CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

SNI Webinar
Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores

Monday, September 9, 2019
12:00pm to 1pm

Recording link

Agenda

Time	Topic	Lead(s)
3 min	**Welcome, Logistics & Introductions**	Kristina Mody
5 min	**PRIME Measure DY14 Mid-Year Performance**	Kristina
40 min	**Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores**	Riverside University Health System
10 min	**Q&A**	All
2 min	**Wrap-up & Announcements** • Upcoming events • Post Event Survey	Kristina

Logistics

Please mute yourself! (We'll have to mute lines if there is background noise)

Please feel free to chime in for questions, and especially for the discussion

At any time, feel free to chat your question & we will read out

Webinar will be recorded and saved on

PRIMEone (all PRIME entities)
SNI Link/Care Delivery (DPHs)

Intros

Latrice S. Carrillo
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Kristina Mody

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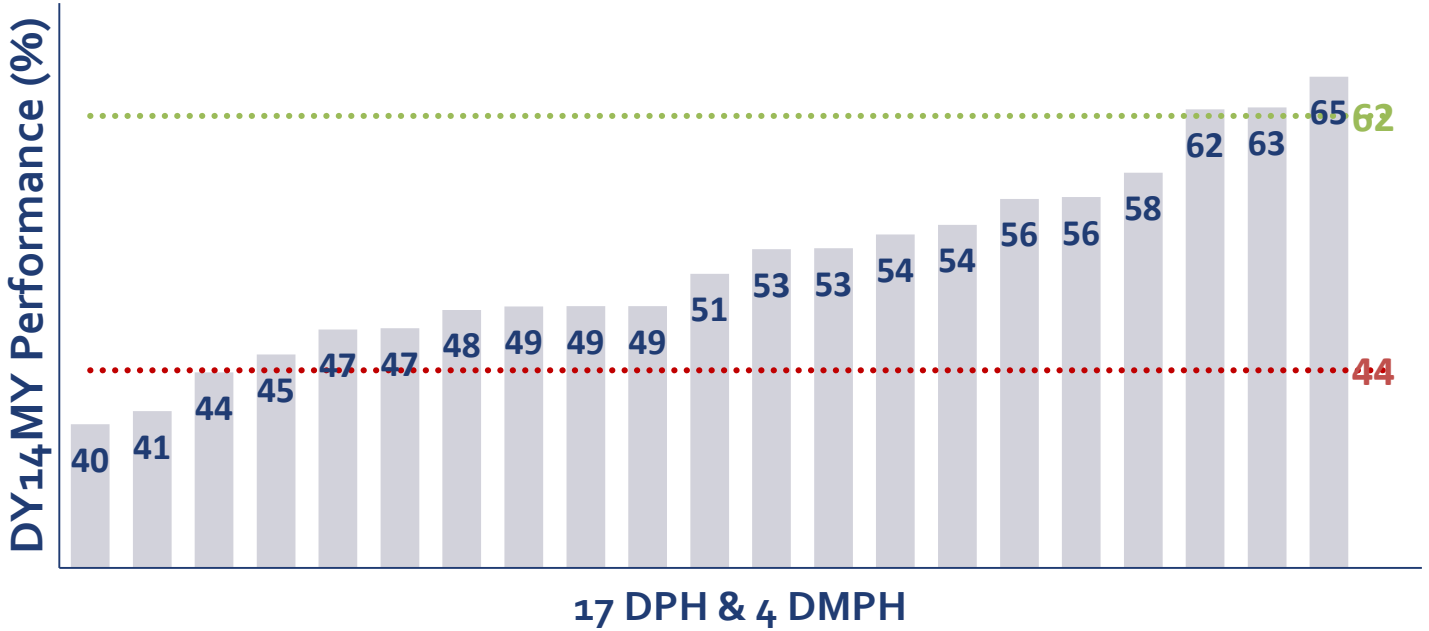
PRIME 2.2.2 HCAHPS- Care Transition

Measure Description: Mode-adjusted top box score for composite *Understanding Your Care When You Left the Hospital*



DY14 Mid Year data not yet approved by DHCS. DY14 benchmarks = Red & green horizontal lines. Benchmarks & performance rounded to nearest whole number.

Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores

The “Transitions of Care” Blueprint for Riverside University Health Systems (RUHS)

About RUHS

- Riverside University Health Systems (RUHS) founded 1893
- Public Teaching hospital
- Located:
  - Moreno Valley, CA.
  - Riverside County
- 439 Bed Facility
- Level II Adult & Pediatric Trauma Center

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Riverside University Health Systems Hires Nurse Coordinator for Patient Experience (NCPXP) August 2016

Latrice S. Carrillo, MSN, RN, ATCN
Role: Nurse Coordinator of Patient Experience – Employee Engagement (NCPXP)

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RUHS Baseline HCAHPS

Overall	NRC Average*		Qtr 2 2016‡	Qtr 1 2016	Qtr 4 2015	Qtr 3 2015	
		Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	73.6%		62.6%	58.9%	56.1%	70.3%

Key Drivers	NRC Average*	Qtr 2 2016‡	Qtr 1 2016	Qtr 4 2015	Qtr 3 2015
Communication with Nurses	79.1%	69.6%	68.9%	58.8%	66.4%
Communication with Doctors	81.5%	76.2%	76.3%	74.0%	79.3%
Communication About Meds	64.5%	66.1%	55.9%	56.6%	67.6%

