



CASE STUDY

Improving Patient Experience in the Inpatient Setting: A Case Study of Three Hospitals

April 2012

Introduction

Across the United States, hospitals are asking patients to report on their experience during their inpatient stay. This information is collected using a standardized survey tool called the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS. With all hospitals using the same standard survey, meaningful comparisons can be made between hospitals to help drive improvement in care. The survey focuses on experiences that patients have said are important to them to have an optimal hospital stay, including communication with doctors and nurses, responsiveness of hospital staff, pain management, cleanliness and quietness of the hospital environment, and instructions about medications and discharge.

Hospitals are now well versed in collecting patient experience data using the HCAHPS survey. Since March 2008, the Department of Health and Human Services has publicly reported HCAHPS data on its Hospital Compare website, www.hospitalcompare.hhs.gov. A year later, the Centers for Medicare & Medicaid Services (CMS) began requiring hospitals subject to the Inpatient Prospective Payment System (IPPS) annual payment provisions to report HCAHPS data publicly to receive their full IPPS annual payment update. More recently, with the enacted Patient Protection and Affordable Care Act of 2010, HCAHPS is included among the measures that will be used to calculate value-based incentive payments in the Hospital Value-Based Purchasing program, beginning with discharges in October 2012.

As hospitals work toward improving their performance, the experience of others that have developed and implemented successful strategies can provide valuable guidance and lessons. This case study presents an account of how three hospitals in different parts of the country have achieved improvements in specific HCAHPS domains:

- Cleveland Clinic and its focus on purposeful nurse rounding to improve communication and responsiveness;
- Magee-Womens Hospital of the University of Pittsburgh Medical Center and its improvement of the discharge experience for patients of its Women's Cancer Program; and
- United Hospital of Allina Hospitals & Clinics and its use of positive deviance to change the culture of pain management.

About Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get care, give care and pay for care to work together to improve the quality and value of care delivered locally. The Center for Health Care Quality in the Department of Health Policy at George Washington University School of Public Health and Health Services serves as the national program office. Learn more about AF4Q at www.forces4quality.org. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/qualityequality/af4q/.

About the Author

The Shaller Consulting Group provides technical assistance to Aligning Forces for Quality by helping regional Alliances support patient experience measurement and improvement. This paper was written by Michelle Ferrari, MPH, a member of the technical assistance team.

Each case study unfolds following the Plan-Do-Study-Act (PDSA) model as the framework to describe how hospitals use HCAHPS data and other information sources throughout the improvement process to: 1) assess problems and create a plan for improvement (PLAN); 2) implement that plan (DO); 3) use data to monitor whether changes have been effective (STUDY); and 4) learn from the process to refine the approach and expand its reach (ACT). The brief concludes with a summary of cross-cutting themes common across the three hospitals studied.

Cleveland Clinic: Purposeful Nurse Rounding to Improve Communication and Responsiveness

Background

Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education. Three years ago, in a drive to become more patient centered, the organization completely restructured its care delivery model to create 27 institutes in which related medical specialties work together to address specific health issues. One example is the clinic's Heart and Vascular Institute, which organizes cardiologists, cardiothoracic surgeons, and vascular surgeons together as a team—rather than pulling them from traditional departments—allowing them to meet the needs of cardiovascular patients more efficiently and comprehensively. Nursing is embedded into each of the institutes. Since 2008, the clinic's main campus hospital has been granted Magnet status by the American Nurses Credentialing Center, a program that recognizes excellence in nursing care. Although each clinic institute follows its own quality dashboard, a separate dashboard is used to monitor nursing performance overall. Recognizing that certain nursing-centric patient experience domains were falling short of the national HCAHPS 50th percentile score, the nursing leadership set out to improve performance, particularly addressing the domains of communication and responsiveness.

Cleveland Clinic

Hospital Type: Academic Medical Center

System: Cleveland Clinic Health System

Location: Cleveland, OH

Number of Beds: 1,239

Website: <http://my.clevelandclinic.org>

Contact: Kelly Hancock, Chief Nursing Officer, Cleveland Clinic Main Campus

PLAN: Determining an Approach to Improve Communication and Responsiveness

Early work to improve these areas was piloted in the hospital's Heart and Vascular Institute, where nursing staff began to dig deeper into their HCAHPS performance issues. The staff used a report-generating function available through its call light system to review how fast patient calls were being answered and discovered the response time was quite good. However, upon reading patient comments and asking them for feedback directly, they found a different story emerged. While patients confirmed call lights were being answered quickly, they did not always feel their concerns were addressed in the same timely fashion. For example, while a nurse's aide may have quickly answered a call from a patient experiencing pain, much more time was required for that caregiver then to seek out a nurse who would need to confirm orders before getting medicine to the patient. During times when the nurse was busy attending to other patients, this wait time was further extended, leaving patients to feel the overall responsiveness to their concerns was not timely.

