

Presented by

Jennifer Eslinger, COO

St. Francis Health Center

Using HCAHPS as the Basis for Process Improvement

History of St. Francis Health Center

- Ministry founded by Sister Xavier Ross in 1858
- Opened Oct. 17, 1909, with 40 beds
- Today: 378 beds
- 22,808 outpatient visits/month
- Diverse and caring community
- Dedicated to improving the health & welfare of others



History of St. Francis Health Center

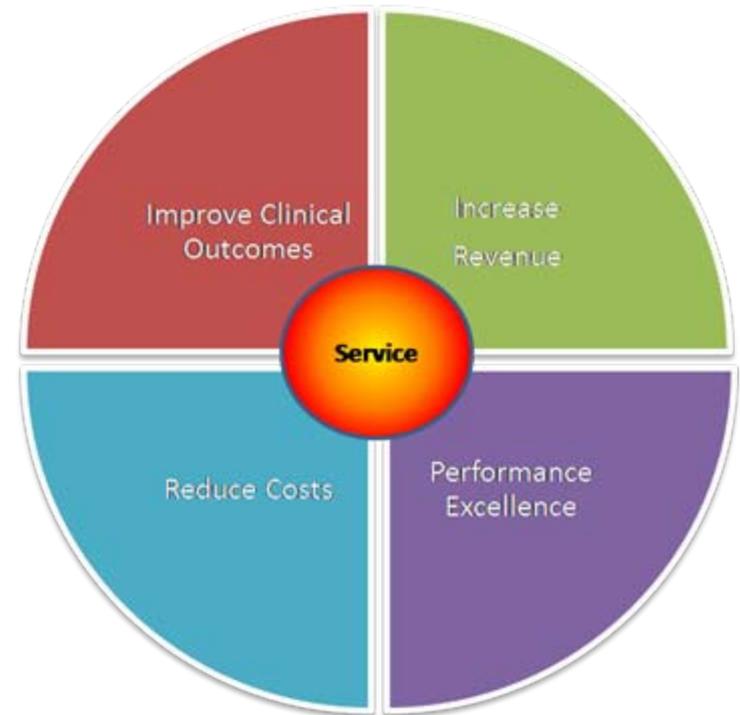
Specialties include:

- Comprehensive Cancer Center
- Cardiology
- Diabetes Center
- Rehab Center
- New Life Center



Service is Central to all Aspects of Patient Care

- **Clinical outcomes:** reduced patient falls, reduced med errors, reduced HAPU, reduced ALOS
- **Increase revenues:** improved operating income, improved collections, improved volume
- **Performance:** increased ED visits, decreased LWBS %, improved survey scores, increased OP volume
- **Reduce cost:** legal /malpractice expense, contract labor, decreased turnover, reduced ALOS



HCT's "Hospital Transformation™" Intervention

HCT used "Hospital Transformation™" process as our PI Model

- **Phase I:** Analysis
- **Phase II:** Solution Identification and Education
- **Phase III:** Rapid Change Implementation
- **Phase IV:** Performance Management



