



Patient and Family Experience Improvement Guide

A Manual for Virginia Hospitals and Health Systems



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Letter from the Association

It has been nine years since the HCAHPS survey results were first publicly reported on Hospital Compare in March 2008. Performance has improved on all of the HCAHPS domains nationally, as well as in Virginia, but substantial opportunities for improvement remain.

The Virginia Hospital & Healthcare Association (VHHA) is committed to supporting member hospitals in continuing to raise the bar on patient and family experience and HCAHPS performance. Patient and family-centered care is essential to achieving top-tier performance not only in patient experience, but in clinical and financial outcomes as well.

This Guide was developed at the request of the VHHA Patient Experience Forum, a multi-disciplinary team of member hospital executives convened to represent the perspective of diverse hospitals and health systems in Virginia. The Forum's time and expertise has been invaluable in shaping VHHA's Patient Experience Improvement Program. Virginia hospitals share a common goal of achieving top-tier performance in safety, quality, and service excellence. We commend our hospitals for their willingness to collaborate on these common goals.

In the pages ahead, you will find a selection of strategies, best practices, and success stories from Virginia hospitals that highlight a few of the countless examples of exceptional health care delivered by caring, dedicated, staff members focused on helping patients throughout the Commonwealth.



A handwritten signature in black ink, appearing to read 'Sean T. Connaughton'.

Sean T. Connaughton

President and CEO

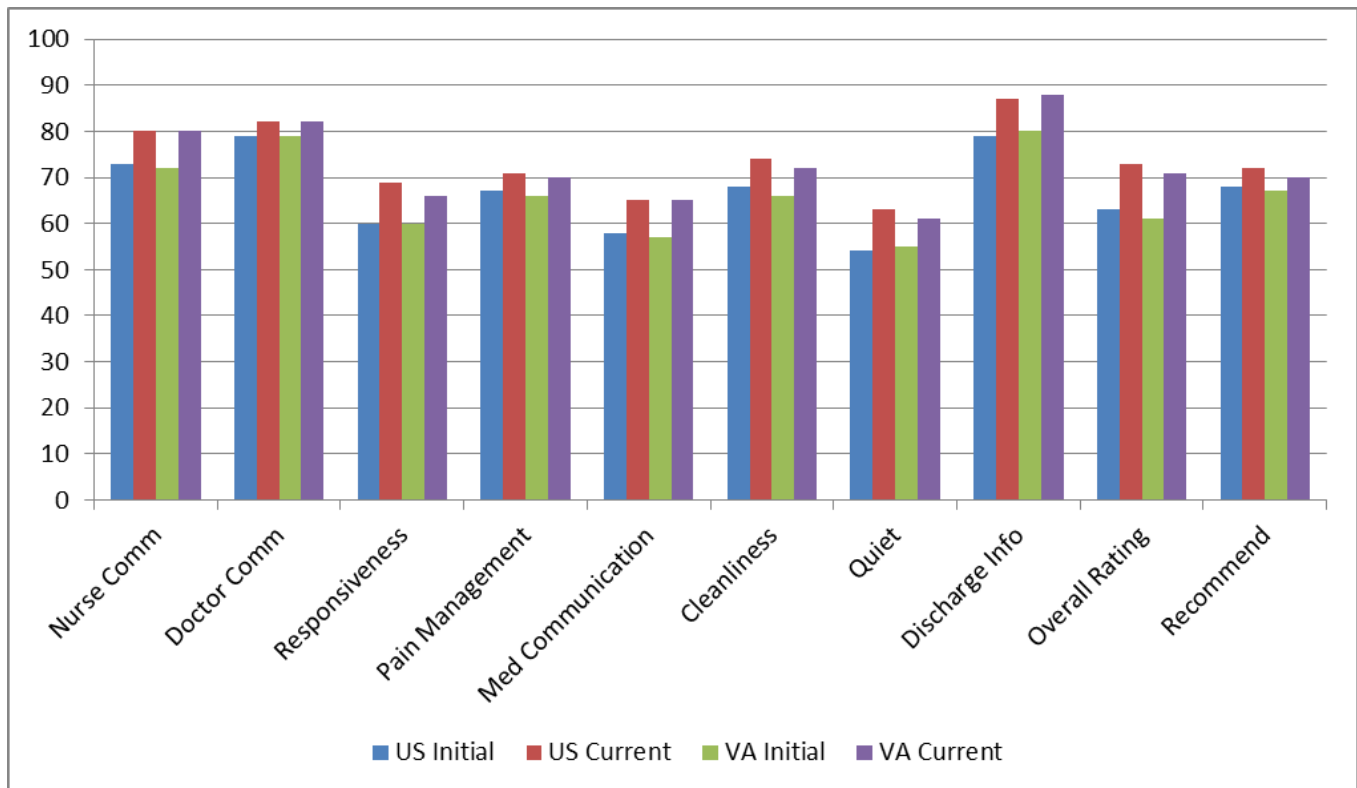
Virginia Hospital & Healthcare Association

Introduction

In the nine years since hospitals began reporting patient experience data, we have seen incremental improvements by both the nation and Virginia in all areas measured by the HCAHPS survey. Despite these improvements, huge opportunities for improvement remain both in Virginia and nationally.

Average “Top Box” Score for Participating Hospitals in the U.S. and Virginia

“Initial” reflects discharges from October 2006 to September 2007; “Current” reflects discharges from October 2015 to September 2016



Research suggests that hospitals that achieve exemplary patient experience share four common foundations. The structure of our program curriculum, deliverables, and resources provided to Virginia hospitals revolve around these same four foundations:

- Patient and Family Engagement
- Leadership
- Staff Engagement
- Effective Data Use

The content in this Improvement Guide, as well as the new online Virginia Hospital Patient Experience Dashboard, is also connected to one or more of these foundations to help organizations place best practices, toolkits, and resources within the larger context of patient experience and health care as a whole.