The Institute nurses began to see that inadequate communication was at the core of all the issues they were trying to improve. In an effort to enhance communication between patients and nursing staff, in early 2008 the staff tried moving the shift-to-shift report between nurses so that it occurred at the bedside with patients and their families whenever appropriate. The report included handoff information such as how the patient was feeling during the previous shift, what was expected to happen during the following shift, and how pain was being managed. This effort brought about some improvement in scores for nursing communication but little change in staff responsiveness scores. The nursing staff knew it needed to do more and, through a further search of best practices in the literature, hit upon the concept of purposeful hourly rounding. It began to implement this tactic in 2009.

DO: Making Rounds with Patients more Purposeful

Purposeful hourly rounding promotes a proactive approach to responding to the needs of patients and their families. While rounding commonly occurs on most hospital floors, purposeful rounding places emphasis on anticipating patient needs related to the following “Four Ps”:

- **Potty:** Checking on the need for patient trips to the bathroom to avoid falls and other unsafe conditions;
- **Position:** Making sure patients are comfortable and assessing the risk of pressure ulcers;
- **Pain:** Asking patients to describe their pain level on a scale of zero to 10; and
- **Placement:** Making sure the items patients need are within easy reach, such as water, tissues, the TV remote control, and the telephone.

In addition, an expectation that a member of the nursing staff will return on an hourly basis (or every two hours at night), and the purpose for doing so is clearly communicated to the patient. This shared understanding both helps patients to feel more attended to and allows nursing staff to work more efficiently, making better use of time to address a patient’s total needs while in the room and decreasing the need to respond reactively to call lights.

Every nurse, from frontline staff to managers, received extensive training on the method of purposeful hourly rounding. Training materials included a toolkit and a video demonstrating the proper way to introduce purposeful hourly rounding to patients, communication etiquette, and models of right and wrong ways to conduct rounding.

As use of the protocol spread, the following two survey items were added to the end of the hospital’s HCAHPS survey to monitor how often purposeful hourly rounding was actually occurring and patient perceptions of its helpfulness:

- How often did someone from our nursing staff visit you (round) at least one time every two hours during your stay? This does not include when you used your “call light” or when you were asleep. [*Uses HCAHPS four-point response scale of “never” to “always”*]
- How helpful were the visits from the nursing staff? [*Uses a five-point response scale of “very poor” to “very good”*]

The results of these additional survey questions were integrated into the computerized nursing dashboard, requiring just one click to access the scores easily. This effort to specifically measure the new protocol and emphasize accountability served to reinforce this process improvement’s importance to staff.

Frontline staff members also are empowered to tweak the process of purposeful hourly rounding to make it function better for the particular needs of the patients they treat. Each nursing unit has a shared governance council staffed by frontline nurses that reviews practices and makes adjustments as needed based on feedback from patients and staff input. This has allowed frontline staff to take ownership of the hourly rounding protocol, leading to greater commitment to the process.

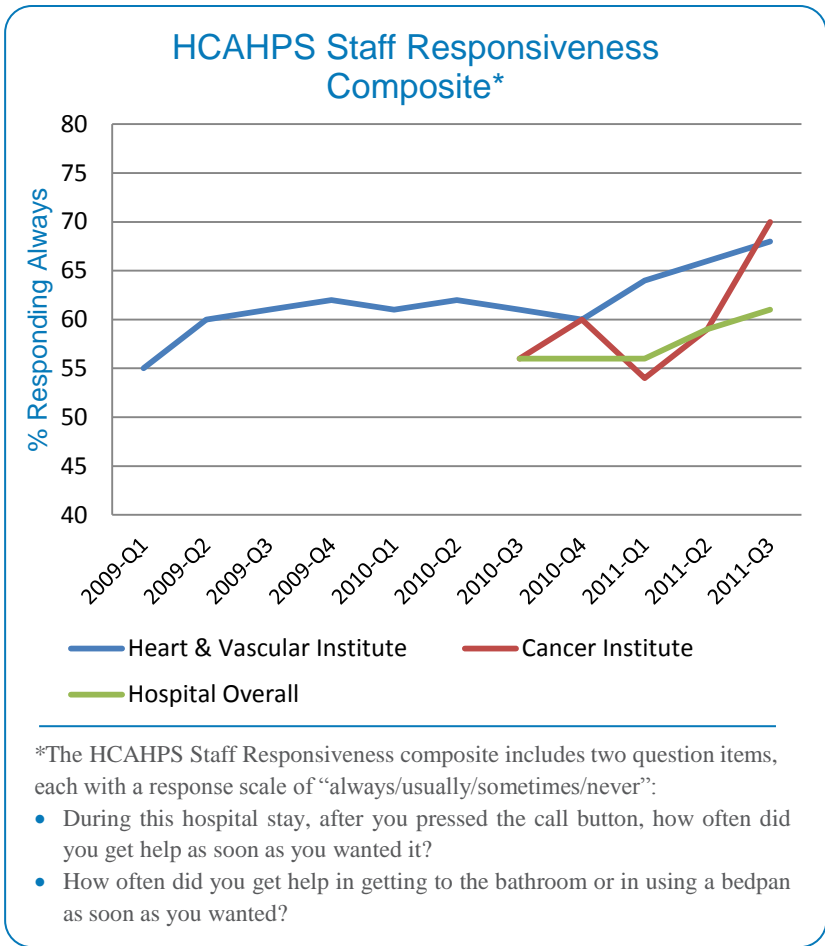
STUDY: Tracking Improvement in Survey Results

