

## HCAHPS IMPROVEMENT BEST PRACTICE FUNDAMENTALS

In-depth improvement resources can be found at <http://restricted.hopkinsmedicine.org/service/tools/index.html>

### **Rounding**

Rounding with a purpose not only fulfills the routine requests that are usually made when the call light is used but also demonstrates nurses' availability to the patient and their readiness to anticipate the patient's needs. Hourly rounding with a purpose is proactive, allowing nurses to manage patient care and their own time more efficiently.

### **Hourly Rounding**

- Purposeful Hourly Rounding is a best practice initiative, committing to have a staff member visit every patient every 1 to 2 hours and performing specific behaviors each time.
- Nurses rounding on patients/families hourly:
  - Update patient/family on test times, procedures or results.
  - Inspect environment: cleanliness, call button & phone within reach, comfort items.
  - Ensure we are meeting patient's identified needs.
  - Check "3 P's" – Pain, Position, & Potty.
  - Closing: "Is there anything else I can do for you?" & provide timeframe for next rounding visit.
- A checklist is used to ensure consistency & accountability.
- Manager or designee trains new employees. Observes staff actions, use of key messages and coaches all employees at least quarterly.

### **Nurse Leader Rounding**

- Manager or supervisor rounding daily on every patient.
- Senior Leadership rounding on patients conducted regularly.
- Daily manager rounding elements:
  - Review the overall appearance of the department.
  - Observe condition of patient & room environment.
  - Look for key clinical & service opportunities.
  - Use focus questions based on department issues or satisfaction survey results.
  - Use open-ended questions.
  - Immediate, informal reward & recognition for staff based on positive comments from patients/family.
- Use a rounding tool to capture patient/family comments.
- Rounding trend form used to summarize daily activity & discover patterns for process improvement.

### **Leader Rounding on Employees**

- Senior Leadership rounding on employees on a regular schedule.
- Engage & get to know employees to improve communication & rapport (social charting).
- Hold employees accountable through observation of behaviors.
- Provide informal reward & recognition of staff for positive behaviors.
- Ask specific focus questions of the patient. Dig for valuable information.
  - Questions regarding best practices
  - Questions around HCAHPS
- Use a log to capture comments from manager rounding.
- Rounding trend form used to discover patterns.

### **Bedside Shift Report**

- The bedside report takes place between the outgoing and oncoming nurse next to the patient's bedside at shift change.
- This meeting is intended to engage patients in exchange of real-time information at shift change, giving both the oncoming nurse and patient the opportunity to ask questions and verify important information about the patient's history and care plan before the outgoing nurse leaves.
- It puts the patient at the center of care and both the patient and oncoming nurse will have the opportunity to ask questions, express concerns, and to convey goals for the patient.
- When conducted successfully, bedside reporting increases patient safety, improves teamwork between care providers, and promotes transparency and shared responsibility for patients' care.

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### Huddles

- Huddles are implemented on nursing units to bring consistency to each unit as it relates to patient care and adherence to core measures in order to create the best, quality care for all patients.
- Charge Nurses and Case managers on each unit facilitate daily multi-disciplinary huddles at specific times.
- Huddles are typically staffed with a representative from each Clinical Team:
  - Nursing, Case Management, Social Work, Occupational, Speech and Physical Therapy, Palliative Care, Pharmacy, Respiratory Services, Wound care, etc.
- Huddles should also be staffed with a representative from the Ancillary Team:
  - Spiritual Care, Nutrition, House-keeping etc.
- Team meets to discuss what happens from the patients' perspective from admission to discharge.
  - The team proactively reviews each patient's demographics, his/her plan of care and goals – treatment that is completed and pending for that day as well as patient's progress.
  - Team works together to develop care plans, follow-up on care plans and improve patient flow through the system.
- The team uses a series of tools, including a patient census, huddle log, referral sheets to track patients' needs and who should provide the services.

### White Boards

The usage of white boards in patient rooms has become an industry standard because of how they keep patients informed and engaged in their course of care. Proper and consistent use of white boards not only fosters teamwork, but they also lessen patient and family anxiety by keeping everyone informed.

- Update the boards daily. Patients should not have to ask staff questions that the board is intended to answer. Having outdated information will only increase the number of questions asked and the patient's anxiety.
- Location and size matter. Place whiteboards where patients can easily see them from their beds. And write big enough so patients can read what's on them.
- If plausible, use one standard format across the hospital. As patients move through the hospital, they should become accustomed to getting the same level of information and communication from all units/departments.
- Make use easy for nurses by fastening pens to the whiteboards. Keep extra pens in nursing stations and have nurses quickly replace pens as needed.
- Give bedside nurse the responsibility of writing and updating information.
- Use auditors to survey whiteboard use. Identify barriers and provide feedback.

### White Boards cont'd

- Include only pertinent information such as:
  - Name of Unit
  - Date
  - Room Number & Telephone Number
  - Care Team Names and Phone Numbers (Nurse, Attending Physician, Tech, Therapist, Coordinator)
  - Medication Information
  - Plan/Goal of the Day
  - Patient's Special Needs (Dietary, Language)
  - Discharge Plan (if available)
  - Patient's Concerns and Questions
  - About the Patient (\*Important for staff to make a personal connection with patient)

### Language of Caring Scripting

The Language of Caring is a comprehensive, skill-building training program designed to strengthen our communication skills so that we more effectively and more frequently make our compassion and caring felt in interactions with people we serve.

- All leadership and staff are trained through these venues:
  - New Employee Orientation or 2-hour instructor led sessions designed to educate all staff members on how to provide care with caring behaviors. These workshops show us how to communicate with exceptional caring to our co-workers, patients and their families. It's an integral part to all our patient and family care initiatives.
  - On-line Skill-BUILDER modules designed to strengthen a single skill and help people apply the skill when communicating with their customers. Each 15-minute Skill-BUILDER module includes video-based employee scenarios, activities and success tips for sustainable behavior change. Currently, there are nine modules available through My Learning at <http://my.jhu.edu/>.
- Track, trend & communicate patient satisfaction results & comments to staff; sharing positive & negative. Celebrate successes with staff, and if needed, works with staff to develop action plan(s) for improvement.
- Observes staff actions, use of key words and coaches all employees with on-the-spot feedback.
- Hold employees accountable through observation of behaviors, as well as patient feedback from comments and letters.
- Provide informal reward & recognition of staff for positive behaviors.