Highest Scores	NRC Average*	Qtr 2 2016‡	Qtr 1 2016	Qtr 4 2015	Qtr 3 2015
Discharge Information	88.3%	85.2%	84.3%	83.1%	79.0%
Communication with Doctors	81.5%	76.2%	76.3%	74.0%	79.3%
Communication with Nurses	79.1%	69.6%	68.9%	58.8%	66.4%

Lowest Scores	NRC Average*	Qtr 2 2016‡	Qtr 1 2016	Qtr 4 2015	Qtr 3 2015
Care Transitions	53.1%	50.8%	46.4%	42.7%	47.9%
Pain Management	72.7%	54.7%	58.8%	59.6%	63.2%
Responsiveness of Hospital Staff	66.4%	61.4%	54.1%	46.7%	48.3%

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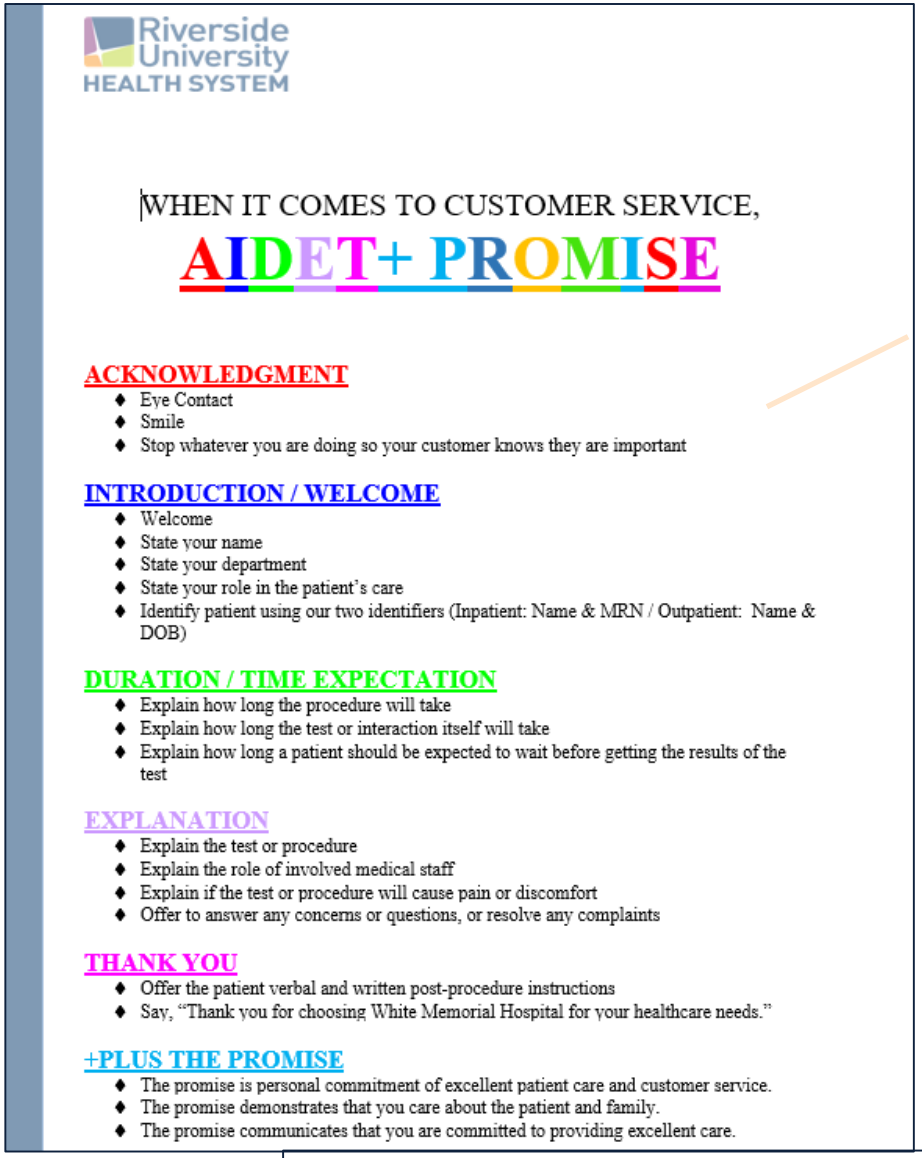
Evidenced Best Practices



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WHEN IT COMES TO CUSTOMER SERVICE,

AIDET+ PROMISE

ACKNOWLEDGMENT
- Eye Contact
- Smile
- Stop whatever you are doing so your customer knows they are important

INTRODUCTION / WELCOME
- Welcome
- State your name
- State your department
- State your role in the patient's care
- Identify patient using our two identifiers (Inpatient: Name & MRN / Outpatient: Name & DOB)

DURATION / TIME EXPECTATION
- Explain how long the procedure will take
- Explain how long the test or interaction itself will take
- Explain how long a patient should be expected to wait before getting the results of the test

EXPLANATION
- Explain the test or procedure
- Explain the role of involved medical staff
- Explain if the test or procedure will cause pain or discomfort
- Offer to answer any concerns or questions, or resolve any complaints

THANK YOU
- Offer the patient verbal and written post-procedure instructions
- Say, "Thank you for choosing White Memorial Hospital for your healthcare needs."

+PLUS THE PROMISE
- The promise is personal commitment of excellent patient care and customer service.
- The promise demonstrates that you care about the patient and family.
- The promise communicates that you are committed to providing excellent care.