Since first piloting purposeful nurse rounding in 2009, the Cleveland Clinic’s Heart and Vascular Institute has seen its scores for the HCAHPS staff responsiveness composite increase from a top box score (i.e., the percentage of “always” responses) of 55 percent in the first quarter of 2009 to 68 percent in the third quarter of 2011. In this same time span, the Institute’s nurse communication composite score also rose from 73 percent to 80 percent.

Similarly, the staff responsiveness composite score also rose for the clinic’s main campus hospital overall as the practice of purposeful nurse rounding was expanded in 2010. The hospital’s top box score for the staff responsiveness composite was 56 percent in the third quarter of 2010 and increased to 61 percent a year later. The hospital’s nurse communication composite score rose 3 percentage points in this same period from 75 percent to 78 percent.

The clinic's Taussig Cancer Institute also experienced a significant rise in its staff responsiveness composite score in tandem with a new effort beginning in 2010 to build upon purposeful nurse rounding to better engage health unit coordinators, as described in the following "Act" section. In the third quarter of 2010, Taussig had a staff responsiveness composite score of 56 percent. A year later, this score had reached 70 percent.

In addition to tracking HCAHPS measures, two levels of leadership rounding are used for ongoing monitoring of the purposeful hourly rounding protocol. Nurse leaders make daily rounds to check how the hourly rounding process is working for patients. Feedback from patients and families often is used for immediate frontline education. Executive leadership rounding, in which groups of three executive administrators make rounds each month to speak to frontline staff and patients to hear directly about their experiences with hourly rounding and other improvement efforts, also was introduced recently.



ACT: Expanding Hourly Rounding and Building on Successes

With early evidence demonstrating that purposeful hourly rounding was making a positive impact on HCAHPS communication and responsiveness scores at the clinic's main campus hospital, the clinic's CEO pushed for its expansion more broadly across the enterprise. The executive chief nursing officer, through her role as chair of the organization's Nursing Institute, worked to standardize the rounding protocol so it could be adopted widely and collaborated with the Office of Patient Experience to ensure its successful rollout. Purposeful hourly rounding is now being used in all eight Cleveland Clinic hospitals.

All of the clinic's hospitals have seen improvement in their scores, although not all at the same rate as the main campus. One factor contributing to the difference is that nurse staffing levels are higher on the main campus, allowing staff to conduct hourly rounding more consistently. The system has seen hourly rounding fall off with lower nurse-to-patient ratios in its community hospitals. However, the CEO of one community hospital has particularly championed the protocol and has seen scores rise more rapidly as a result.

Building on the success of purposeful hourly rounding, the Clinic's Taussig Cancer Institute is attempting to create stronger relationships between patients and health unit coordinators, or HUCs, to help improve responsiveness to patient call lights. Each new patient now is greeted personally by the coordinator, who welcomes the patient to the unit and points out the call button to explain that if the patient needs anything, it will be the coordinator's voice on the speaker. The HUC explains that the call button can be used whenever needed but also informs the patient that someone will be coming to the room every hour to anticipate the patient's needs. Coordinators were encouraged to think of their role in a new way during a four-hour retreat, which emphasized them as valuable caregivers and defined ways in which their role enhances care. This emphasis on personalizing the relationship between coordinators and patients as well as

setting the expectation that patients will receive hourly visits has added to the success in improving the patient experience. Plans are now under way to expand this additional practice focused on HUCs throughout the enterprise as well.

