Engagement Strategies

Rounding for the 5 Ps

• Pain
• Potty
• Pumps
• Position
• Personal Items

Nurse Rounding

• > 850 nurses were educated and each staff nurse was checked-off by their unit leader to ensure competency (2)

• Hourly Rounding was added to new nurse orientation (3)
17 Engagement Strategies

Nurse Leader Rounding
• Daily Rounding to monitor compliance – Check Communication Boards (4)

Staff received real-time, on the spot positive feedback” as a form of immediate Reward and Recognition (5)

Non-compliance staff received real-time coaching for improved performance (6)

Checked Rounding Logs (Nurse Executives and CNO)

Unit Leader Rounded on every patient (7)

Unit Leader Rounded on every nurse (8)
Post Discharge Phone Call to 100% of Discharged Patients & Family by Primary Nurse (9)
Improving the Patient-Family Experience

Featured in Wall Street Journal – October 14, 2012
U.S. Ties Hospital Payments to Making Patients Happy

Hand held mobile phones for Nurses (10)
“Direct Connect”

THE WALL STREET JOURNAL.
Walking Rounds (11)
Hand-Off
Bedside Shift Report

- Discussion of Daily Plan of Activities
- Nurse / Patient / Family Introductions
- Patient Safety checks
- Update communication boards
Nurse Communication during the Discharge Process
Transporters were also included: the last opportunity for communication
**INPATIENT Patient Satisfaction Results June 2014 Final**

**Target Goal = 5/10 Domains > 60th%tile**

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**Every week for the entire year, the CNO sent 2 reports (“Tweak It Tuesday” and “Your Friday Update”). The Tuesday and Friday reports are discussed in daily huddles, staff meetings and the results are posted on the standardized performance improvement boards located on every units/area that receives patient satisfaction updates. (12)**
# INPATIENT Patient Satisfaction Results 5th Friday Aug 1-29, 2014

Target Goal = 5/10 Domains > 60th%tile

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## Transparency

See the Results of All Units: Healthy Competition
Additional Wins with Hourly Rounds

- Decreasing Falls Rates
- Decreasing Hospital Acquired Pressure Ulcers (HAPUs)
- Beginning to have units with Zero Falls, HAPUs, Catheter Associated Blood Stream Infections and Urinary Tract Infections

All areas have Performance Improvement Boards
Grady Standards of Performance (13)

- January  Sense of Ownership
- February  Compliance/Regulatory
- March     Responsiveness to complaints
- April     Attitude
- May       Commitment to my Co-Workers
- June      Appearance
- July      Customer Waiting
- August    Communication
- September Safety Awareness
- October   Privacy
- November  Elevator Etiquette
- December  Teamwork

- 1st day orientation
- Staff Meetings
- Daily Shift Huddles
- Walking Rounds
- Posted on Units
As a Grady employee, you are expected to **ALWAYS** be a team player and to **ALWAYS** live out this standard while on duty. This includes:

- Respecting coworkers at all times with your words and actions
- Lifting your coworkers up in front of others and sharing only constructive feedback
- Reporting to work on time
- Showing up for scheduled meetings on time
- Avoiding last-minute requests
- Recognizing fellow employees as teammates in their areas of expertise
- Treating each other with courtesy, honesty and respect
- Welcoming, advising, mentoring and supporting new team members
- Respecting personal preferences with regard to race, gender, ethnicity, etc.

*It takes all of us. We are Grady.*
As a Grady employee, you are expected to always be mindful of your surroundings and environment when discussing patient information and hospital business, and to always live out this standard while on duty. This includes:

- Step aside for people exiting the elevator, then board the elevator
- Once on the elevator, make a great “first impression”. Smile and speak to fellow passengers. “How is everyone today?”
- Refrain from discussing patient issues, personnel concerns or hospital business
- Refrain from holding a conversation on your personal cell phone
- Patients being transported should have priority. Employees should wait for the next elevator
- Use **Words that Work** such as, “Hold the elevator please”, “Please press the 11th floor”, “After You”, “It’s my pleasure” or “Consider it done”.