- ❑ New Employee Orientation
- ❑ Hospital Skills Day
- ❑ Staff Meetings
- ❑ Huddles
- ❑ Employee Forum

Trained Staff:

- ➢ 2017= 3,137
- ➢ 2018 = 2,678
- ➢ 2019 = 778

https://www.healthcarebusinessinsights.com/
https://www.studergroup.com/aidet

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Pre-Training / Education

- HCAHPS
  - Dimensions
  - Meaning
  - Questions within dimensions
- National Averages
- Department specific, organizational scores
- Inception of PXP Champions
- Prescriptive documents – Improvement plans

- Define "Patient Experience, HCAHPS"
  - CMS AIM
  - 32 questions survey, modes of delivery, response rates
- Explain the "WHY"

- Transitions of Care
- Standardize nurse behaviors
  - Empathy
- Scripts – Therapeutic words
- Prescriptive documents – Improvement plans
- AIDET Audits
- LEAN Methodology – A3's

- Nurse Communication
- AIDET
  - Role Play
  - Jeopardy AIDET ed.
  - Gamification
  - Nurse Recognition

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Defining Transitions of Care

The term "**Transition of Care**" (TOC) refers to the movement patients make between health **care** practitioners and settings as their condition and **care** needs change during the course of a chronic or acute illness.

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Bring awareness to survey questions implement “Key Words” in our conversations

How Care Transitions are Assessed in the HCAHPS Survey

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

1 Strongly disagree
2 Disagree
3 Agree
4 Strongly agree

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

1 Strongly disagree
2 Disagree
3 Agree
4 Strongly agree

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

1 Strongly disagree
2 Disagree
3 Agree
4 Strongly agree
5 I was not given any medication when I left the hospital

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Problem Statement
Clearly Defined Goal

- **Problem Statement:** Patients who do not have well coordinated care when transitioning from an acute environment to post-acute care leads to medication errors, readmissions, increased morbidity / mortality.

- **Goal:** Improve patient rating on HCAHPS questions 23,24,25 from our current score of 49% - 54% on or before December 2017.

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Riverside University Health Systems Hospital Readmissions 2018

Exclusions:

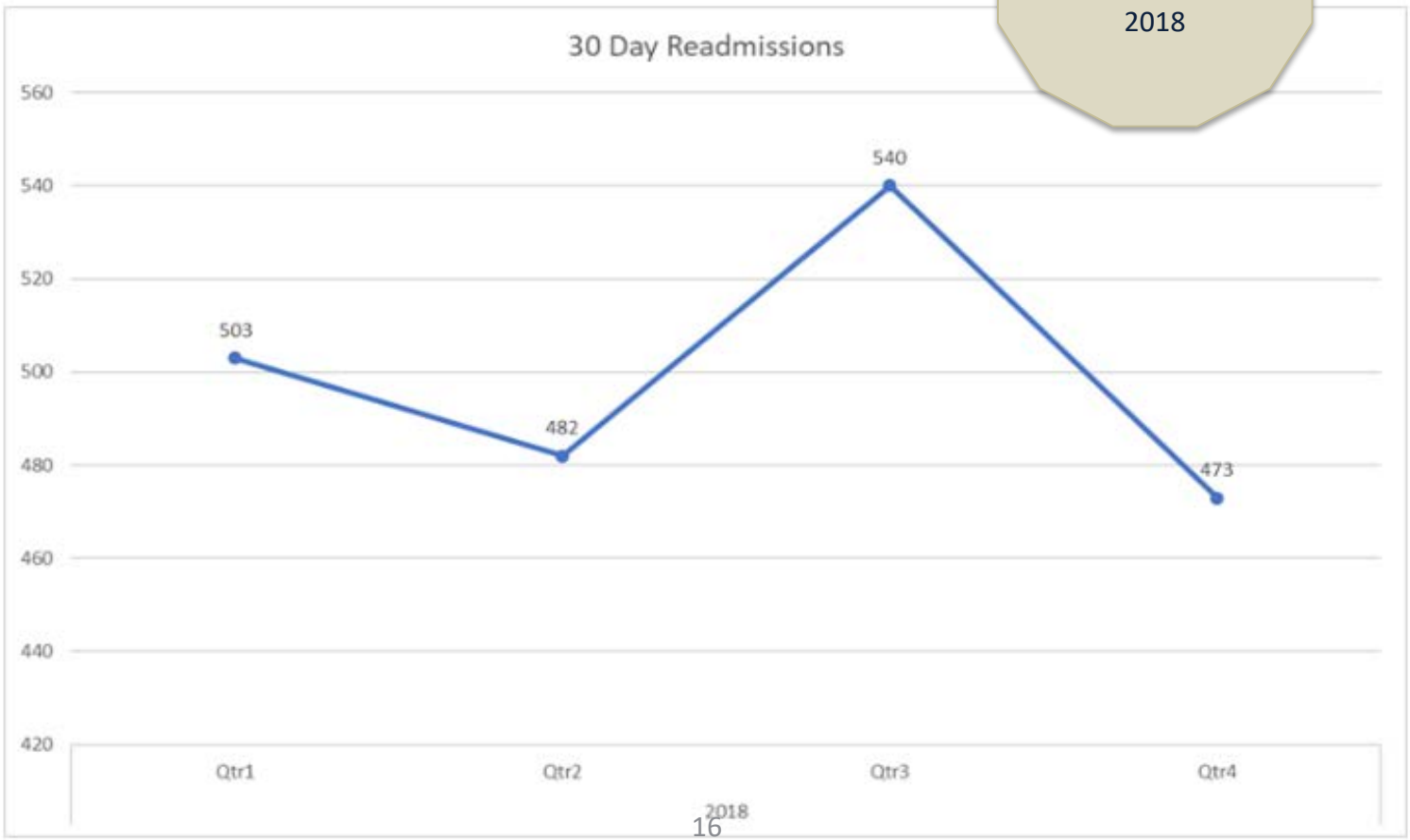
Discharge Disposition:

- Short Term Hospital
- Discharged to a designated Children's Hospital
- Left against medical advice
- Hospice
- Eloped

Primary Teams:

- Newborn
- OB
- Peds

1,998 Hospital Readmissions 2018



#23. During this hospital stay, staff took preferences and those of my family into account in deciding what my health care needs would be when I left.