Magee-Womens Hospital: Improving the Discharge Experience for Patients of the Women's Cancer Program

Background

A full-service hospital serving both women and men, Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC) is particularly recognized for its delivery of women's health care and serves as the teaching facility for obstetrics, gynecology, gynecologic oncology, and neonatology for the University of Pittsburgh. The hospital follows a practice developed within the UPMC's Innovation Center and first successfully applied in the hospital's Total Joint Replacement Program. This Patient and Family-Centered Care [Methodology and Practice](#) (PFCC M/P) is a systematic approach to designing for the exceptional patient experience using a series of six key steps to establish a continuous cycle of learning and innovation. As early as 2007, the hospital's orthopedics, Women's Cancer Program, bariatrics, and wayfinding each developed its

own PFCC Working Group charged with using the practice to improve the patient and family experience in its area of care. In early 2010, spearheaded by the hospital's president, the leadership of Magee-Womens set out to accelerate the spread of the practice throughout the hospital by using HCAHPS as the driver. The hospital leadership designated a new working group for each of four HCAHPS survey domains, including communication, noiselessness, cleanliness, and discharge. A fifth working group was established to promote better staff understanding of HCAHPS. All hospital vice presidents were assigned responsibility for one of the five working groups. The hospital's Women's Cancer Program—the focus of this case study—married the efforts of its original PFCC Working Group with that of the newly established, hospital-wide Discharge Experience Working Group to focus special attention on the discharge process for its gynecologic cancer patients.

PLAN: Understanding the Discharge Experience

With its well-established PFCC Working Group, the Women's Cancer Program was already engaged in a number of improvement initiatives led by a multidisciplinary team meeting every two weeks. As the program began to receive increasing feedback from patients about frustrations with the discharge process, the working group decided to focus attention on improving this area of the care experience. This decision coincided with the creation of a new hospital-wide Discharge Working Group, which was able to lend support to the effort. Both the hospital's HCAHPS and Press Ganey (a survey vendor) survey results, including written patient comments, were reviewed to confirm and better understand the problem.

Following the approach above, the Women's Cancer Program regularly invites patients and their families to participate in focus groups to share their experiences and give insights into how their experience can be improved. Knowing that discharge was an issue, the PFCC Working Group sought to examine this care experience from the whole continuum of care that takes place for a gynecologic oncology patient, beginning before the patient sets foot in the hospital and ending well after the patient has left the hospital to recover at home or in another care facility. Following a key principle of the patient- and family-centered approach, the working group invited frontline staff to join in the process of envisioning the ideal patient experience surrounding discharge to encourage innovative thinking beyond traditional solutions.

Magee-Womens Hospital

Hospital Type: Academic Medical Center

System: University of Pittsburgh Medical Center

Location: Pittsburgh, PA

Number of Beds: 318 (Women's Cancer Unit: 28)

Web-

site: <http://www.upmc.com/HospitalsFacilities/Hospitals/Magee>

Contacts: Judy Herstine, Program Administrator for Women's Cancer Services & John Silipigni, Director of Care Management

DO: Addressing Discharge from the Point of View of Patients and Families

Based on feedback that patients were feeling rushed and unprepared to leave the hospital, the Women's Cancer Program sought to improve its discharge process from a number of angles. The guiding principle of these changes was that the process of preparing patients for discharge should begin from day one and extend beyond the moment a patient is discharged from the hospital. Five specific projects were initiated:

Flight plan for discharge. As most of its patients are post-operative, the program's physicians worked together to review the seven common surgical procedures to define better what length of stay was expected for each. The operating room scheduler now uses this information to communicate a clear plan to patients before they arrive at the hospital. Physicians reinforce the message in their encounters with the patient, beginning with their first pre-operative office appointment, to establish a common expectation for discharge timing.

Discharge education materials. The program recognized its electronic educational materials for discharge were very generic and often required staff to eliminate information that was not pertinent. Gynecologic oncology physician extenders (i.e., physician assistants and nurse practitioners) were charged with reviewing all procedures and developing specific discharge materials for each. The discharge instructions, along with a frequently asked questions form, are now given to patients before they have surgery. The materials are still under development and are currently being evaluated for their effectiveness.

Workflow change. The program instituted a new model of care that puts a workflow coordinator in place to carry out rounds with physicians and dedicate time to educating each patient on discharge information specific to his or her situation. The workflow coordinator is a charge nurse or clinician without current patient assignments, so the responsibility to teach can be lifted from those with other patients to care for and given instead to someone who has the time available to provide information as thoroughly as needed.

Post-discharge planning. Before a patient is discharged, a hospital physician extender now calls the physician office to schedule the post-operative appointment to minimize this burden on the patient and ensure proper follow-up. An electronic discharge summary note also is sent to the physician office nurse detailing what was decided for post-discharge steps so a common care plan can be established with the office, the patient's likely next stop in the care continuum.