The Improvement Guide is divided into four sections:

Section 1 highlights foundational strategies to strengthen leadership, patient and family partnership, and staff engagement.

Section 2 provides an overview of the new VHHA Patient Experience Data Dashboard and describes a few key strategies to make the most of the HCAHPS and other patient experience data.

Section 3 offers domain-specific strategies for improving HCAHPS performance. Initial notes on understanding the HCAHPS domain are followed by domain-specific strategies in each of the foundational areas. Section 3 is intended to generate ideas and new approaches; it is not meant to be a comprehensive list of best practices.

Section 4 of the Guide features case studies from Virginia hospitals. Hospitals were initially invited to participate based on their exemplary HCAHPS performance in one or more domains. The case study hospitals were encouraged not only to share lessons learned from their successes, but also to share what can be learned from the challenges they experienced in their improvement efforts. Other hospitals that may not currently lead the state in HCAHPS performance also offered case studies because they felt strongly that implementation of certain practices had significantly improved the patient experience in their organizations.

We are hopeful that this publication will help Virginia hospitals take a fresh look at their patient experience programs, effectively use their resources, revitalize and redefine their improvement efforts, and inspire ongoing dialogue between hospital staff, leadership and patients and families.



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Section 1: Building a Strong Foundation



Improving the patient experience is not accomplished by implementing a series of disjointed initiatives targeted to improve performance on the HCAHPS domains. The patient and family experience encompasses much more than the subjects in the survey and is also integrally linked to the staff experience. Ultimately, patient-centered care isn't something an organization does, it is what the organization is. Successful organizations share four foundations that together foster a culture of patient-centered care: leadership, patient and family engagement, staff engagement, and effective data use. This section describes a few key strategies related to three of these foundations. The fourth foundation, effective data use, is discussed in Section 2, and domain-specific improvement strategies related to each of the foundations are described in Section 3.



Leadership

Leaders have critically important roles in improving the patient experience. They set the tone, align priorities, allocate resources, remove barriers, and continuously serve as an example. In a recent survey of U.S. hospitals and other health care providers, “strong visible support from the top” is the most important driver in supporting patient experience efforts, followed by “having clinical managers who visibly support patient experience efforts.”¹ Leaders can demonstrate patient and family-centered care in their words, decisions, and behaviors, including by:

- **Aligning priorities and emphasizing the relationship between patient experience, quality, safety, and financial performance**, rather than identifying them as discrete or competing priorities. This is particularly important because “other organizational priorities reduc[ing] emphasis on patient experience” was identified as the most frequent roadblock to patient experience efforts.²



- **Conducting regular leadership rounding**, to actively engage patients, families, and staff in a discussion of what is working well and where there are opportunities for improvement. Leader rounding is much more than occasionally walking around a unit; it should be a structured regular occurrence with a robust tracking and follow-up process.
- **Developing organizational structures to support improvement**, rather than simply setting an HCAHPS performance goal and asking staff to achieve it. Create quality improvement structures that not only include regular reporting of data, but provide relevant and helpful support for using the data to improve performance. After leadership support, creating “formalized process review and improvement focused on patient experience” was identified as the most significant driver for success in patient experience.³ Don’t ask staff to pole vault without a pole; give them the tools and resources to successfully achieve the goal.

Patient and Family Engagement

It is ironic that patient experience improvement initiatives often fail to involve the patient and family. Instead, well-meaning health care providers meet together to develop plans to improve care without directly involving patients and families. Organizations tend to do things for patients and families, rather than with patients and families. Patients and families should be engaged at all levels, not only at the bedside. Key strategies include:

- **Creating a patient and family partnership council** to involve patients and family advisors in improvement initiatives on an ongoing basis. AHRQ has created a toolkit to assist hospitals in working with patient and family advisors.⁴
- **Embedding advisors on improvement teams.** Organizations that already have a council in place can begin to embed advisors on all of their improvement teams. Even if a council is not in place, organizations should explore opportunities to obtain patient and family partnership on any improvement initiative. Focus groups, patient and family interviews, and other techniques can be used to gain some insight. But having patient and family partners present throughout an initiative is invaluable, changes the dialogue, and helps to promote the success of the initiative.
- **Implementing processes that promote patient and family engagement in their direct clinical care and teaching staff to listen for the improvement opportunities.** Patient survey data provides some insight into the patient experience, but actively listening to patients on an ongoing basis is a more immediate and detailed source of information that is often overlooked. Encourage staff members not only to listen to patients and families to resolve concerns, but also to recognize and record the suggestions made during their interactions with patients. Some organizations invite feedback on an ongoing basis by hosting a weekly meeting on specific units for patients and families to discuss their experience and make suggestions. Others offer patients the opportunity to provide feedback during their stay using a compliment hotline or suggestion hotline along with the complaint hotline. AHRQ has developed a toolkit to help hospitals encourage patient partnership and communication immediately upon admission using a brochure and signage emphasizing that the patient is a partner in care.⁵ Other strategies to partner with patients and families are described by HCAHPS domain in Section 3 of this Guide.

Staff Engagement

Patient- and family-centered care fosters partnerships between patients, families, and staff. It is difficult to create these relationships if staff members don't feel that the organization is truly partnering with them. Leaders can set the stage for effective staff engagement by:

- **Acknowledging the relationship between the patient experience and staff experience.** It is difficult for

staff to partner with patients and families effectively if they themselves don't feel cared for by the organization or if they perceive patient-centered care as anti-staff.