The Grady Standards of Service Excellence make up the framework of the quality care we provide. Each month, a new standard of behavior will be highlighted and promoted among employees throughout the health system. November’s standard of behavior is...

**Elevator Etiquette**

As a Grady employee, you are expected to always be mindful of your surroundings and environment when discussing patient information and hospital business, and to always live out this standard while on duty. This includes:

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It takes all of us. We are Grady.
Key Words At Key Times are simply a prescribed set of words and behaviors carefully designed to send a message. These words and phrases ensure that we do all the things we need to do to send a consistent, positive message to our customers and their families. It also includes modeling positive body language, maintaining eye contact, smiling, and stopping what you are doing to give full attention to the customers.

Words That Don’t Work

No, I don’t have the time.
We’re short-staffed.
I don’t know.
I can’t do that.
That’s not my patient.
No.
It’s not my job.
I have a problem.
Why are you here for this?
I have no idea how long it will take.
You can’t go back right now.
Go down this hall, turn right, then left, turn right again, go about ten more steps and you are there.

Words That Work

Yes, I can help you in ____ minutes.
I apologize you had to wait. Is there anything you need right now?
I think I can help you find the answer.
Consider it done!
I’ll go with you and we can do it together.
No problem. It would be my pleasure!
How may I be of assistance?
I can assist in finding a solution to a problem.
How can I help you?
It should take about an hour. If it is longer, I will update you.
Let me check and see when you can see your son.
Come with me, I’ll be happy to take you there.

* Work with your staff to develop behaviors and words that are most meaningful to the people you serve!

It takes all of us. We are Grady.
As a Grady employee, you are expected to always communicate the right information to the right person at the right time and to always live out this standard while on duty. This includes:

- Use “Words That Work” such as please, thank you, It’s my pleasure and Consider it done!
- Promptly answer call lights, telephones and pages. (15)
- Use easily understood and appropriate language when giving information to patients and families. Engage interpretative services as needed. Avoid technical or professional jargon. (16)
- Use SBAR* when giving a “hand-off”, during shift report at the bedside, or anytime care is being transferred from one provider to another. Use a trip slip when transporting to procedures. *Note: SBAR (Situation - Background – Assessment – Recommendation)
- Never discuss information about patients or hospital business in public places.
- Escalate patient care issues and concerns to the appropriate person as needed.

Grady’s Standards of Service Excellence make up the framework of the quality care we provide. Each month, a new standard of behavior will be highlighted and promoted among employees throughout the health system. August’s standard of behavior is…

**Communication**

As a Grady employee, you are expected to always communicate the right information to the right person at the right time and to always live out this standard while on duty. This includes:

- Use “Words That Work” such as please, thank you, It’s my pleasure and Consider it done!
- Promptly answer call lights, telephones and pages. (15)
- Use easily understood and appropriate language when giving information to patients and families. Engage interpretative services as needed. Avoid technical or professional jargon. (16)
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- Never discuss information about patients or hospital business in public places.
- Escalate patient care issues and concerns to the appropriate person as needed.

*It takes all of us. We are Grady.*
Every Patient / Every Time …… Always

Staff Development and Training (17)

- Staff Training
- Nurse Leader staff check-off
- Nurse Leader Rounding
- Review of Log Books
- Coaching and Counseling
BARRIERS

• Changing the Culture
  • The belief that we could achieve the goal
• Performing the Post Discharge Phone Calls 100%
  – Time factor
  – 1 – 3 calls / day
• Conducting Hourly Rounds
  – Initial thoughts - overwhelming
  – Actually in rooms more than every hour
RESULTS / OUTCOMES

• Measurable Outcomes
  – Patient Satisfaction with Nurse Communication
  – Quality Improvements
  – Value Add – Saving A Life
Measureable Outcomes
Patient / Family Satisfaction

Now we are consistently meeting the needs and expectations of our patients and families.