Partner education. Because many of the program's patients come from rural areas, often traveling two to three hours or more to receive care, the PFCC Working Group found it important to increase its engagement with home health and skilled nursing facility agencies in the community who may care for its patients following discharge. As these agencies may seldom work with gyne-oncology patients, a special educational forum was held to inform staff about the particular needs of these patients. This included instruction on the management of extensive wound care required so patients are not sent back to the hospital inappropriately. More than 100 area agencies were invited to attend the forum, and the opportunity was well received by those working in this field.

STUDY: Tracking Improvement in Survey Results

The Women's Cancer Program uses its HCAHPS and Press Ganey scores to monitor how well its initiatives are producing improvements. In addition, nurse managers conducting rounds also solicit direct feedback from patients while still in the hospital.

The Program's HCAHPS results indicate a noteworthy trend of improvement for the discharge domain, driven especially by the question that asks patients if hospital staff talked to them about whether they would have the help they needed after leaving the hospital. This survey question demonstrated an increase from 72 percent of patients responding "yes" in the second quarter of 2010 to 92 percent responding "yes" in the first quarter of 2011. The second question included in this domain—whether patients received written information about symptoms or other problems to look out for after leaving the hospital—remained relatively consistent throughout this same time period, with more than 90 percent of patients responding "yes" each quarter.

Compared to other hospital units—including a high-risk pregnancy unit and general medicine/geriatrics—that did not have an equally targeted focus on improving the discharge process at the time, the steady improvement in scores for this HCAHPS domain for the Women’s Cancer Program points to an apparent payoff of the combined effect of these concerted efforts.

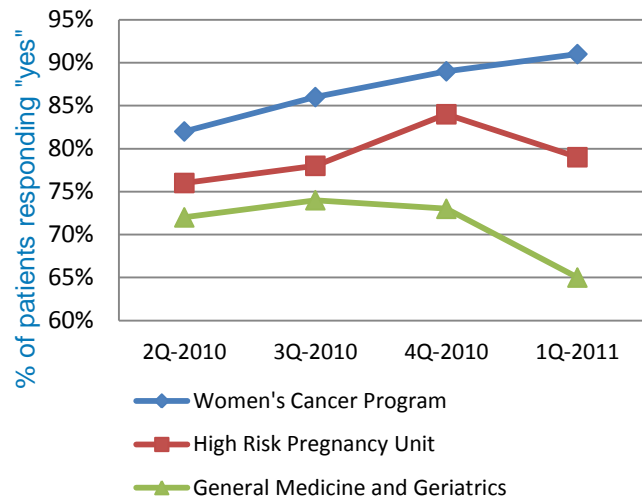
ACT: Diving Deeper into Discharge

Following the success of their initial efforts to improve discharge, the PFCC Working Group of the Women's Cancer Program and the hospital’s Discharge Experience Working Group plan to continue their collaboration. They will do this by diving deeper into the discharge experience to understand better how these processes can reduce hospital readmissions. Given the substantial number of readmissions this patient population experiences, the team plans to study discharge comprehensively again to understand the full continuum of the patient’s experience. This will include building even stronger communication links with physician offices and working with patients to understand what events occurring at home may be leading to a readmission.

A new development already under way is the hospital’s improved coordination with outpatient oncology navigators, introduced in 2009 as part of a PFCC initiative. Additionally, the program already benefits from having a physician office nurse on its PFCC Working Group who has begun to document the kind of questions her office receives after a patient leaves the hospital as a method to uncover gaps in hospital discharge education.

These efforts will be supported further by hospital-wide initiatives of the Discharge Experience Working Group to address such logistical issues as transport, parking, and signs, which all contribute to the overall hospital discharge experience. Additionally, ongoing staff development will continue so all hospital employees understand their roles in making discharge an excellent experience for each Magee-Womens patient.

HCAHPS Discharge Composite Scores*



*The HCAHPS Discharge composite includes two question items, each with a “yes/no” response scale:

- During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

United Hospital

Hospital Type: Community Not-for-Profit

System: Allina Hospitals & Clinics

Location: Saint Paul, MN

Number of Beds: 398

Website: <http://www.unitedhospital.com>

Contact: Mike Wenzel, Performance Improvement Manager, Patient Experience, Allina Hospitals & Clinics

United Hospital: Employing Positive Deviance to Improve the Culture of Pain Management

BACKGROUND

Allina Hospitals & Clinics, based in Minneapolis, is a not-for-profit system of hospitals, clinics, and other care services located in communities throughout Minnesota and western Wisconsin. In 2009, Allina conducted a system-wide review to understand better its current performance related to patient experience. While the system was achieving high marks for clinical quality, its patient experience scores were more in the average range. Through further study, Allina determined that addressing pain

management in the hospital setting provided one of the greatest opportunities for improvement. Along with communication with physicians, pain management also was found to be an important lever for the overall rating of the system's hospitals. Next, Allina took stock of what different hospital sites were doing to try to improve pain management. For one, its Unity Hospital had begun to pilot a new approach to communicating with patients about pain management through the use of "careboards," erasable white boards containing important patient and care management information. The work to develop this best practice further throughout the Allina Health System and a concerted effort at United Hospital to address more fully the culture of pain management is the focus of this case study.

