

Improving Inpatient Experience/Patient Perception of Care- HCAHPS

Beth Israel Deaconess Hospital - Milton

The Problem

Following the closure of Quincy Medical Center (QMC) in January 2015, BID-Milton rapidly experienced a surge in patients seeking care across all service lines. Within the inpatient setting, patient discharges increased > 18% within the first 12 months following this closure and a total of > 23% within 24 months (in comparison to CY 2014). Within 90 days of the closure, BID-Milton saw a consistent drop in its HCAHPS average top box scores for the question "Willingness to Recommend" from a mean of 72% for the five quarters prior to QMC's closing to 67% for the four quarters following (from April 2015 to March 2016).

Aim/Goal

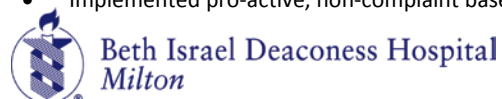
In response to the "new normal" patient volume, an organizational strategic goal was set to design, implement and hardwire effective interventions designed to increase the top box score of the question "Willingness to Recommend" to at least a mean of 72% for FY 2017.

The Team

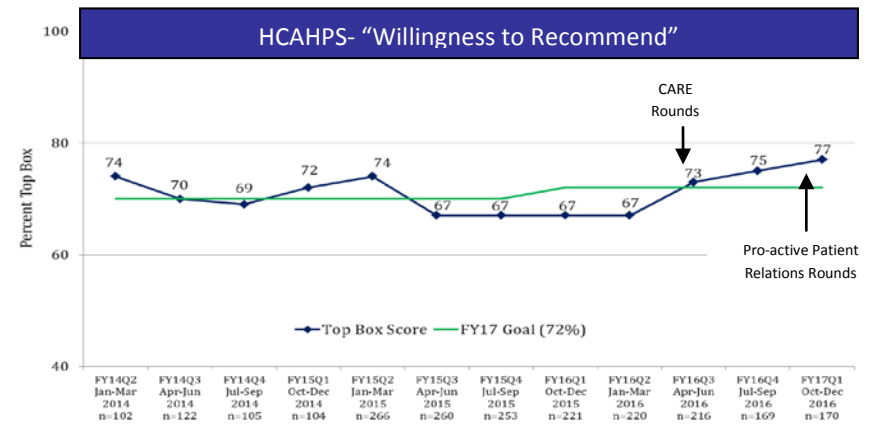
- Interdisciplinary Rounds Planning Team:
 - Director, Nursing Operations
 - Medical Director, Hospitalist Program
 - Lead Surgical PA
 - Nurse Managers (M/S floors and ICU)
 - Clinical Nurse Coordinators (M/S floors and ICU)
 - Manager, Patient Relations
- Vice President, Experience and Organizational Development
- Vice President, Nursing/Chief Nursing Officer
- Vice President, Healthcare Quality and Clinical Integration/CMO

The Interventions

- With Senior Management and Board approval, the hospital hired 68 additional FTEs – this represented a 15% increase in the total # of FTE positions. In addition > 85% of these new employees were front facing/direct care providers.
- Developed and implemented daily Multidisciplinary Patient Rounds on the Medical/Surgical Floors and the Intensive Care Unit, with the goal of improving inter-provider/patient communication and planning.
- Designed and implemented patient care rounds using the 7Ps (Person, Plan, Priorities, Personal Hygiene, Pain, Position, Presence) model. These CARE rounds were implemented to improve communication with patients and families and reduce call bell use.
- Designed, installed (in all patient rooms) and implemented new standardized Patient Communication Boards. Staff educated to their use and expectations.
- Implemented pro-active, non-complaint based Patient Relations Rounds.



The Results/Progress to Date



- The hospital has exceeded and sustained its goal of a 72% top box score relating to "Willingness to Recommend" for three consecutive quarters.
- The care and management of 85% of all inpatients are discussed at least daily (5 days per week) as part of the Multidisciplinary Rounds.
- CARE Rounds are conducted at scheduled times and are conducted by nursing (RN and/or CNA) staff.
- Based on feedback from providers, Multidisciplinary Rounds have improved satisfaction for providers with information about patient plan of care.
- The average staff response time to call bells has decreased to 1.78 minutes from > 2 minutes prior to Care Rounding process.
- In FY'17 Q1, for those patients who scored "top box" for "Likelihood to Recommend," 41.2% had received pro-active Patient Relations Rounds.

Lessons Learned

- The value and impact of formalized, consistent Pro-active Patient Relation Rounds demonstrated a positive improvement in "Likelihood to Recommend."
- Anecdotally, the possible impact on reducing patient call bell use and decreasing potential patient harm relating to falls, skin breakdown etc.

Next Steps

- Further focus on nursing CARE Rounds with the goal of reducing call bell use as well as responding to those that do occur in a timelier manner.
- Increase frequency of Pro-active Patient Relations Rounds with trained volunteers.

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