- **Staff Need:**
  - Promote Discovery
    - Discovery is curiosity into this patient, their family identify who is important to them
    - Family member is the conduit between the health care team and the rest of the family
    - Early Discovery of Patient Preferences
    - Meet the Patients “Agenda” - Script
    - Integrate the “Patient Need” into the plan of care early
- **Tips:**
  - Active Listening (Training)
  - Paraphrase
  - Use of Continuers “So then what happened” “interesting” What about that is important to you?” or “What happened next?”
  - Defend the “why”

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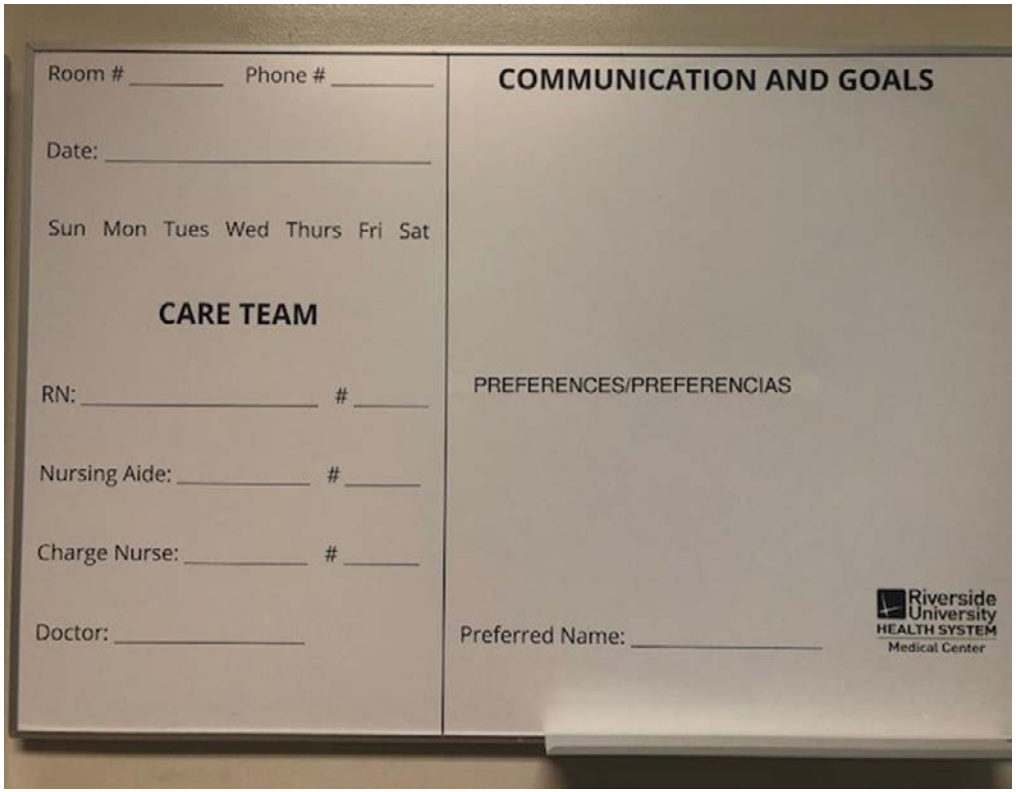
#23 During this hospital stay, staff took preferences and those of my family into account in deciding what my health care needs would be when I left.

- Identify:
  - Case Management
  - Identify Resources immediately
- Write patient preferences in the EHR / White board
- Patient goal is <u>NOT</u> the goal of the health care team



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Standardizing Nurse Behaviors - Bedside Shift Reporting / Purposeful Rounding

- *Bedside Shift Reporting – Involves and Confirms*
  - Daily review of the care plan
  - Daily review of the medication / side effects
  - Individualized plan of care
  - Manage up
  - *Implement your* ***A – I – D – E – T***
  - *Rounding with purpose*
  - *5p's*
    - *Pain*
    - *Potty*
    - *Position*
    - *Possessions*
    - *Pump*

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Transition of Care
Actions / Sustainability - Rounding

Executive Leader Rounding:

- **Executive leader / Patient:**
- Introductions
- Has there been clear communication about your health during this visit
- “Is everything properly working in your room”
- “We really want to thank you for choosing Riverside University Health for your health care team”.
- “Do you have any questions for us”

- **Executive leader / Staff:**
- “Do you have everything you need to do your job?”
- “Is there anything that is needed to make your work environment better?”
- “Is there anything you need to share?”

- Executive leader Rounding - Weekly
  - Nights – Monthly
  - Rounding on Patients / staff

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Transitions of Care (TOC) Actions / Sustainability

Hardwire Nurse Leader Rounding:

- Nurse leader introduce themselves to all new patients within 24 hour of admission

Additional Action Items:

- Create dedicated Primary Care Physician slots for newly discharged patients
- Foster an attitude of gratitude, thank you notes – Staff Recognition
- Huddle the Care Transitions word of the month ex. Preferences –
  - Ask for staff examples during huddle on how they used it their previous shift.

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Transition of Care Actions / Sustainability (contd.)