PLAN: Developing an Approach to Addressing Pain Management

Review of scores for the HCAHPS pain management composite revealed that as a system, Allina was performing lower than the national average. Nursing leadership as well as physicians, frontline staff, and administrators were motivated to examine the situation in more detail by holding staff brainstorming sessions and consulting patient input received through survey comments and focus groups. A key issue these methods identified was that patients often did not know when they could expect their next dose of pain medication. In addition, while pain goals were being assessed and discussed with the patients verbally, it was difficult for patients to recall this information later or even to understand fully how their pain goals fit into their overall care plan.

While Allina had begun to use careboards in patient rooms in 2009, they were not yet being used consistently and thus far had not addressed pain management. One of Allina's hospitals, Unity Hospital in Fridley, MN, began adding a laminated card to communicate pain management information and placing it on the ledge of the careboard. The card proved cumbersome, however, and created another item to worry about for infection control. From this experience, the Allina pain management steering committee decided to highlight the careboard itself as the focal point to communicate pain management and identified two critical pieces of information to incorporate into the redesign of the careboards: 1) the patient's pain goal, and 2) the patient's pain plan, including when the next pain medication was available as well as other non-pharmacologic interventions that were available.

In January 2011, Allina began implementing the new careboard across all 11 of its hospitals. It noticed, however, some hospitals settings were more inclined than others to integrate the careboards into regular practice. At United Hospital, staff sought to experiment with the concept of "positive deviance" to help understand what staff habits and behaviors improved patients' satisfaction with pain management.

DO: Understanding and Changing the Culture of Pain Management

After redesigning the careboard, Allina put special emphasis on making sure the tool was actually used. To reinforce the tool further, nurse managers began to incorporate the careboards into their rounds with patients, making sure to interact with patients at least once during their stay to discuss how their pain was being managed and to hear feedback on how well the careboard was used in this process.

At United Hospital, pain control and careboard use was not consistent. The Pain Management Committee co-chairs—a clinical nurse specialist and patient care manager—suggested the concept of positive deviance could be used to understand better what already was working well and how to spread that information to improve the overall culture around pain management. Supported by Allina's Center for Innovation, the hospital initiated work with three pilot units—oncology, orthopedics, and cardiology—to begin a trial of the approach.

Positive deviance was first used in nutrition research in Vietnam in the 1970s to understand how certain people working within the same system and limited by the same constraints manage to find uncommon but effective ways to succeed. Applying this method to pain management, the hospital set about identifying key staff members recognized by their peers as "go-to" people on issues related to managing pain. The pilot units conducted a survey that asked staff to answer the following three questions:

- Who do you *routinely* work with on pain management?

- Who do you get *new ideas or inspiration* from to help your pain management efforts?
- Who would you like to *work with in the future* on pain management?

Results of the survey were used to construct a type of networking map that showed where flows of communication about pain control were most likely to occur and identified those staff deemed more expert in pain management. These pain experts then were asked to discuss what they may have been doing differently and how it could be applied more broadly.

One example of how positive practices were extracted from the experts was through pain simulations in which colleagues would act out a scenario on how best to handle a specific pain management situation. As it turned out, one of the best practices identified through this and other dialogues with staff was the use of the careboard in communicating with patients. Once staff began to see the effective use of this tool by those they considered most successful in managing pain, careboard use increased dramatically within the units.

The positive deviance work also helped to open better lines of communication among staff by encouraging cross-unit sharing of ideas. Positive deviance facilitators organize two ongoing open forums a month for staff to discuss pain management approaches. In addition, learning activities to accommodate busy nursing schedules were created, such as a “treasure hunt” set up among various break rooms to encourage staff to visit different units and vote on the pain management practices they found most promising.

Just the process of being identified as a pain expert led some staff members, especially physicians, to be humbled by this recognition and resolved to make themselves more available for consultation with their colleagues on pain control.