Leaders may want to explicitly acknowledge that the patient is not always right. When there is a challenging situation, such as a violent patient, it is imperative that staff know there are support systems in



place. Staff should be integrally involved in the development of any experience improvement initiative and supported in overcoming any challenges.

- **Eliminating arm-wrestling.** In some organizations, improvement efforts can turn into a large-scale arm wrestling match in which leadership insists on a new process and staff resist that process. Arm wrestling wastes time, energy, and resources and generates considerable frustration on both sides. Involving front-line staff at the beginning of an initiative and being responsive to their concerns on an ongoing basis can help to reduce or eliminate arm wrestling. If arm wrestling begins, it is important to take a step back, re-focus on the shared goal of improving the experience, and determine what the source of the conflict really is, since it is not typically opposition to the goal.

Please see the companion resource of creative ideas for leaders to engage their teams in patient experience improvement, available on the VHHA website [here](#).

Section 2: Using Data Effectively

Most hospitals widely distribute HCAHPS data with the intent of driving improvement, but the way in which they are sharing the data may inadvertently impair improvement efforts. In order for the HCAHPS data to be useful for quality improvement, it must be put in the right context, reliable and relevant to frontline staff. This section describes how to use the VHHA Patient Experience Dashboard and includes a few key strategies for setting standards for data reporting and for making the most of your data.

VHHA Patient Experience Dashboard (<http://tabsoft.co/2gPqWB3>)

One of the challenges of HCAHPS performance improvement is data management and utilization. It is difficult to appropriately use retrospective data to drive performance, especially when there are multiple sources of data available. It is common for hospitals to use both vendor data and the CMS Hospital Compare website to draw conclusions on their patient experience performance within the market. Both of these



sources have benefits and limitations in their use, which led the Association to develop a Tableau Data Dashboard to encourage collaboration and effective data use throughout the state.

Vendor data and the Hospital Compare website both offer valuable information, but have some limitations:

- Vendor data allows you to compare your performance with other hospitals that use that same vendor. Not all Virginia hospitals use the same vendor, which limits your ability to individually compare your performance to every peer throughout the state.
- Hospital Compare allows you to compare your HCAHPS performance to a maximum of three hospitals at a time, not all of your peers in the state. In order to see every hospital in the state's performance on Hospital Compare, you would have to download a data set that includes data for every HCAHPS domain for every hospital in every state in the country and then filter that information. This is very time consuming.

The VHHA Patient Experience Dashboard displays a number of analyses that can be used to drive both statewide and individual hospital performance. All data in the dashboard is obtained from CMS Hospital Compare. The Dashboard provides the analyses in several categories — state performance distribution, individual hospital performance, and historical performance trends — described in more detail on the next page.

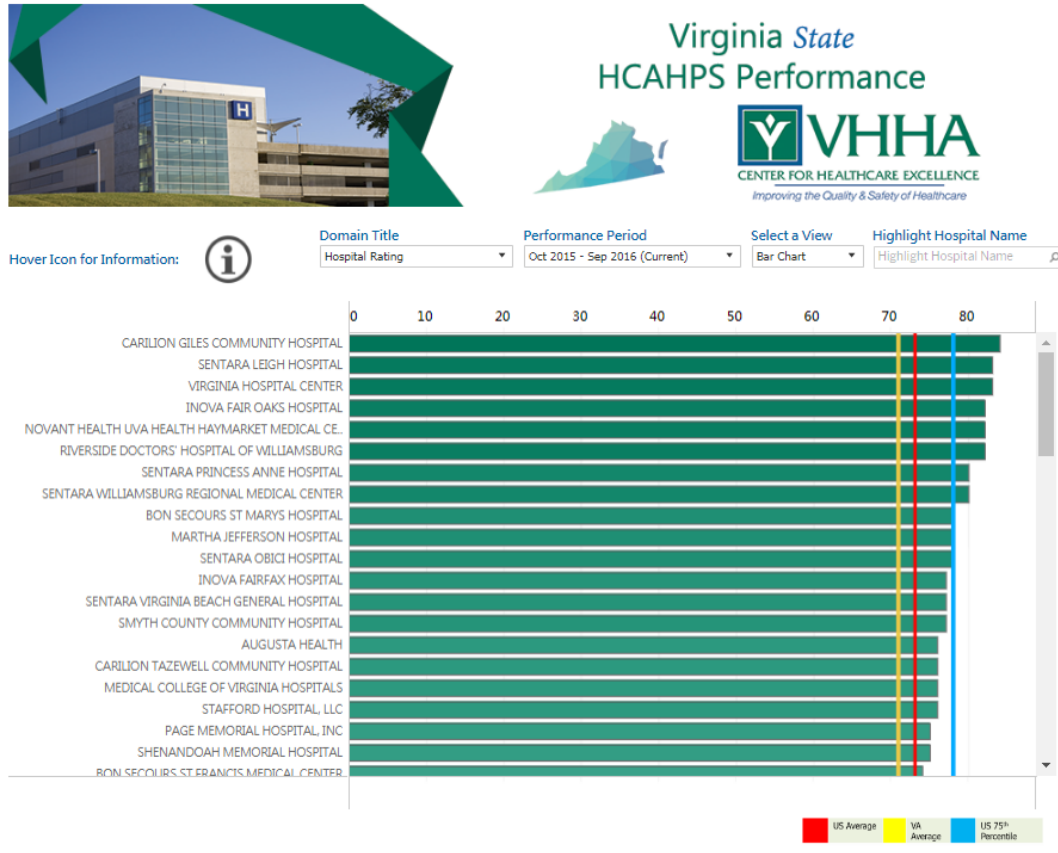
State Performance Distribution

The State Performance Distribution analysis can be filtered by HCAHPS Domain and by Performance Period. This is an easy and seamless method of comparing your performance in all areas of the HCAHPS survey. It also allows you to compare your performance with the national 75th percentile, the Virginia average, and the U.S. average scores.