Project Timeline

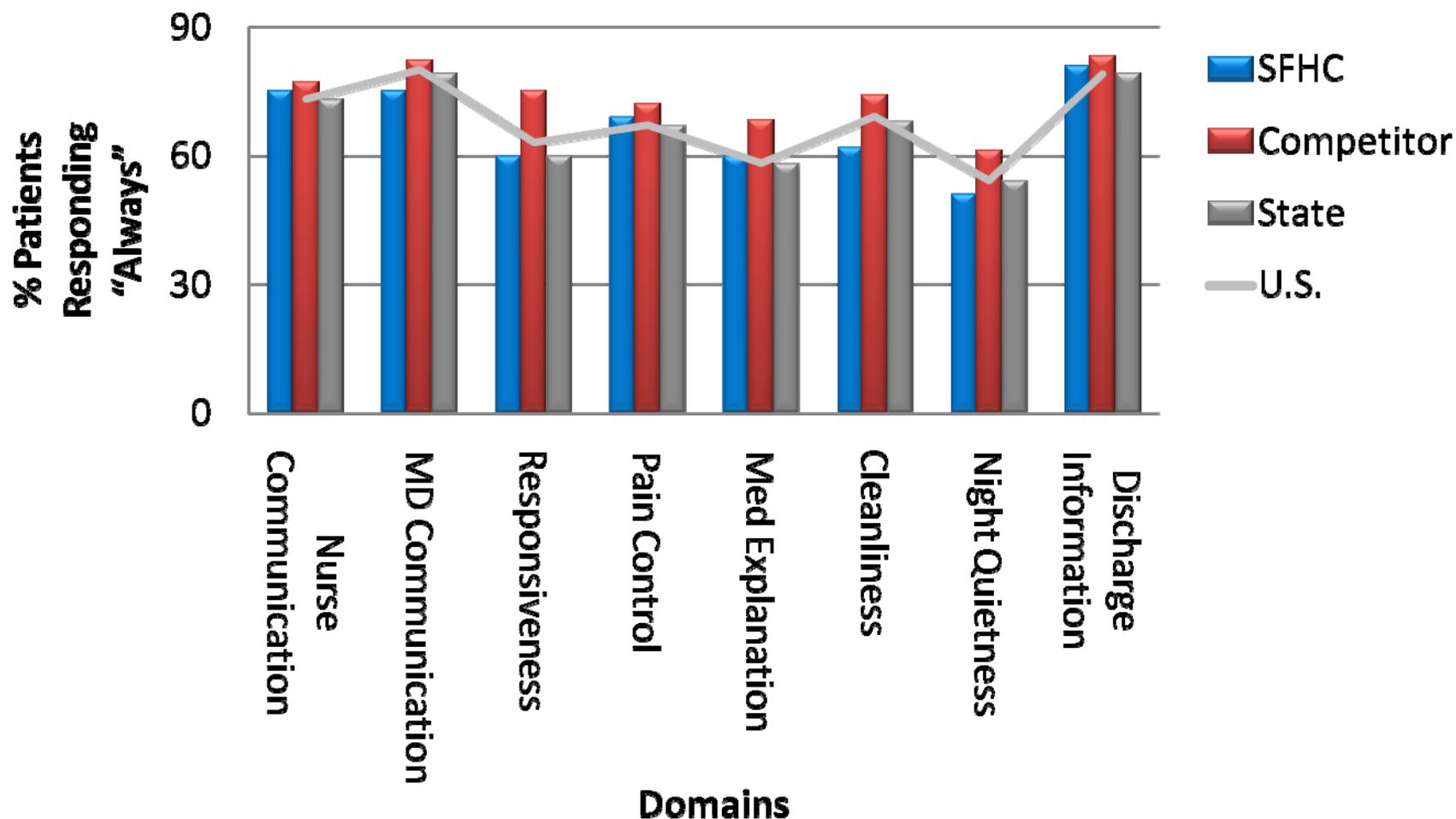


8 Week Project Timeline

- **March 24:** project kick-off
- **April 10:** interim update to Sr Team
- **May 08** we had our final Sr Team update

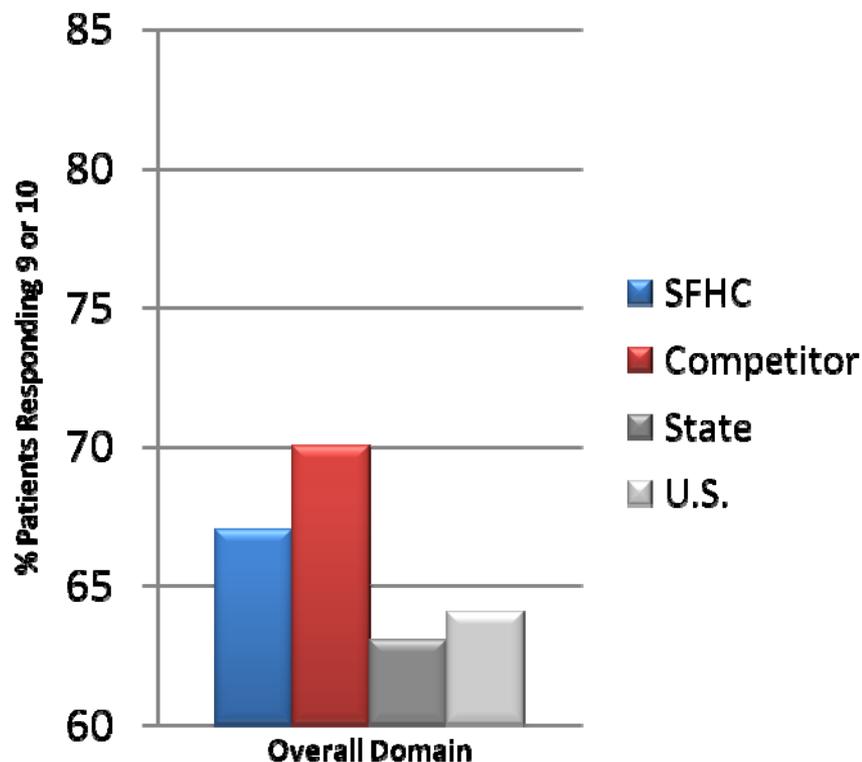
Phase I: Analysis of HCAHPS Comparative Data