“I can always speak to my nurse”.

“The nurses are always available. They even give me and my family updates when the shift is changing”
Measureable Outcome
Nurse Communication

2012
1/8 HCAHPS Domains > 50th percentile
• Nurse Communication 30th

2013 Goal
By the end of 4th Quarter 2013
4/8 HCAHPS Domains > 50th percentile, including Nurse Communication

Two major surprise:
• 2013 51st percentile
• 5 Units who reached the 99th
# INPATIENT Patient Satisfaction Results December Final

Target Goal = 5/10 Domains > 60th%tile

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<td>71st</td>
<td>99th</td>
<td>57</td>
<td>73rd</td>
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</table>

2014 Nurse Communication **97th %tile**
2015 Nurse Communication **99th %tile**, as of Sept 16
Discharge Phone Call Attempts
*Nurse Engagement*

July 2013- June 2015

Nurse Calling the Patient-
Discharge Phone Call Attempts

<table>
<thead>
<tr>
<th># of Patient Attempts/Net Patient Total</th>
<th>July 2013- June 2015</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Patient Attempts</td>
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<tr>
<td>July</td>
<td>76%</td>
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<tr>
<td>August</td>
<td>61%</td>
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<td>September</td>
<td>87%</td>
</tr>
<tr>
<td>October</td>
<td>89%</td>
</tr>
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<td>November</td>
<td>89%</td>
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<tr>
<td>December</td>
<td>92%</td>
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<tr>
<td>2014</td>
<td>96%</td>
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<tr>
<td>YTD June 2015</td>
<td>98%</td>
</tr>
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</table>

Roll Out Months: July, August, October
After discharge, did you receive a call from hospital regarding your stay?

Patient Satisfaction – Improved HCAPHS Results

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes N-692</th>
<th>No N-285</th>
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</thead>
<tbody>
<tr>
<td>Overall Rating</td>
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<td>Recommend the Hospital</td>
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<td>Communication with Nurses</td>
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<td>Responsiveness of Hospital Staff</td>
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<tr>
<td>Discharge Information</td>
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</table>

Percentile Ranking: 77
Post-Discharge Support Provided

Quality Improvements

- Critical equipment/supplies
- Prescriptions/medication assistance
- Follow-up appointments
- Home health nursing care
- Breastfeeding assistance
- Care of surgical site
- Pain management
Improvements in Quality: 2012 to 2014

• Hospital Acquired Conditions:
  – Urinary Tract Infections
  – Central Line Infections
  – Pressure Ulcers
  – Falls with Harm
  – Surgical Site Infections

• Readmission Rates

1st Place, GHA 2014 Partnership for Health and Accountability Quality and Patient Safety Award competition:
Title- "Heading Toward Zero: Falls Reduction Patient Safety Program".
VALUE ADD:
SAVING A LIFE

The impact of the discharge phone call
Courage

*To do what’s right, not what’s popular*

Become a Risk Taker

*That's Courage!*
Learn Today, Improve Tomorrow

Confirm staff engagement and role expectations for
- Staff RNs
- Nurse Leaders
- Chief Nursing Officer

Implement “hardwire” the proven strategies (Focus – Accountability)
- Educate (rounding, discharge phone calls, mobile phones, beside shift report, behavioral standards, words that wok, etc.)
- Confirm Competency (i.e. check-offs, testing, observations)
- Verify competency through leader rounding (Verify….Trust)
- Intermittently spot check

Be transparent and celebrate the successes
- Share all results with everyone frequently
- Celebrate/Reward openly (certificates, unit banners, trip to PG conference)
Thank You
UPCOMING DISTANCE LEARNING OPPORTUNITIES

Register today at http://essentialhospitals.org/webinar
THANK YOU FOR ATTENDING

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