The data is identifiable and allows you to see the entire state's performance within a single snapshot, enabling you to identify peers in the state that are succeeding in a certain area. Our hope is that this will:

- 1.) Increase transparency and collaboration among Virginia hospitals.
- 2.) Establish healthy competition both internally and externally. We encourage downloading and sharing these charts with your staff to show how your performance compares with other hospitals and to identify peers with similar patient populations that are succeeding in any given area.
- 3.) Encourage and engage your staff by showing them how peers are doing and proving that it is possible for them to succeed!

If you see a hospital succeeding in areas where you are struggling, please contact VHHA. Allow us to schedule an introduction with the patient experience leader to share best practices and strategies that have been contributing to that hospital's success.



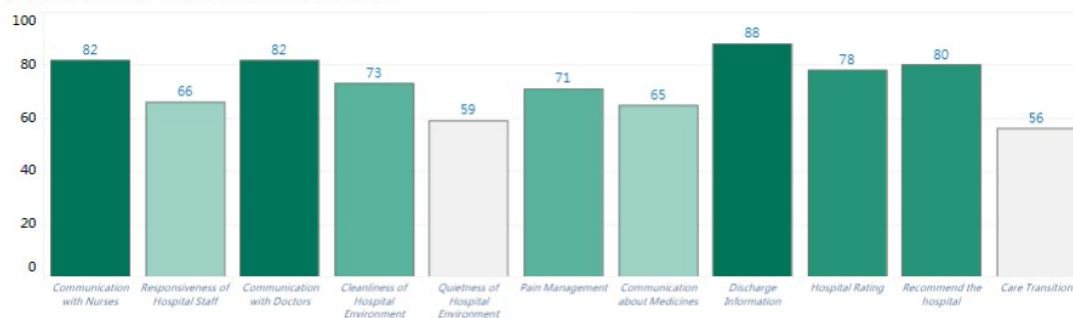
Individual Hospital Performance

The individual hospital performance analysis can be used for internal improvement, strategic planning, and as a quick snapshot to illustrate performance and to share throughout your facility. This can be filtered by both hospital and performance period.

Users are able to make comparisons between hospitals with respect to bed size and geographic location throughout the state. When seeking out peer hospitals to collaborate on specific domain strategies, it is helpful to identify facilities that serve similar patient populations or those that are similar in size.

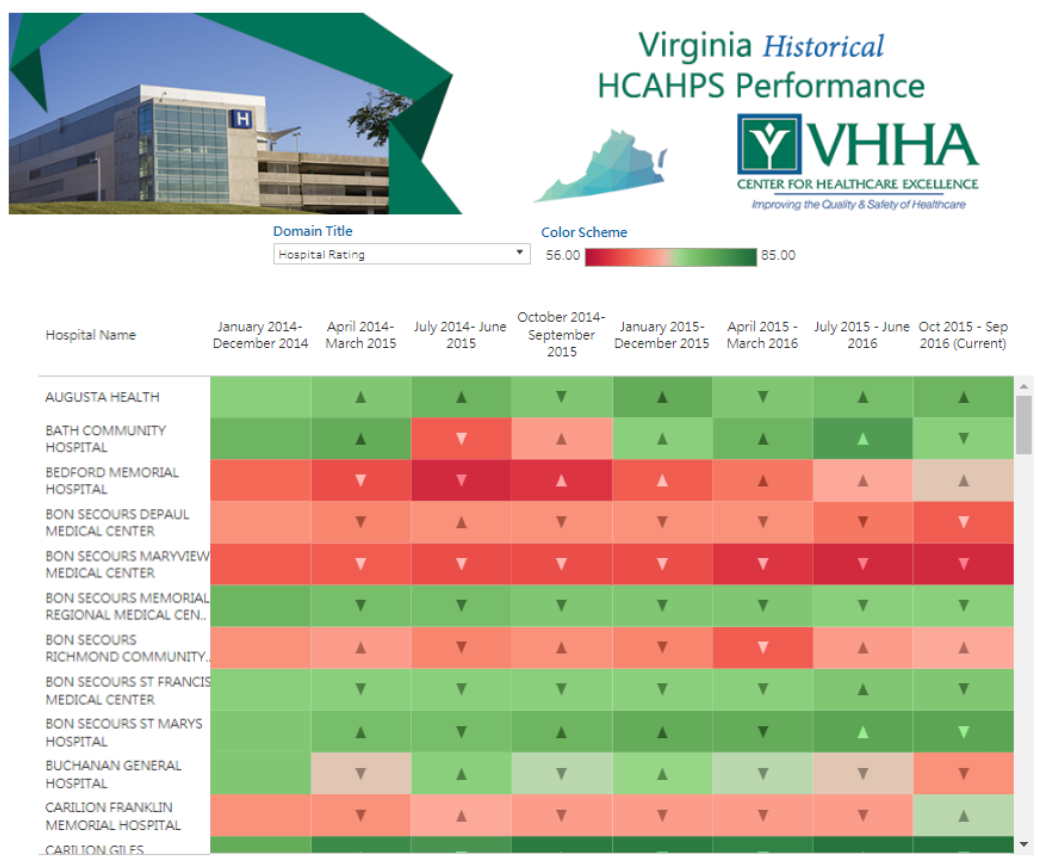


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Historical Performance

The Historical Performance Analysis is useful in seeing if hospitals are sustaining success in a given domain. Consistently strong performance, as seen in this trend analysis, can be helpful in determining which hospitals have hard-wired best practices. Up and down arrows indicate whether the hospital had a positive or negative percentage change when compared to the previous performance period. Color intensity illustrates performance when compared to the rest of the state. Prior to reaching out to a hospital to discuss collaboration opportunities, you may want to see if their success has been consistent.