- ***Cipher Health***
- Digital rounding tool
  - Care Coordination
  - Immediate Service Recognition
  - Immediate Communication across all service lines
  - Alert for unresolved issues / outstanding items
  - Consistent / efficient rounding
  - Customizable Scripts
  - Dashboards / Reports

  - ***Patient Advocacy Rounding***

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Management Rounding Hardwire

A-I-D-E-T

- Did the staff *always* introduce themselves to you?
- Did the staff always share the plan of care with you and keep you informed?”
- Did the staff *always* explain your procedures, discharge instructions, what you were waiting on, etc.?
- Did the staff *always* do their best to share what you will be responsible for in your health care once you leave?”

Development of Physician Badge Buddies Identify Physician Behaviors - Scripting

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5 Communication Behaviors Associated with the Top 5 % of Outstanding Providers

1. **Handwash**
2. **A-I-D-E-T** (Acknowledge, Introduce, Duration, Explanation, Thank You)
3. **Take a Seat**
4. Implement the following **4 Listening behaviors**:
    1. **Let the patient speak without interruption**
    2. **Use of Continuers**
        i. "Interesting"
        ii. "Then what happened?"
    3. **Promote Discovery - Ask Questions**
        iii. So why do you think your headache came on today?
    4. **Build Self Esteem**
        iv. "Good job at identifying this symptom and bringing this to our attention."
5. **Teach Back**
    - S—Say
    - A—Ask
    - L—Listen
    - S—Say again
    - A—Ask again

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Development of Physician Badge Buddies Identify Physician Behaviors - Scripting

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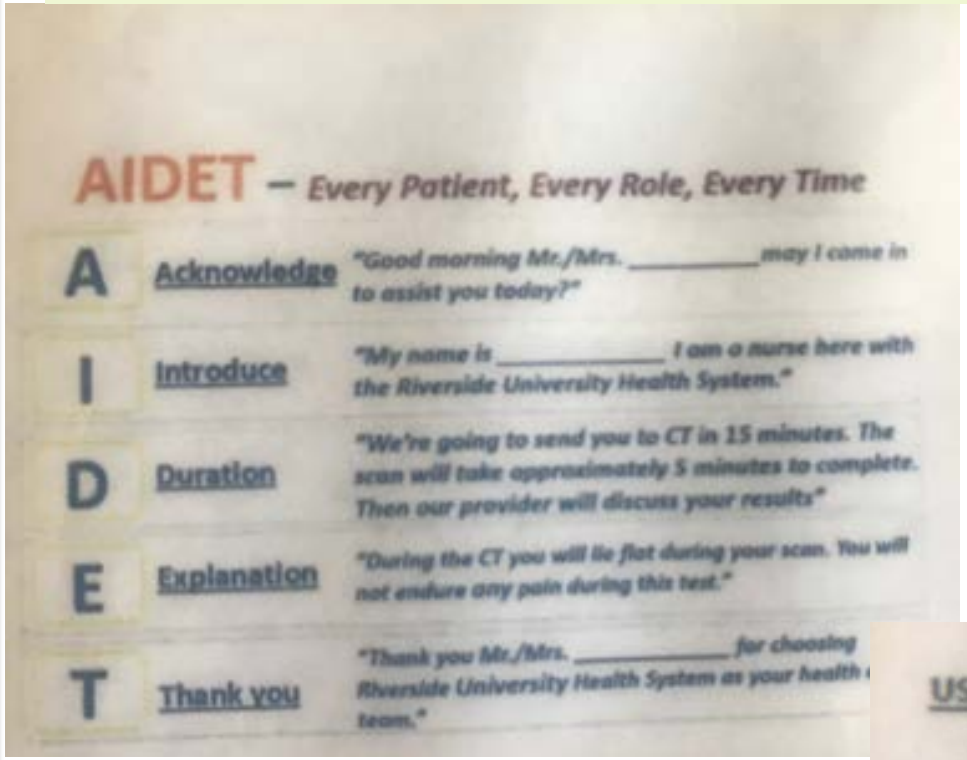
Provider Scripting Enhancing Communication / Connection

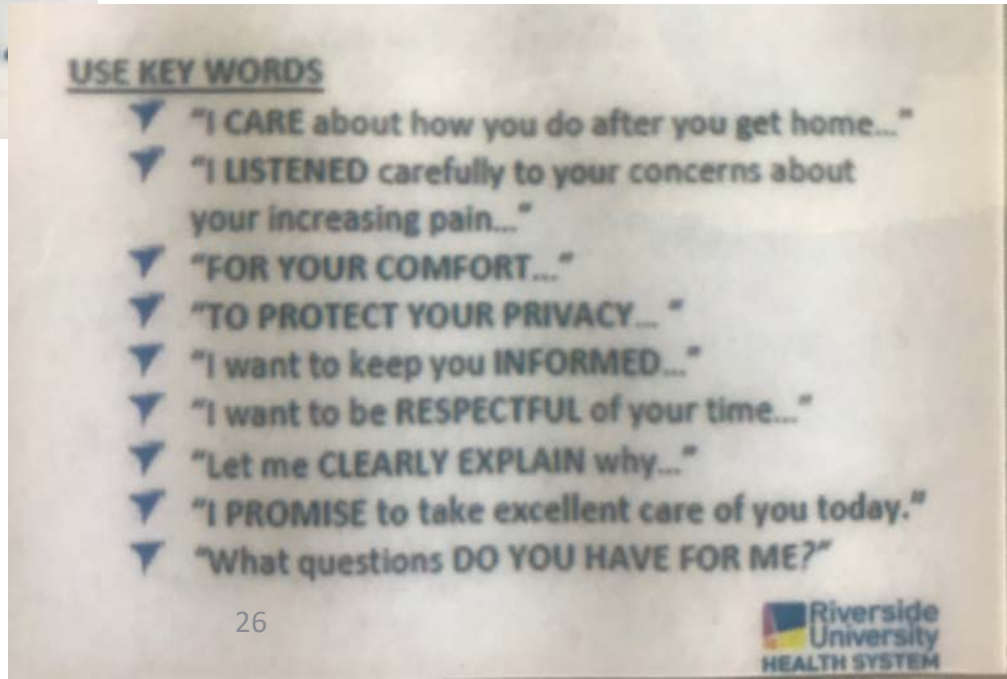
Script	Objective
"What about all of this concerns you the most?"	Connector Question – Identifying / their worry, will be an immense connection building skill.
"We're going to spend a lot of time going over your medical Hx. But I want to know a little about you.	Connector Question
"How is life treating you these days?"	Connector Question
"We care about how you do when you go home."	Demonstrates Care – Do the patients know that you care?
"I am sorry you have to go through this."	Empathy building skill – recognize what the patient is going through
"I know I have given you a lot of information, can you share with me what you've heard?"	Teach Back Skill - identifies if the patient understands the concept or requires further instruction
"What questions do you have for me?"	Safety Promotion