HCAHPS Results Oct 06 – June 07

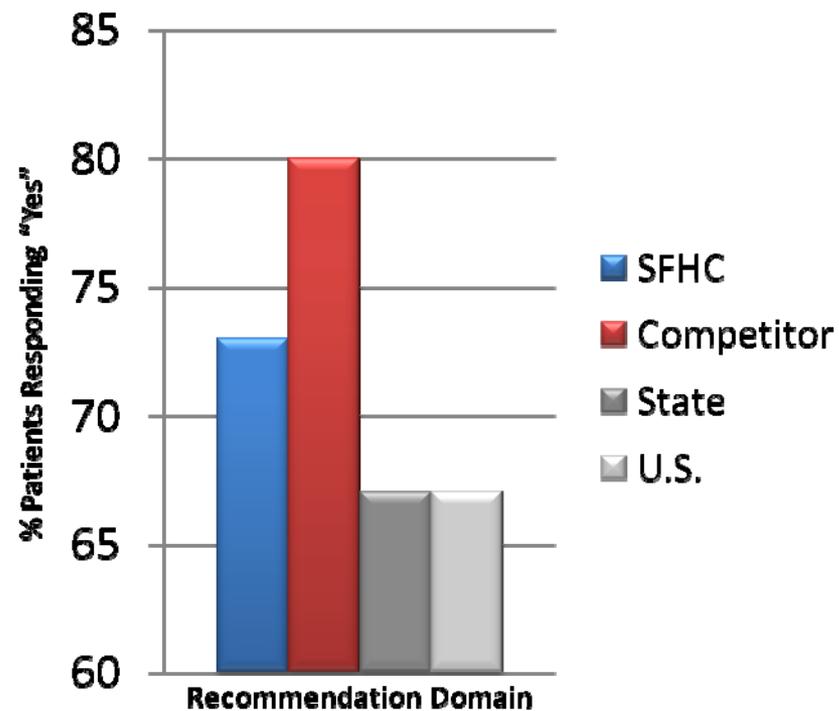


Phase I: Analysis of HCAHPS Comparative Data

HCAHPS Overall Rating Oct 06 – June 07

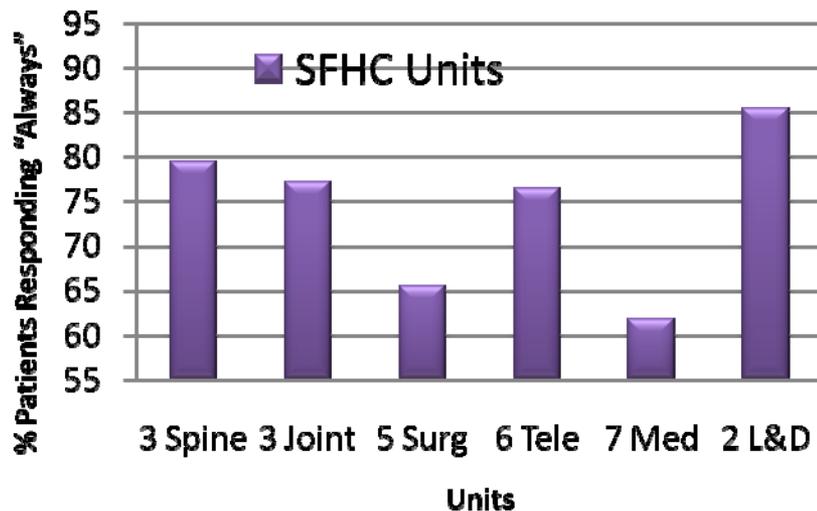


HCAHPS Likelihood of Recommending Oct 06 – June 07



Phase I: Analysis of Unit Level HCAHPS Data

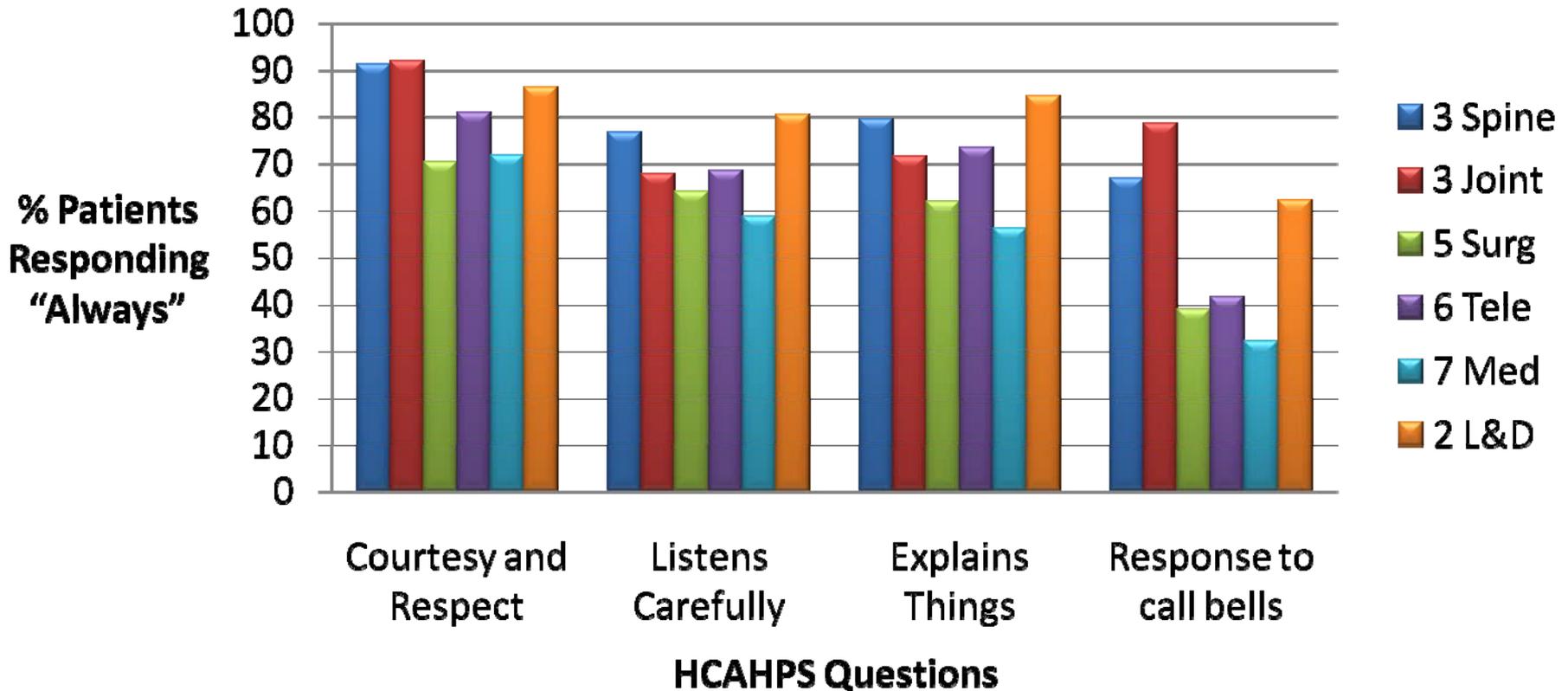
HCAHPS Communication with Nurses



- HCAHPS Domain Questions: **Nursing Communication**
- Questions in Domain:
 - Treat with courtesy and respect
 - Listen carefully
 - Explanations that can be understood

Phase I: Analysis of Unit Level HCAHPS Data

Communication with Nurses: Unit Results



Phase I: Further Analysis



SCHLS Self Assessment and Desired Results

Current state:

- Lack of standardization for service throughout facility;
- Lack understanding about need for superior service;
- HCAHPS scores “middle of the road.”