How to Use this Data

Become familiar with the dashboard, content, drill downs, and performance periods

Use the **Virginia Hospital HCAHPS Performance Distribution** to identify top performers in each domain. Work with the VHHA to network with your peers who are high performers!

Use the **Hospital Performance** tab to identify which domains are strengths, and which are areas for improvement

Use the **Historical Trends** tab to identify trends and your performance over time and work on sustainability

Collaborate with your patient experience leaders and engage with peer hospitals

Download and share with your leaders and your Board of Directors!



Avoid Common HCAHPS Data Mistakes

For more information about common HCAHPS mistakes and strategies to avoid them, please see the companion resource available on the VHHA website [here](#).

Reporting Mistakes	Other Mistakes
Reporting too frequently to provide meaningful information.	Positioning HCAHPS as the goal, rather than a measurement tool to achieve the goal of improving patient care.
Inconsistent reporting (e.g. changing time periods, percent/percentile, comparison benchmarks).	Using HCAHPS alone, without considering other qualitative and quantitative data sources.
Designing HCAHPS reports without participation from managers and staff who will be using the reports.	Misunderstanding the time lag in collecting and reporting HCAHPS data and using HCAHPS to measure the success of an intervention before it is reflected in the data.
Reporting data without providing structured support for improvement.	Focusing exclusively on failure and ignoring progress, rather than identifying areas of success.

Getting More from your Data

- **Identify and design improvement strategies around key drivers.** HCAHPS, in conjunction with the other quantitative and qualitative information discussed previously, can help organizations determine what specifically is driving performance in a particular area, as well as what drives the overall rating. CMS provides a national analysis of which domains are the most strongly correlated with each other⁶ and many survey vendors provide key driver analyses in their reporting systems. A review of qualitative data trends, both positive and negative, also helps to identify key drivers. The key drivers help organizations and teams to focus their quality improvement efforts where they will have the greatest impact.
- **Understand and engage the “usually” population.** For many of the HCAHPS questions “usually” is the second highest response. Analyzing the data to determine who is in the “usually” population can help an organization to target quality improvement initiatives to that population, similar to focusing re-admission reduction efforts on patients who are at highest risk for readmissions. Some hospitals have used this technique to directly engage patients in improvement, for example by manager rounding on patients within the “usually” demographic.



Section 3: Domain-Specific Strategies



This section will highlight domain-specific strategies as measured by the HCAHPS survey.

Cleanliness of Hospital Domain

HCAHPS question: During this hospital stay, how often were your room and bathroom kept clean?

Understanding Cleanliness

The specific question HCAHPS asks about cleanliness may not be the question the patient is answering. Although HCAHPS asks only about the cleanliness of the patient's room and bathroom, patients are evaluating cleanliness in every area of the hospital. Are your parking areas, entrances, the ED, and other outpatient areas clean and well-organized, or do they appear cluttered or in disarray? Anything the patient sees that looks dirty or unkempt will make them wonder about the cleanliness of the hospital. If their first impression is that the hospital is dirty, it may be hard to change that impression.

Cleanliness Domain Improvement Strategies at a Glance



Leadership Strategies for Cleanliness Domain

Recognize and reinforce the life-saving work of environmental services personnel.

In many organizations, EVS staff report they feel unappreciated and their attitudes toward their job may reflect this lack of appreciation. Leaders should recognize and acknowledge the critically important work of the environmental services (EVS) team. Speaking of their life-saving contributions and acknowledging that the hospital cannot save lives without the assistance of the EVS team creating a clean, healthy space for healing and helping to prevent nosocomial infections can make a huge difference.

Emphasize that cleanliness is everyone's responsibility.

Although EVS staff may be primarily responsible for cleanliness, all staff should address things they are able to handle. Patients often report frustration and dismay that staff members are regularly in their rooms but pass by an obvious cleanliness issue, such as an overflowing waste basket, rather than addressing it.

Staff Engagement Strategies for Cleanliness Domain

Partner with EVS staff.

In some organizations, EVS staff members are assigned to particular units and are involved as an integral member of the unit team. Whether or not such an assignment exists in your organization, EVS staff members should be welcomed as essential partners by other staff and involved in initiatives, such as quality improvement teams. The fresh perspective offered by EVS staff can be invaluable and partnering with other staff promotes effective working relationships.

Encourage EVS staff-directed improvement strategies and ideas.

Foster EVS staff ownership and pride in their work by recognizing and rewarding exemplary service and giving high-performing staff members the opportunity to take on leadership roles teaching and coaching their peers. For example, EVS personnel can be engaged in creating their own training programs and tools to help ensure that a room is expertly cleaned.

Conduct Visual Inspections from multiple perspectives.

Many organizations have manager rounding programs in place. One way in which the rounding programs can improve cleanliness is by having managers proactively note any areas that appear to be in need of maintenance on a regular basis and share those notes with the EVS team. In addition to rounding from the usual perspective of a person walking around the hospital, it is also helpful for EVS managers to periodically conduct visual inspections from other perspectives, such as in a wheelchair or on a gurney. A stained ceiling tile may not be immediately apparent from a standing position, but if it is over your head while you are waiting for the elevator in a gurney, it is much more noticeable and concerning.

Patient and Family Engagement Strategies for Cleanliness Domain

Provide patients with direct access to the EVS team.

