Farr 2 Service Excellence "We CARE and AIDET"

The Problem

After implementing service excellence training for Unit Coordinators, we received feedback recommending a similar multi-disciplinary training for all unit staff. There is no consistent service excellence training across the inpatient units so we wanted to develop a pilot program which emphasized mindful practice, educated on patient satisfaction, and provided a framework for communication amongst caregivers, and communication with patients and families. With financial implications now tied to our performance on HCAHPS measures of patient satisfaction, this training became an AOP goal for FY13, and Farr 2 was selected as the pilot unit.

Aim/Goal

- Create a multi-disciplinary service excellence training for an inpatient unit that could potentially roll-out to all units.
- Engage patients and families in the creation of this training.
- Positively impact patient satisfaction (as measured using HCAHPS) as a result of the training.

The Team

Annie Coble, MSW intern
Jane Foley, Associate Chief Nurse
Barbara Donovan, Clinical Nurse Specialist
Denise Corbett-Carbonneau, Nurse Manager
Anissa Bernardo, Patient Satisfaction Project Manager
Simona Munseeney, Social Worker
Heidi Jay, Patient Advocate
Jonathon Crocker, MD
Randy Gonchar, Patient Advisor
Andrea Howley, Patient Advisor

The Interventions

- Designed two multi-disciplinary mandatory training sessions:
 - The first focused on mindfulness, HCAHPS education and a framework (We C.A.R.E.) for having difficult conversations with patients and families. (90 minutes in length)
 - The second workshop focused on review of the first workshop and provided a framework (AIDET) for communication with patients, families and each other. (60 minutes in length)
- We engaged patients and family in the training design, development, and roll-out.
 They were members of our patient family advisory council. We used video so they could tell their stories to the staff directly. It was a powerful tool.
- Sessions included RNs, PCTs, UCOs, Social Workers, Food Services, EVS, Nutrition and Physical Therapy staff.

The Results/Progress to Date

- In FY14 Q3 -Q4 we will be tracking our HCAHPS scores to measure if there has been any improvement since the training.
- A survey to staff conducted a month after session 1 indicated that a majority of respondents are utilizing the learnings (see graph below).



Lessons Learned

- Involving patient and family advisors from the beginning had a positive impact on the design and development of the training.
- Utilizing advisors to share their story via video was a powerful training tool.
- Involving physicians in the training sessions proved too challenging based on available time/schedule of the physicians. We had to move forward without physician attendance in the sessions.

Next Steps/What Should Happen Next

- Develop a multi-pronged sustainment plan to hard-wire the learnings into practice.
- Track HCAHPS scores on Farr 2 to measure any change since the trainings were conducted.
- Determine best format to disseminate training to other med/surg units and physician staff



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