Desired end state:

- Standardization across the hospital;
- Staff demonstrates excellent customer service skills;
- Improved HCAHPS scores / outperforming competitor, state and country.

Phase 2: Solutions Identification

Focused around 4
HCAHPS Domains

Addressed 10 of the 18
HCAHPS Questions

Solutions included

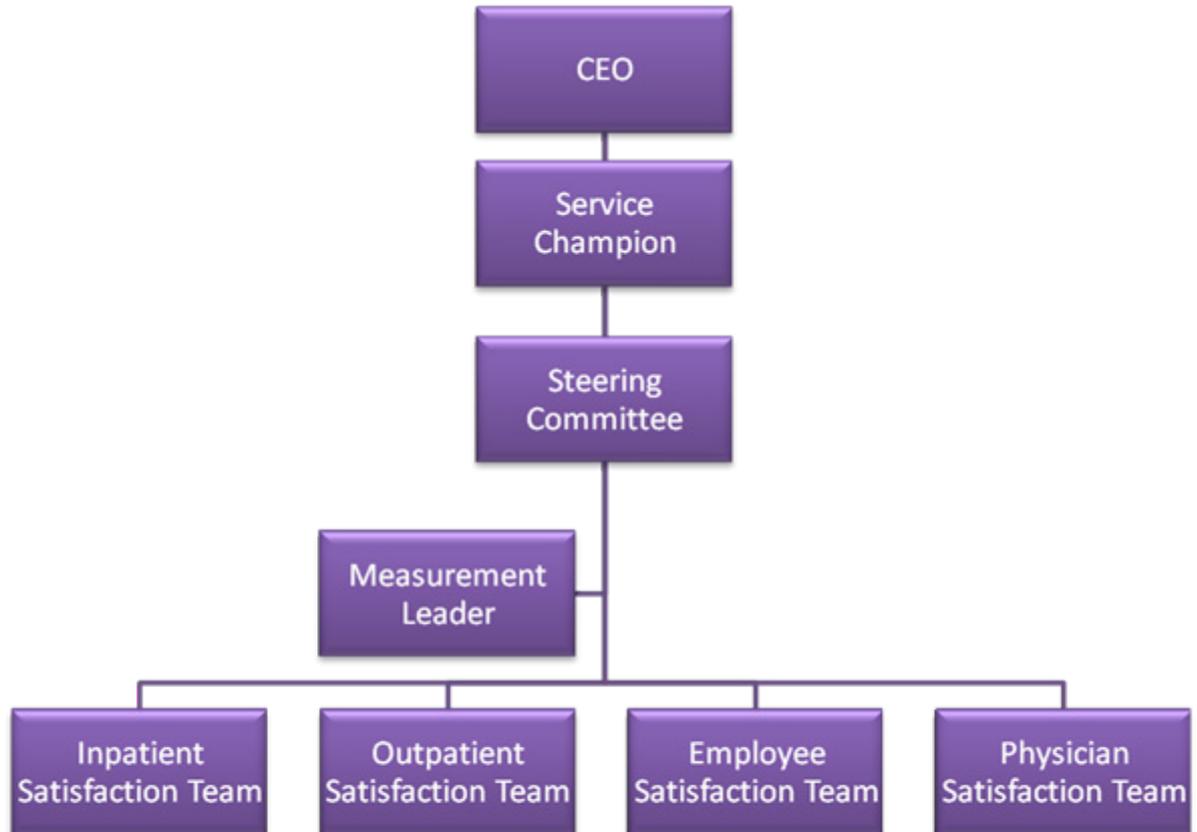
- Nurse Communication
- Responsiveness
- Pain Control
- Medication Education

- Developing service structure
- House wide customer service training
- Sr. Team, nurse manager & nurse hourly rounding
- Staff and patient pain management education
- Medication side effect patient education
- Housekeeping scripting

Phase 2: Solutions Identification

Developed Service Structure

- CEO
- Service Champion
- Steering Committee
- Measurement Leader
- Four Teams



Phase 2: Solutions Identification - Education

St Francis Stats	Hours	# of Individuals
Classroom	10	270
Coaching	35	50
Implementation	40	290
TOTAL	85	360

Phase 2: Solutions Identification - Education

Classroom training:

- Basic Service Training
- Effective Communication
- Problem Solving
- Meeting Facilitation
- Lean Operations



Phase 2: Solutions Identification

Senior & Nurse Leader Rounding

- Full leadership team will round
- Senior leader rounding schedule
- Rounding documentation tool and follow-up log
- Review follow-up items
- Follow-up to staff after patient rounding
- Educate nurse leaders on purposeful rounding
- Determine documentation method
- Determine questions for patient rounding log

Nurse Hourly Rounding

- Rounding documentation
- Reading assignment with competency questions
- Standardize timing of rounds
- Create “4P” poster
- Hourly Rounding PowerPoint education
- Hourly Rounding policy
- Roll-out unit based education
- Hourly Rounding competency in unit orientation

Phase 2: Solutions Identification

Pain Management

- Pain scale and pain poster
- Post pain score poster in
- Pain education in admission
- Review & modify pain ed module
- Mandatory education for pain management nurses
- Add questions regarding pain control to discharge phone call
- Enhance pain management education in nursing orientation

Medication Side Effect

- Pharmacy education hand-outs
- Process for distributing education hand-outs
- Educate nursing staff on process
- Implement nursing education cards
- SFHC education folder at bedside
- Add printing sheets to secretaries' responsibility
- Revise Interdisciplinary Education form