AIDET Badge Buddies – Key Words



AIDET – *Every Patient, Every Role, Every Time*

A	Acknowledge	*"Good morning Mr./Mrs. _____ may I come in to assist you today?"*
I	Introduce	*"My name is _____ I am a nurse here with the Riverside University Health System."*
D	Duration	*"We're going to send you to CT in 15 minutes. The scan will take approximately 5 minutes to complete. Then our provider will discuss your results"*
E	Explanation	*"During the CT you will lie flat during your scan. You will not endure any pain during this test."*
T	Thank you	*"Thank you Mr./Mrs. _____ for choosing Riverside University Health System as your health team."*



USE KEY WORDS

- "I CARE about how you do after you get home..."
- "I LISTENED carefully to your concerns about your increasing pain..."
- "FOR YOUR COMFORT..."
- "TO PROTECT YOUR PRIVACY..."
- "I want to keep you INFORMED..."
- "I want to be RESPECTFUL of your time..."
- "Let me CLEARLY EXPLAIN why..."
- "I PROMISE to take excellent care of you today."
- "What questions DO YOU HAVE FOR ME?"

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RUHS
Patient Advocacy Team

Christina Manrique
Hospital Patient Advocate

Frances Rojas, BS APPRC
Administrative Services Supervisor
Hospital Administration

Catherine Schaffler, BBA
Hospital Patient Advocate

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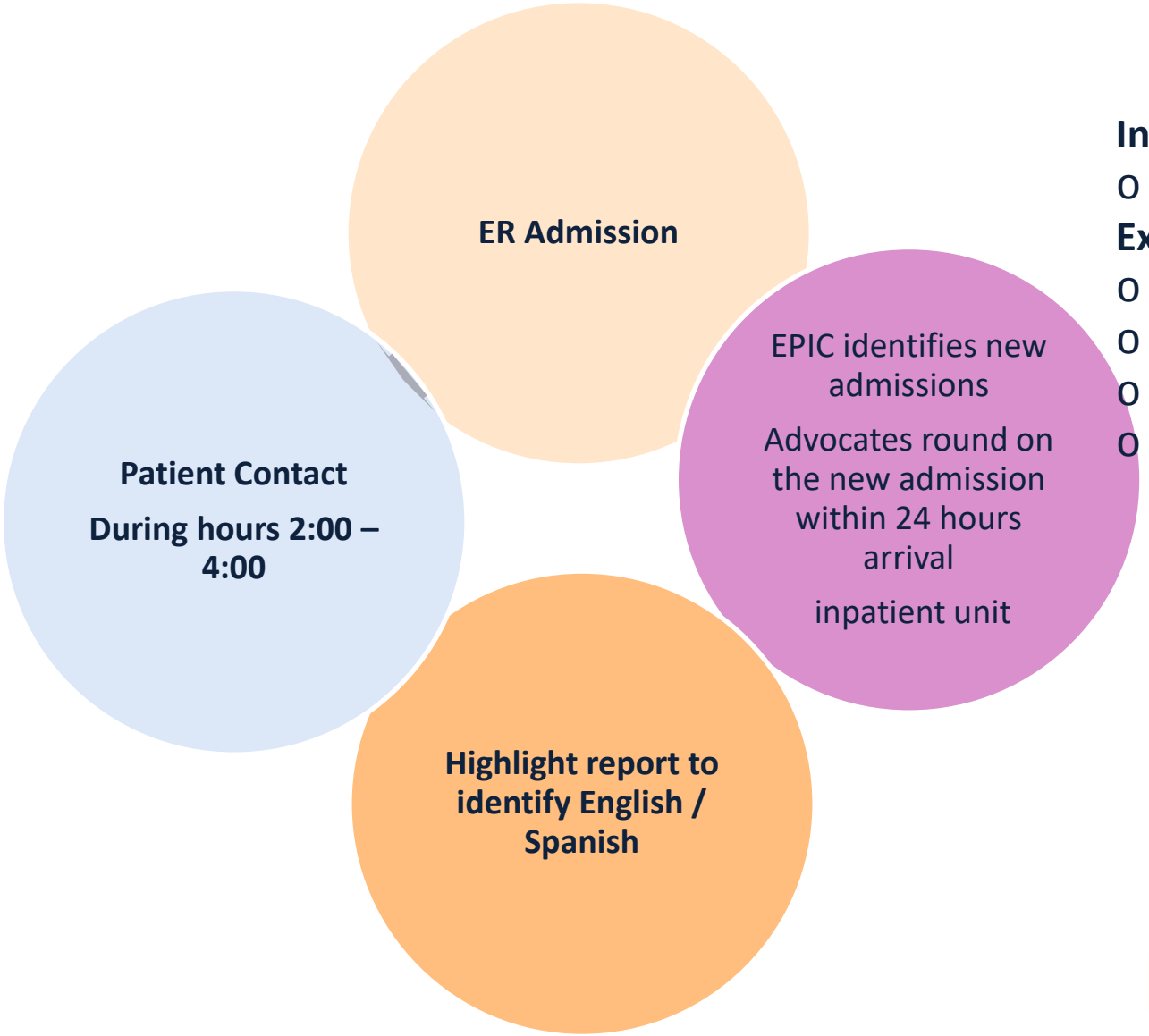
Patient Journey – Advocate Workflow