Patients should be encouraged to contact the EVS team for anything they may need. Some hospitals place the phone number on the white board or in the admission information packet. Others provide business cards and/or enable requests to EVS through electronic television communication systems.

Leave a "calling card."

Many patients are not aware that EVS has cleaned the room because they may be out having a procedure

or are asleep. In some organizations, EVS staff leave a “calling card” of some kind to let the patient know the room has been cleaned. Examples include a newspaper, quote of the day, bathroom mirror sticker, or business card with the number for EVS.

Ask the patient and family.

Every time EVS cleans a room in which a patient and family member is present, EVS staff should introduce themselves, explain their role, and, before leaving, ask if there is anything else the patient would like to have done before. When EVS managers round, they should also ask the patient/family members if there is anything they have noticed elsewhere in the hospital that may need attention from EVS (for example, in a hallway).

Data Use Strategies for Cleanliness Domain

Mine all of your data.

Combine qualitative and quantitative data to get a better perspective on cleanliness. In addition to looking at the HCAHPS scores, examine patient comments and complaints to see what themes are emerging around cleanliness. Determine if there are particular units of the hospital that are doing exceptionally well on cleanliness (or particularly poorly). Do a visual inspection of those units and compare processes to learn how to take what is working well and apply it to an area that isn’t performing as well. Mining the HCAHPS data also can help to identify specific populations for targeted improvement efforts. For example, when one hospital learned that females in a certain age group were the most likely to perceive the hospital as not always being clean, the hospital's environmental services leaders rounded with patients in that age group and asked for their assistance in keeping the hospital clean by contacting EVS anytime they noticed something that needed attention. It is important, however, to have this conversation in a way that empowers patients as partners rather than making patients feel they are responsible for cleanliness.

Connect to Patient Safety.

Emphasize that the HCAHPS cleanliness score isn’t just an important patient perception; it also can be considered an important patient safety indicator. One study demonstrated that “hospitals in the top quartile of cleanliness/quietness had fewer selected infections due to medical care than hospitals in the bottom quartile.”⁷



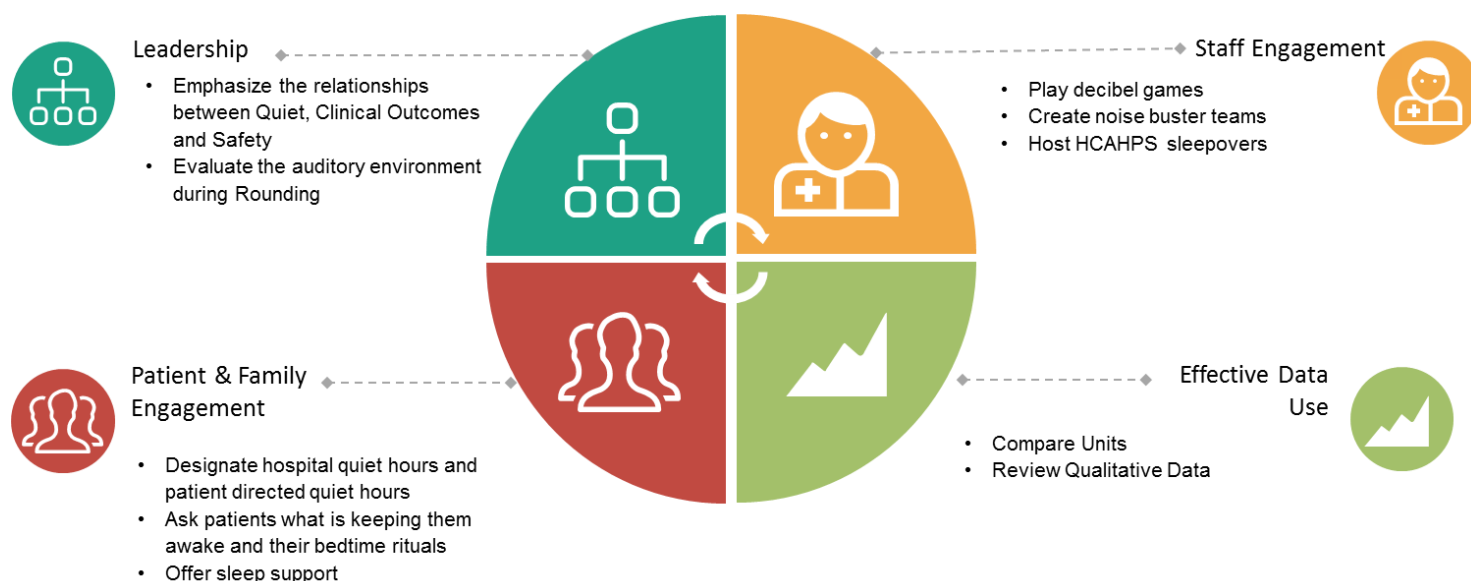
Quietness of Hospital Environment Domain

HCAHPS question: During this hospital stay, how often was the area around your room quiet at night?

Understanding Quiet

Although the HCAHPS question asks patients how often the area around their room was quiet at night, patients are likely to be thinking about the noise volume throughout the day, anytime they are trying to rest. Loud sounds in the morning may frustrate patients who are trying to sleep late and noise in the afternoon may be disturbing to patients who are trying to nap. Interruptions from staff or bright lights also may be perceived by patients as “noise” because they interfere with sleep. Reducing the noise level in the hospital at all times is beneficial to promoting patient healing as well as a more positive work environment for staff.

Quietness Domain Improvement Strategies at a Glance



Leadership Strategies for Quietness Domain

Emphasize the relationships between quiet, clinical outcomes and safety.