Phase 2: Solutions Identification

Cleanliness of Room & Bathroom

- Education on importance of using effective communication skills
- Train housekeeping staff members on effective communication
- Develop key words for entering and leaving patient room
- Role playing scripting
- Create Housekeeping tent cards
- Implement Housekeeping Director rounds with Nurse Leaders
- Train Housekeeping Director in rounding
- Design follow-up process on rounding
- Initiate a reward system for housekeeping staff
- Evaluate out-sourcing housekeeping contract

Phase 3: Rapid Cycle Implementation

Plan: Develop a plan for improving quality at a process

Do: Execute the plan, first on a small scale

Study: Evaluate feedback to confirm or to adjust the plan

Act: Make the plan permanent or study the adjustments



Phase 3: Rapid Cycle Implementation Tools

Nurse Manager Rounding Log

- Questions include
 - Whiteboard up to date
 - Last time nurse was in room
 - Pain Control
 - Med side effects education
- Additional Sections
 - Patients recommendations
 - Follow-up items

Patient Rounding Log

Completed by: _____ Dept: _____ Date: _____

QUESTIONS:	Patients Name: _____	Patients Name: _____	Patients Name: _____	Patients Name: _____
Is the white board updated in the room?	<input type="radio"/> Yes <input type="radio"/> No Comments: _____			
"Do you know the RNs name caring for you?" "Do you know how to get in touch with your nurse?" "How much time has elapsed since someone has checked in on you?" (Compare to what is documented on logs)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Time _____ Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Time _____ Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Time _____ Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Time _____ Comments: _____
"We always want to make sure your pain is well controlled. Is the staff helping you manage any pain that you have?"	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____
"We always want to make sure you understand what your new medicines are for. Have the nurses explained any new medicines you received and their side effects?"	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Comments: _____
"During this hospital stay, is the area around your room kept quiet?"	<input type="radio"/> Yes <input type="radio"/> No Comments: _____			
"You may receive a phone call or written survey or both about your care. Our goal is for you to always be satisfied with your care here at St. Francis. Can you think of anything else we can do better?"	<input type="radio"/> Yes <input type="radio"/> No Comments: _____			
Follow-up <ul style="list-style-type: none"> • Leave business card with patient • Reward and recognize staff • Thank you note • Counseling 				
Additional Comments				

Phase 3: Rapid Cycle Implementation Tools

Hourly Rounding Documentation

- Nurse signature every hour
- Nurse checks that pain, personal needs, positioning and possessions within reach were handled during the hour
- Check off that AM and PM care were completed


Sisters of Charity of Leavenworth Health System

We want to exceed your expectations by responding to your needs in a timely manner. One of our staff members will visit your room regularly and don't hesitate to let us know if we can do anything for you.

Room Number _____ Date _____

	PAIN	PERSONAL NEEDS (BATHROOM)	POSITION	POSSESSIONS IN REACH	COMMENTS	INITIAL
0700						
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
1800						
1900						
2000						
2100						
2200						
0000					Q 2Hrs	
0200						
0400						
0600						

Activity	Initials	Time
AM Care		
<input type="checkbox"/> Bath(In a Bag) <input type="checkbox"/> Shower <input type="checkbox"/> Oral Care		
PM Care		
<input type="checkbox"/> Washcloth <input type="checkbox"/> Oral Care		

This document is not a permanent part of the patient's medical record.

Phase 3: Rapid Cycle Implementation Tools

[everyday saints]

Patient Rounding

To ensure
EXCELLENT CARE,
we round

Hourly - 6 a.m. to 10 p.m.
Every two hours - 10 p.m. to 6 a.m.

How is your pain?

Are you comfortable?

Do you need to use the restroom?

Do you need your phone, call light, trash can or water pitcher brought closer?

Patient Rounding assesses the 4 Ps:
Pain • Personal Needs • Position • Possessions

St. Francis Health Center
Sisters of Charity of Leavenworth Health System

Hourly Rounding Poster

- Display on the inpatient units
- Placed in patient education folders
- Educate patient and families about hourly rounding
- Address 4 Ps

Phase 3: Rapid Cycle Implementation Tools

Sample of Medication Side Effect Education Sheet

- Given with new drug
- Brand and generic names of that class of drugs
- Educates patients of side effects
 - Those in which they should immediately notify MD
 - Less serious – that warrant a conversation with MD



St. Francis Health Center
Sisters of Charity of Leavenworth Health System

Medication Side Effects Information Sheet

Angiotension II Receptor Blockers

Angiotension II receptor blockers (ARBs) treat hypertension (increased blood pressure).

Brand (Generic) Names: Atacand (candesartan), Avapro (irbesartan), Benicar (olmesartan), Cozaar (losartan), Diovan (valsartan), Micardis (telmisartan) and Teveten (eprosartan)

Call your doctor right away if you notice any of these side effects:

- Allergic reaction: itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
- Change in how much or how often you urinate
- Chest pain
- Confusion, weakness, irregular heartbeat, shortness of breath or numbness or tingling in your hands, feet or lips
- Fast or slow heartbeat
- Fever, chills, cough, sore throat or body aches
- Lightheadedness, dizziness or fainting
- Yellow skin or eyes

If you notice these less serious side effects, talk with your doctor:

- Back or joint pain
- Diarrhea or stomach pain
- Dry cough
- Headache
- Loss of strength
- Skin rash

This medication necessary contains essential factual information about your medication and possible side effects of the medication. This information has been prepared by Micromedex from manufacturer-provided information and is not written especially for you. This summary does not contain all the available information about the medication. Ask your doctor or pharmacist if you have any questions or concerns about taking the medication. Answers have been made by Micromedex to provide updated information as of the date this summary information was prepared. Because information about drugs, drug reactions with other drugs and how the drug can be prescribed can change, you should continue to consult your health care provider for updated information about this drug and your continued use of this drug. Always review the package insert of each drug for additional, complete, warnings and precautions, particularly if the drug is new to you or subsequently used.