Inclusions:

- Medical Surgical Adult

Exclusions:

- Pediatrics
- Labor / Delivery
- Prisoners
- Critical Care Units

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Patient Journey – Patient Advocate Workflow Contd.

1) Hello, knock, handwash, Implement AIDET, take a seat
2) Familiarize patient with their unit
    1) Ex. ”This unit is 2500 unit and the Department Director is Amanda Williams. If you should have any problem during your hospital stay, we want to encourage you to follow the chain of command or call anyone of us to help”.
3) If there is ever an immediate need we want to resolve it.
4) “If you have any questions about your medications, plan of care or anything associated with your discharge, make sure to ask your questions”.
5) “It is your responsibility to have a good understanding of your health, so you can manage SAFELY once you leave. So it is very important to ASK QUESTIONS”.

Use of the following statements:

1) “Make sure you have a good understanding of what your responsible for when you leave”.
    1) “Make sure you understand your medications and if not ask questions”.
    2) “Is there anything that we need to do now to meet your preference”? If so, the patient advocate writes it on the patient communication board at that moment.
2) If the patient needs something the advocate assist with it at that moment.

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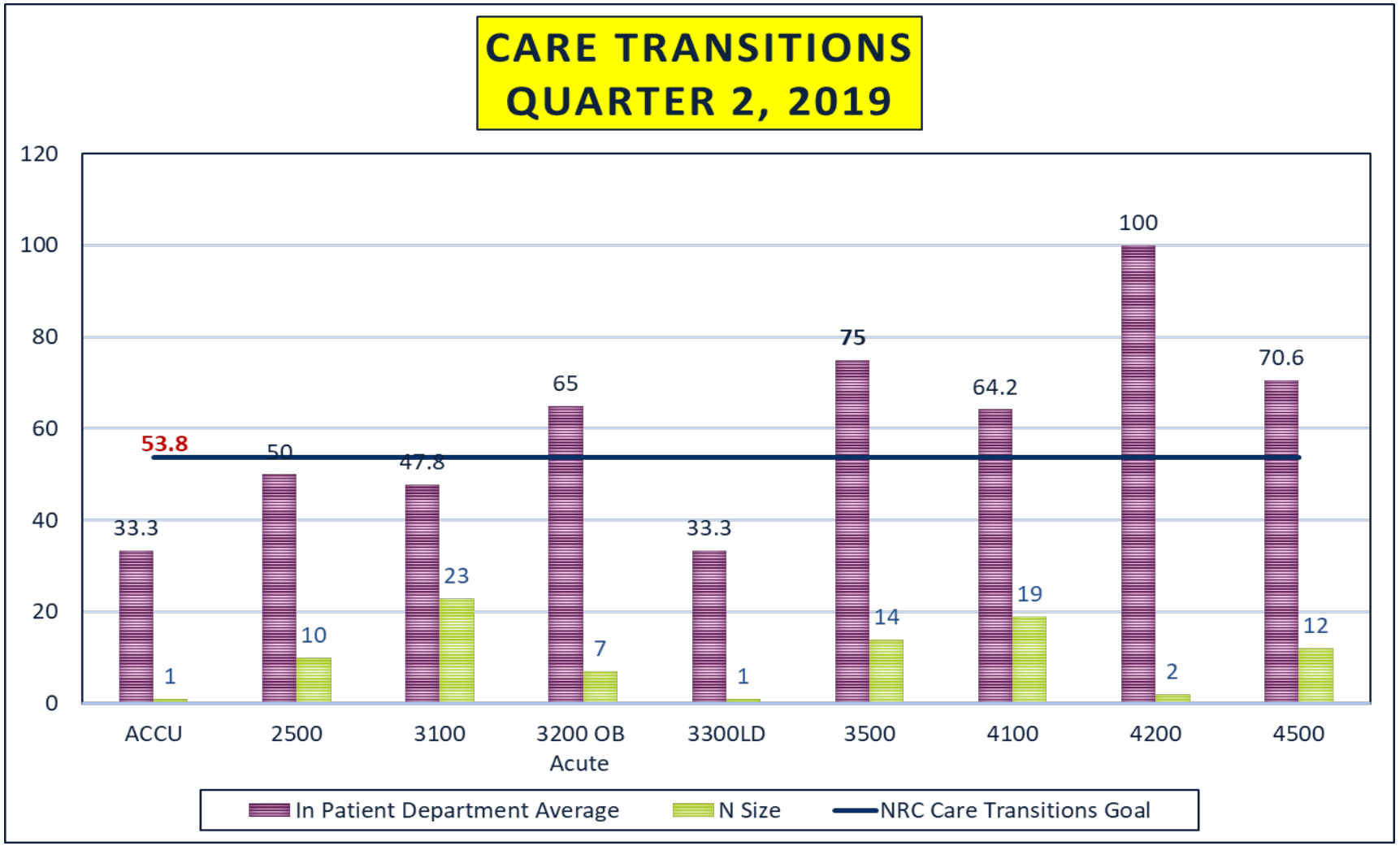
TOC Sustainability Data – RUHS Nurse Recognition