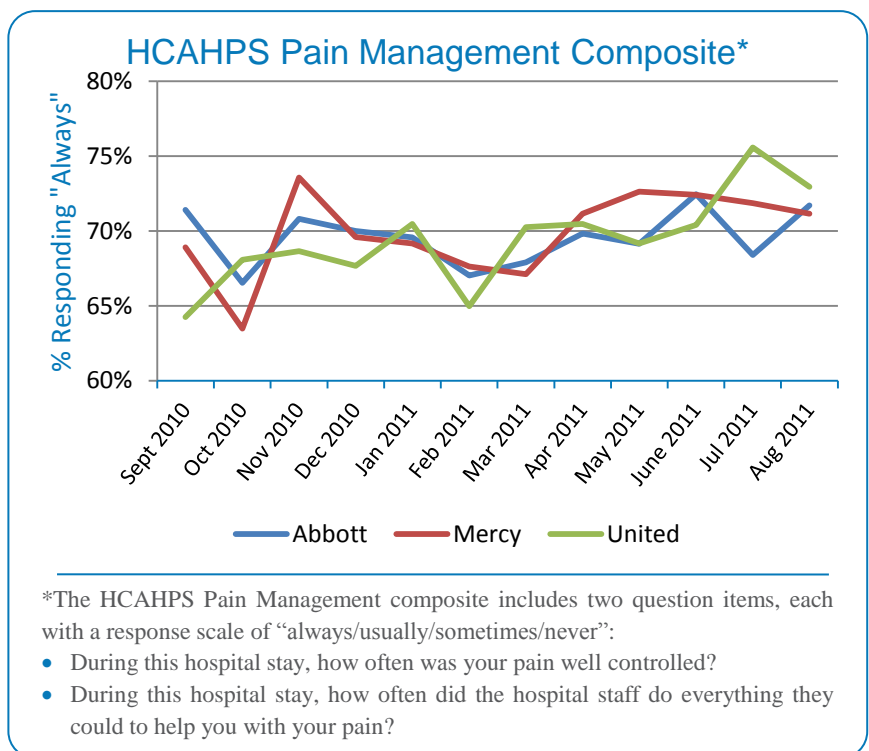
STUDY: Tracking Improvements in Survey Results

Following United’s ongoing effort to target the culture of pain management, the hospital has seen greater increases in its HCAHPS pain management composite score compared to other Allina metro hospitals (see figure). In September 2010, the top-box HCAHPS score for pain management at the hospital was 64 percent. By August 2011, this score had increased to 73 percent.

The hospital also experienced a significant shift toward more positive patient feedback regarding pain management in written survey comments. As a system-wide commitment to working on improving pain management, Allina worked with its survey vendor, Avatar International, to add a supplementary open-ended question at the end of its HCAHPS survey asking patients: “During your recent stay at _____ Hospital, what was the most helpful in keeping you comfortable with any pain you may have experienced?”

Patient responses to this question have notably included references to the use of the careboards, such as:

The most helpful thing...was accurate information on my white care board...I found it difficult to keep all the details in my mind while deciding whether to wait



for the next scheduled dose or request a dose.

The care board, providing the names of the nurse and nursing assistant. Also seeing when pain meds were given and when to expect the next one.

There was a white board in my room with the last time I took a painpill and when the next one was due.

ACT: Normalizing Careboard Use and Seeking New Opportunities to Improve through Positive Deviance

Looking forward to 2012, Allina will mandate that the pain goal and pain plan fields are completed on patient careboards during every shift. The system has implemented required training for all nurses in using careboards—including a video of testimonials from patients on the impact of careboards—and individualized coaching for staff when needed. In some cases, decals and pre-printed prompts have been created for some of the more common pieces of information to help staff use the boards.

The role of careboards continues to grow as part of regular practice as staff experience a self-reinforcing effect from using them. Nursing staff have reportedly found the boards facilitate their work flow by reducing the number of questions or calls from patients who were unaware or had forgotten when they would be receiving their next pain medication. Patients were found to be more at ease knowing that staff considered managing their pain a priority; they also reported feeling more empowered to be involved in their pain plan. Physicians seeing the careboards in use also have started to use them for their own communication purposes, such as diagramming a procedure so a patient can understand it better.

Positive deviance helped more of United's staff understand how the careboard could be used most effectively. The results of United's experience with positive deviance so far show enough promise that the hospital's chief of staff has encouraged using this approach in looking next at physician communication, another of Allina's major areas of focus for improving the patient experience. Early stages of this work have begun with the endorsement from the Medical Executive Committee at United and selection of a dedicated physician champion to help form a positive deviance team to address communication with patients. The beginning work will focus on partnering with United's hospitalist group and then inviting specialty groups to join the effort.