Reference - www.micromedex.com June 2008

Phase 4: Performance Measurement

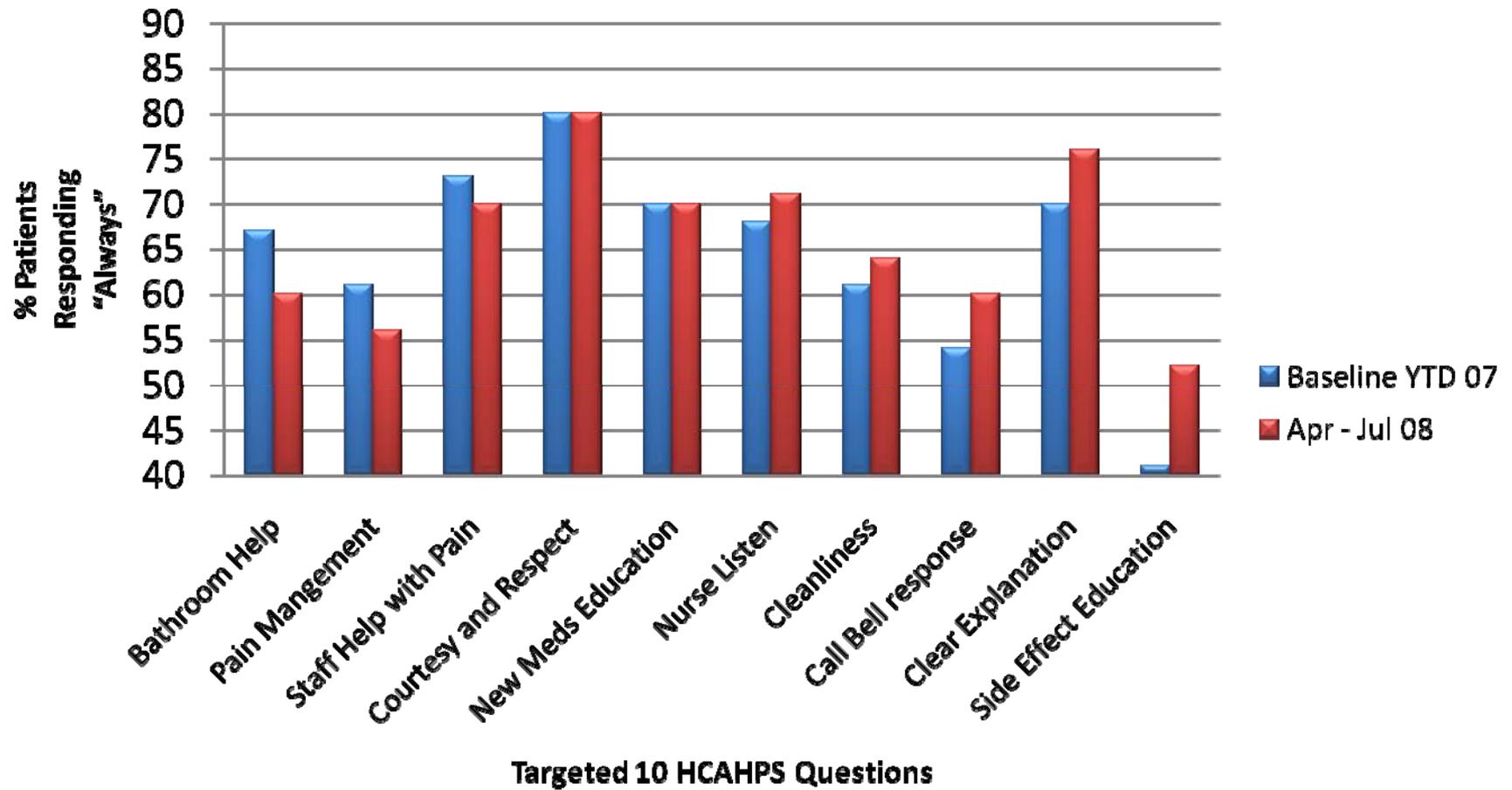
- Measures for every solution
- Reviewed at Inpatient Team mtg.
- Process Measure for call bells
- Other Process Measures
 - Completion of Hourly Rounding documentation
 - Medication side effect education
 - Pain management
 - Senior Leader rounding
 - Housekeeping rounding