There are numerous studies that describe the physical effects of a poor night's sleep. For example, just one night of poor sleep can contribute to insulin resistance and an increase in cortisol. When discussing the HCAHPS quiet at night performance, leaders should emphasize that this indicator is important to clinical outcomes. A loud environment also can lead to safety issues, as noted by the Joint Commission in its alert on alarm fatigue.

Evaluate the auditory environment during leadership rounding.

Leaders should ask patients and staff about the auditory environment. Loud sounds are not only disruptive to patients, they also can create a chaotic work environment for staff. Unnecessary alarms, frequent overhead pages, loud voices, and squeaky doors and equipment are distracting for staff and annoying to patients. Leaders also can set an example by participating in the HCAHPS sleepovers described in the staff engagement section.

Staff Engagement Strategies for Quietness Domain

Play decibel games.

There are a variety of ways to engage staff using decibel meters. Many hospitals use stoplight type meters to visually alert staff with yellow or red lights when the decibel level is getting too high. Other hospitals use decibel meters to host staff competitions in which staff enter a patient room with the decibel meter in the bed and perform specified tasks while making the least amount of noise possible. When the quietest performers have been identified, they train other staff members in how to perform the tasks quietly. Setting an audible alarm on the decibel meter can help to generate staff interest and excitement in this training game; if the staff member goes above a certain level the buzzer goes off like in the children's board game "Operation."

Create noise buster teams.

Some hospitals create noise buster teams who are responsible for noting unnecessary noise in the environment and correcting it, such as squeaky doors or wheels on carts that might otherwise go unnoticed.

Host HCAHPS sleepovers.

In an HCAHPS sleepover, staff members spend the night trying to sleep on a unit in the hospital and record all of the sounds they hear that keep them awake. It may be preferable for staff to spend the night on a unit they don't typically work on so the sounds will be less familiar.

Patient and Family Engagement Strategies for Quietness Domain

Designate hospital quiet hours.

Although hospitals are full of loud sounds produced by staff, patients and family members also contribute to the auditory environment. Establishing quiet hours during the day and in the evening and communicating those hours to patients and family may help to keep the noise level low. Emphasizing that rest promotes healing may help to engage family members who otherwise may not consider the effect of loud voices on their loved one or other patients.

Enable patients to designate their own "quiet hours."

Some hospitals offer patients the opportunity to indicate when they are resting by placing a do not disturb sign (or similar sign) on the door. If staff see the sign they do not enter the room unless it is clinically neces-

sary. If it is clinically necessary, they bundle their tasks to minimize interruptions.

Ask patients what is keeping them awake.

If a patient is awake at night or indicates that they are having trouble resting anytime, ask the patient if there are any particular sounds that are disturbing them. Routinely asking patients sometimes leads to surprising results. The sounds the hospital thinks are the problem may not be the issue. Something intermittent and unexpected like staff stapling paperwork with a large industrial stapler in the middle of the night may be the culprit.

Ask patients about their bedtime rituals.

For most patients, the hospital is an unfamiliar environment and they may be particularly sensitive to strange sounds. Maintaining as much of the patient's home routine as possible may help them to wind down and be more comfortable to sleep. Ask patients what they do at home before they go to bed, such as have a cup of tea or a snack, and preserve whatever rituals are possible to replicate in the hospital. Many patients indicate that they are up at night because dinner is served early and they are hungry. Patients often don't realize they can ask for snacks so they don't mention to staff that they are hungry.

Offer sleep support and close the door.

On red eye flights, some airlines offer eye masks and ear plugs to help travelers rest. Hospitals also can offer items to help patients sleep, such as lavender aromatherapy, white noise machines, a warm towel to wash their hands and face, an eye mask and ear plugs, or a soothing sounds channel on the TV. Routinely closing the door to the patient room at night (when clinically appropriate) also can reduce noise, although staff should be careful to note if the door itself makes a loud sound when being opened and closed.

Select roommates with similar sleep schedules when possible.

In hospitals without private rooms, patients often complain that their roommate keeps them awake. To minimize the disruption of a roommate, hospitals can ask patients upon admission if they prefer to go to bed early or late. When it is possible to pair roommates with similar sleep schedules, they are less likely to keep each other awake.

Data Use Strategies for Quietness Domain

Compare units.

Review the HCAHPS data to determine which units are the quietest and which are the loudest according to patients. Visit the units during the day and at night to compare the sounds. Asking staff from the quietest unit to visit the loudest unit and note the sounds, as well as identify how they have minimized those sounds on their unit may be particularly helpful.

Review qualitative data.

Review patient comments and prepare a list of all of the sounds that patients noted prevented them from sleeping. Review the list with staff and identify those noisemakers that can be reduced or eliminated.

Responsiveness Domain

HCAHPS questions:

- *During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?*
- *How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted it?*