Cross-Cutting Themes

Several national initiatives and a growing body of research have increased attention to the importance of patient experience in the inpatient setting. Many hospitals, including the three studied here, already have embraced improving the patient experience as a top strategic goal. While the three hospitals featured in this case study each took a different path to improvement—each recognizing its own specific challenges and opportunities through review of HCAHPS survey data and other information—some common themes nevertheless cut across all three experiences:

- 1. Leadership and empowerment of frontline staff.** Each hospital saw strong, executive-level commitment to improving patient experience. This ranged from restructuring care delivery at Cleveland Clinic, to developing a specific methodological approach to patient- and family-centered care at UPMC, to reviewing patient experience performance system-wide at Allina Hospitals & Clinics. Championship of the issue by top leadership is the key to empowering everyone in the organization to prioritize and innovate change. At the same time, each hospital made provisions that allowed for innovation and tailoring of interventions at the frontline, allowing staff to take ownership of the solutions.
- 2. The PDSA approach.** All three hospitals exemplified the power of the Plan-Do-Study-Act model by making concerted efforts to develop, implement, examine, and build on targeted improvement efforts informed by evidence, including HCAHPS data and other information sources. Each hospital demonstrated that the process of improvement involves both a long-term vision for the kind of patient care the organization aims to achieve and, within that, ongoing shorter-term cycles of improvement to help step toward that vision. For example, at

Allina Hospitals & Clinics, the call to improve pain management was clear. However, multiple iterations of improvement cycles were needed for the solution of careboards to develop and gain acceptance as part of regular practice.

3. **Pilot demonstrations.** In all three cases, interventions were initially tried within a specific unit or care team to build evidence for the merit of investing in the change more broadly across the hospital and the larger system. Initial successes brought about through trial and error build confidence and models for expanding to other areas. In each case, diffusion of the change sparked additional innovations to build on the original idea in the spirit of continual improvement. For example, success with purposeful nurse rounding in the Cleveland Clinic's Heart and Vascular Institute inspired its Taussig Cancer Institute to strengthen the approach by involving health unit coordinators to further improve responsiveness to patient call lights.
4. **Continual education and feedback.** Rollout of changes at each of the three hospitals involved a concerted and ongoing education and training program. These efforts help staff learn and adopt change strategies; new processes and practices don't just happen—they must be systematically introduced and supported through ongoing training. In addition to education and training programs, each hospital used rounding and other methods—such as the addition of specific survey questions by Cleveland Clinic and United Hospital—to elicit ongoing feedback from patients on how the change is working and point to areas where additional education or coaching may be needed. In all three cases, these additional information sources were important in augmenting HCAHPS data and giving hospitals even greater ability to track improvement.
5. **Better communication and engagement with patients is a core imperative.** While each hospital undertook a different intervention, each found improving communication and engagement with patients was at the heart of what they needed to change. In all cases, more pro-active communication was essential for improving the patient experience. Each hospital also valued including the patient voice beyond just what could be collected via surveys and instead saw patients as partners throughout the improvement process, whether it be to identify, design, implement, or evaluate the improvements. For instance, Magee-Womens Hospital heard firsthand from its patients that they were feeling rushed and unprepared to leave the hospital and about the things patients wanted most before they left, leading the hospital to undertake five different initiatives to improve the discharge process. The hospital's nursing staff then continued to engage patients during the rounding process to gather patient input on how well the improvements were working.

HCAHPS data clearly show hospitals have many opportunities for improving the patient experience. The three hospital cases profiled in this brief demonstrate that targeted efforts can make a positive impact, improving both the experience patients have in the hospital and the satisfaction that staff enjoy in their work through creating more effective and efficient approaches to care.

Resources for Improving Patient Experience

- Developed by Planetree, the [Patient-Centered Care Improvement Guide](#) contains best practices and practical implementation tools contributed by hospitals from across the United States.
- [Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care](#) is a white paper developed by the Institute for Healthcare Improvement including exemplars from a variety of hospitals, tips on how to get started, and references that provide further evidence, guidance, and applied examples.
- The American Hospital Association has partnered with the Institute for Family-Centered Care to create the [Strategies for Leadership: Patient- and Family-Centered Care toolkit](#), which provides an introduction to the concept of patient- and family-centered care, video and discussion guide, and a self-assessment inventory.

- Six case study profiles on how academic medical centers have achieved high levels of patient- and family-centered care are found in the Picker Institute's [Profiles of High-Performing Patient- and Family-Centered Academic Medical Centers](#).
- Quality improvement podcasts and presentations can be found on the newly redesigned [CAHPS website](#).
- A new Tool Box section of the [Picker Institute's Always Events® website](#) features tools and strategies in use by hospitals and other health care organizations to ensure that certain aspects of the patient and family experience always occur.

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