acpp = avg calls per patient

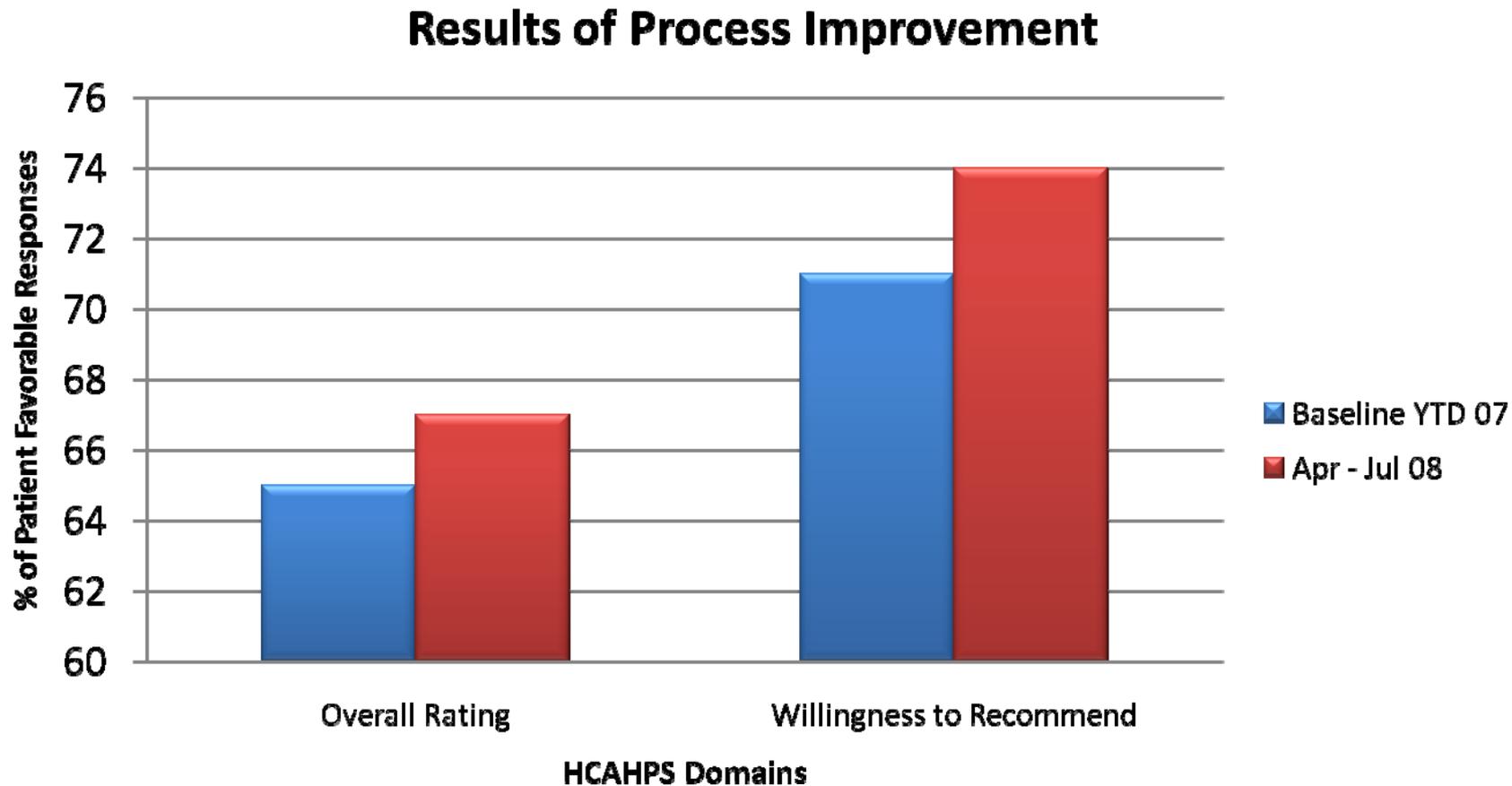
	Spine			Joint			Surgical			Telemetry			7 Medical			L & D		
	# calls	Census	acpp	# calls	Census	acpp	# calls	Census	acpp	# calls	Census	acpp	# calls	Census	acpp	# calls	Census	acpp
Baseline Week of 4/7/08	451	41	11.0	347	9	38.6	1077	111	9.7	1486	120	12.4	1991	186	10.7	447	24	18.6
Week of 5/12/08	273	26	10.5	332	47	7.1	1038	132	7.9	982	165	6.0	1512	246	6.1	354	65	5.4
Week of 5/19/08	365	28	13.0	227	24	9.5	945	124	7.6	1057	137	7.7	1888	229	8.2	467	58	8.1
Week of 5/26/08	276	29	9.5	192	18	10.7	970	149	6.5	927	114	8.1	2189	248	8.8	416	44	9.5
Week of 6/2/08	290	36	8.1	355	30	11.8	893	135	6.6	1359	165	8.2	2023	250	8.1	362	43	8.4
Week of 6/9/08	423	42	10.1	463	44	10.5	1035	136	7.6	1209	179	6.8	1511	231	6.5	303	38	8.0
Week of 6/16/08	324	35	9.3	443	46	9.6	1074	134	8.0	1219	164	7.4	1690	246	6.9	378	46	8.2
Week of 6/23/08	191	27	7.1	307	46	6.7	614	142	4.3	852	193	4.4	1087	225	4.8	163	40	4.1
Week of 6/30/08	581	53	11.0	215	19	11.3	896	107	8.4	1275	152	8.4	1575	247	6.4	366	39	9.4
Week of 7/7/08	343	45	7.6	361	40	9.0	1192	151	7.9	1395	178	7.8	1939	256	7.6	358	41	8.7
Week of 7/14/08	572	44	13.0	538	43	12.5	987	131	7.5	1485	173	8.6	1751	233	7.5	238	31	7.7
Week of 7/21/08	519	30	17.3	319	38	8.4	1278	153	8.4	1230	159	7.7	1435	188	7.6	406	41	9.9
Week of 7/28/08	453	34	13.3	515	48	10.7	1668	194	8.6	1251	157	8.0	1362	207	6.6	374	55	6.8
Week of 8/4/08	250	24	10.4	379	40	9.5	1401	158	8.9	1033	115	9.0	1677	201	8.3	299	45	6.6
Week of 8/11/08	291	30	9.7	312	37	8.4	1306	168	7.8	1201	140	8.6	1278	195	6.6	275	42	6.5
Week of 8/18/08	273	37	7.4	464	47	9.9	951	148	6.4	815	140	5.8	1299	210	6.2	291	36	8.1
Week of 8/25/08	272	33	8.2	110	15	7.3	788	126	6.3	773	122	6.3	1319	175	7.5	229	35	6.5
Week of 9/1/08	NO			DATA			AVAIL-			ABLE			for			week 9/1		
Week of 9/8/08	237	15	15.8	445	46	9.7	1041	128	8.1	1791	213	8.4	1718	236	7.3	546	58	9.4
Week of 9/15/08	331	28	11.8	366	44	8.3	807	102	7.9	1192	172	6.93	2097	243	8.6	495	62	8.0
Week of 9/22/08	263	36	7.3	235	24	9.8	808	114	7.1	1189	210	5.66	1955	244	8.0	492	63	7.8