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RUHS HCAHPS Today

HCAHPS Stoplight Report

Generate Report | Export Data

Saved Reports

Report Configuration

Measure Type:	Positive
Date Type:	Discharge Date
Periods:	4
Trending Period:	Quarterly
Stoplight Benchmark:	NRC Average

	Improvement Planning	Benchmarks	RUHS HCAHPS			
Overall		NRC Average*	Qtr 1 FY2020‡	Qtr 4 FY2019	Qtr 3 FY2019	Qtr 2 FY2019
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?		73.8%	73.3%	73.4%	70.8%	65.3%
Key Drivers more...		NRC Average*	Qtr 1 FY2020‡	Qtr 4 FY2019	Qtr 3 FY2019	Qtr 2 FY2019
⊞ Communication with Nurses		79.8%	74.0%	81.2%	76.3%	71.4%
⊞ Care Transitions		53.8%	56.5%	59.3%	54.9%	48.8%
⊞ Communication with Doctors		81.4%	80.6%	81.9%	83.2%	81.0%
Highest Scores more...		NRC Average*	Qtr 1 FY2020‡	Qtr 4 FY2019	Qtr 3 FY2019	Qtr 2 FY2019
⊞ Discharge Information		88.1%	87.5%▽	83.9%	86.0%	83.9%
⊞ Communication with Doctors		81.4%	80.6%	81.9%	83.2%	81.0%
⊞ Communication About Meds		64.7%	77.3%▼	67.2%	62.9%	56.9%
Lowest Scores more...		NRC Average*	Qtr 1 FY2020‡	Qtr 4 FY2019	Qtr 3 FY2019	Qtr 2 FY2019
⊞ Responsiveness of Hospital Staff		66.1%	55.2%▽	54.7%	53.8%	54.3%
⊞ Care Transitions		53.8%	56.5%	59.3%	54.9%	48.8%
⊞ Communication about Pain		66.0%	65.4%▽	70.0%	65.1%	56.3%

RUHS Recipient of the Most Improved of Overall Hospital Rating for Large Hospitals

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What Supports the Process?

- Executive Leadership Team
- Data / Transparency
- Lean / A3's
- Continuous Education
- Staff Engagement
- Patient and Family Quality – Safety Advisory Committee
- Commitment to Research - Evidenced Best Practices

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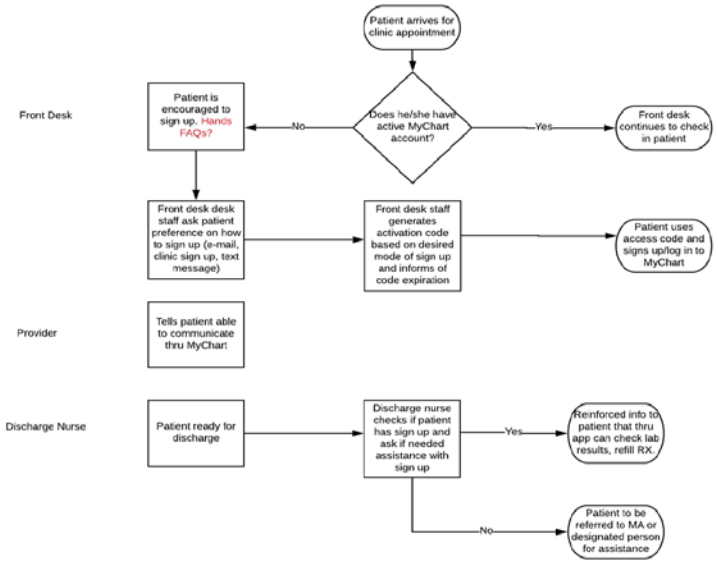
Next Steps - MYCHART

- ***Patient Portal***
- Standardization of the workflow
  - Message pools patient – provider
  - Appointment
  - E check in
  - Appointment message reminders
  - Utilization of medication refills
  - Lab results – imaging
  - Extensive staff Training - Mychart Champions
  - Patient advocates to activate my chart during rounding and demonstrate features



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Q&A

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WRAP UP

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AHRQ Webinar

AHRQ Webinar on Health IT's Role in Improving Care Transitions

Registration is open for a webinar on Sept. 26 from 2-3:30 pm ET on the potential of health IT to improve care transitions for patients with complex conditions. Presenters will discuss their work on smartphone-based applications to improve care coordination, an interactive patient-centered discharge toolkit to promote self-management, and the role of clinical decision support in improving care transitions for patients with multiple chronic diseases. Eligible providers can earn up to 1.5 continuing education/continuing medical education credit hours for participating in the live webinar.

Upcoming Dates

M	T	W	Th	F
October				
30 DY14 YE	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
	29	30	31	1

October 29 & 30: PRIMEd Conference (Sacramento, CA). Registration forthcoming.

- Tuesday 10/29: Office Hours, In Person TLCs & Networking Reception
- Wednesday 10/30: PRIMEd Annual Learning Collaboratives Conference

Share Your Feedback

How did we do?

What did you learn?

Do you have suggestions for future topics or content?

PLEASE COMPLETE OUR POP-UP SURVEY