Results of SFHC HCAHPS Process Improvement

Results of Process Improvement



Results of SFHC HCAHPS Process Improvement

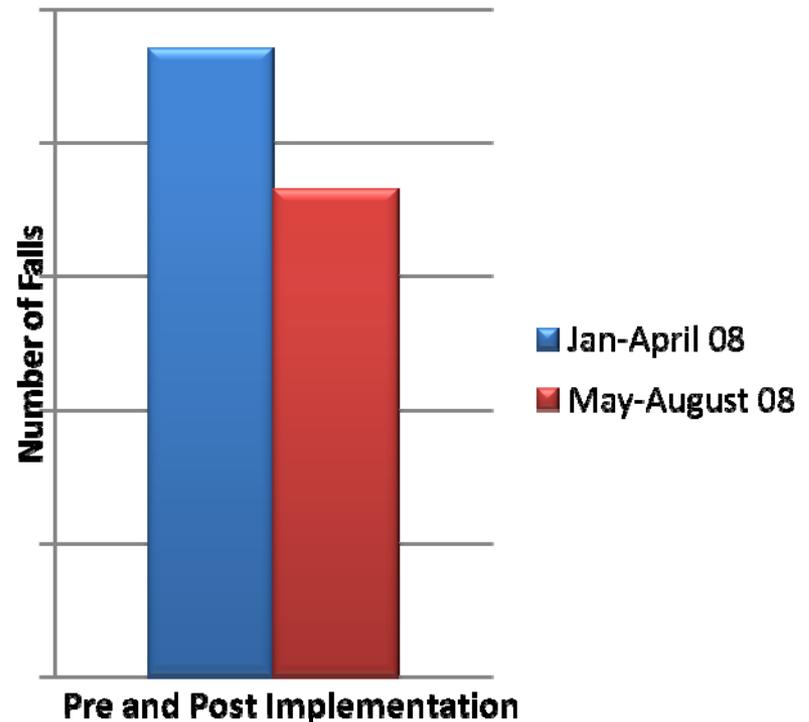


Results of SFHC HCAHPS Process Improvement

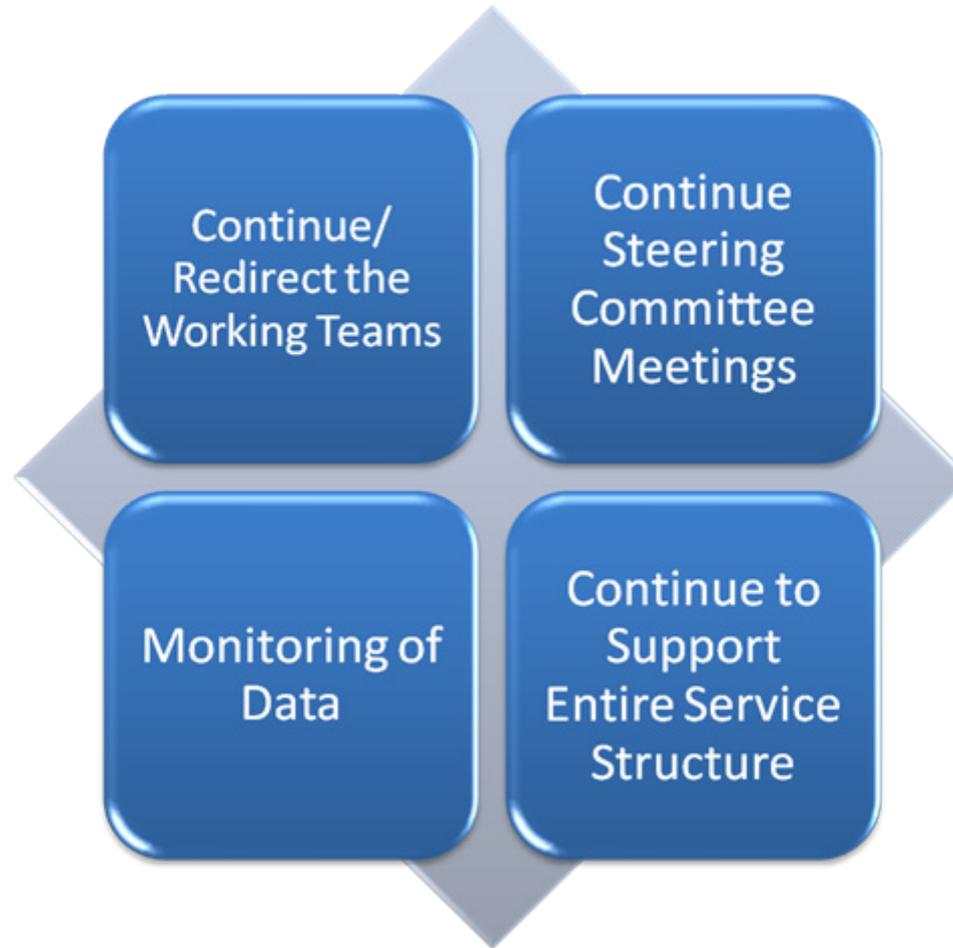
Return on Investment

- 29% less falls
- Average cost per patient fall is \$33,894 ¹
- Potential impact could be over \$700,000

Effect of HCAHPS Initiatives on Falls



Sustainability Consists of Four Elements



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