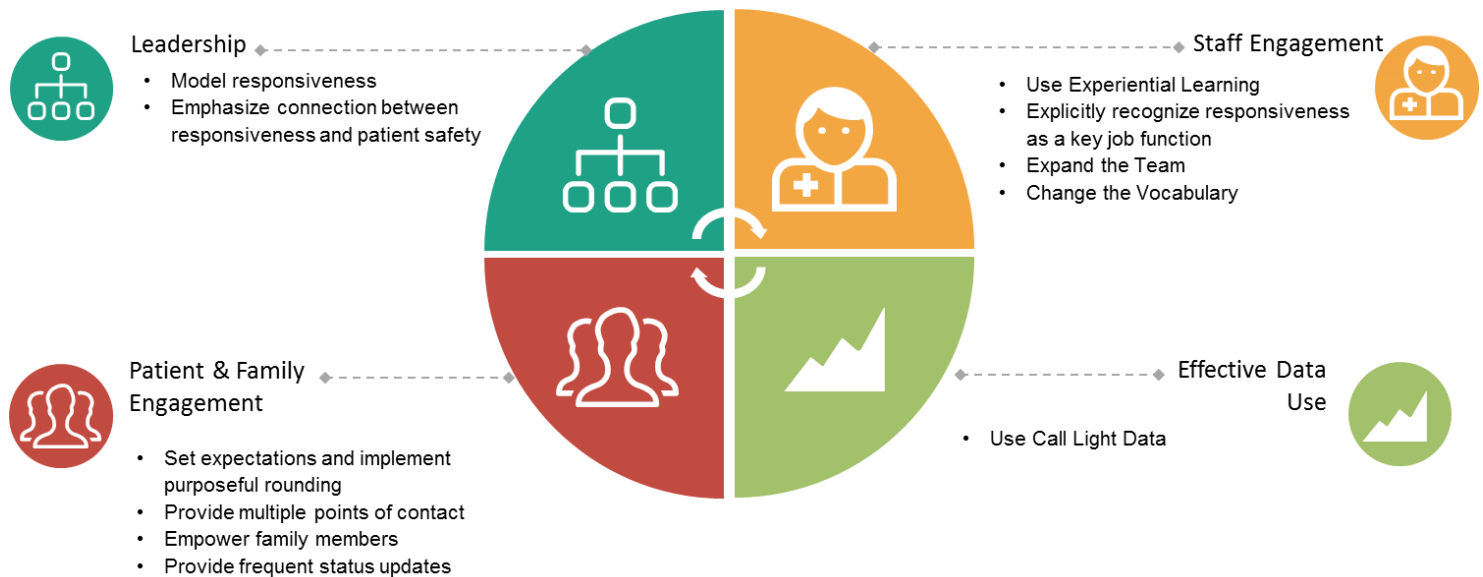
Understanding Responsiveness

The HCAHPS responsiveness questions ask about call button response and toileting, both of which are important experiences for the patient, but responsiveness also sets the stage for effective communication. When a patient is actively asking for help it is critically important that staff respond promptly both to address patient needs and to keep lines of communication open. If a patient does not get a prompt and polite response from staff when they press the call button, they may not ask when they need something the next time. This can lead to safety problems, such as patients who get out of bed to toilet themselves and fall rather than waiting for or “bothering” staff.

Responsiveness goes beyond the actual elapsed time. It also is based on the patient’s perception of the time, as well as what it means to be responsive. Even if staff are responding quickly to the call button, if it takes awhile to respond to the patient’s request then patients may perceive that as “not getting help as soon as they wanted it.” For example, if a patient is requesting pain medication and a nurse comes to the room immediately in response to the call button, but it takes half an hour to get the medication, during which no one updates the patient on the status, the patient may perceive that as not responding quickly enough.

Patient’s perceptions of time are also influenced by stress and discomfort. If you’ve ever been waiting at a long traffic light when you are late for an important meeting, you understand the concept of perceived time. Even though the light takes the same amount of time it always does, it feels like forever. Now imagine you are in pain, in an unfamiliar place, and need to find a bathroom. A patient in distress wants someone to help them immediately and if there will be a delay in addressing their needs, they want to know that it is in progress, rather than wondering if someone forgot about them.

Responsiveness Improvement Strategies at a Glance



Leadership Strategies for Responsiveness Domain

Model responsiveness.

Hospital staff often report that they are asked to be responsive to patients but when they have immediate needs, no one responds to them. Leaders can help to change the dialogue around responsiveness by making responsiveness pervasive throughout the organization. Being responsive to staff concerns includes leadership rounding on staff and following through on the items that are brought up during rounding. Responsiveness also involves communicating with staff to keep them updated on the status of their issues and requests, as well as having effective systems in place that enable staff members to obtain backup in times of crisis and/or during breaks.

Emphasize the connection between responsiveness and patient safety.

Recent studies suggest that responsiveness is not only an important patient experience indicator, it also is related to patient safety. One study found that “the percent of patients who reported [on HCAHPS] that they ‘sometimes’ or ‘never’ received help as soon as they wanted was significantly associated with an increased risk for CLABSI.”⁸ Another study determined that “faster call light response time is associated with lower total fall and injurious fall rates, after controlling for the proposed covariates.”⁹

Staff Engagement Strategies for Responsiveness Domain

Use experiential learning.

Hospitals can use experiential learning to help sensitive staff to responsiveness. Techniques such as asking staff to sit on bedpans (fully clothed) during a staff meeting help to educate staff on how uncomfortable bedpans are, as well as how frustrating it is when you don’t know when you will be able to get off the bedpan. Other techniques include asking staff members to hold in a squat position or hold ice cubes in their

hand during a meeting while they melt. The squat or cold and wet hand become uncomfortable and help to make staff more aware of how patients may feel when they are waiting for staff to assist them.

Explicitly recognize responsiveness as a key job function.

Staff members may not recognize that responding to call buttons is a key part of their job. According to one study, 53% of nurses who responded to a survey indicated that answering call lights prevented them “from doing critical aspects of their role,” even though 77% agreed that “most of the reasons for call lights are meaningful.”¹⁰ If staff don’t perceive answering call lights to be a critical part of their role, then responsiveness will be treated as a low priority.

Expand the team.

Not all patient requests require clinical expertise to address. Hospitals can use volunteers and non-clinical staff to respond to call lights or to address patient needs before a call light is even used. Some hospitals have implemented a system where no one is allowed to walk by a patient room with a call light on without checking in on the patient. Providing direct patient access to multiple staff members, such as EVS and the nurse manager, also helps expand the team and promotes responsiveness because the patient can directly reach out to someone rather than all requests going through the staff nurse.

Change the vocabulary.

One of the most distressing things for patients to hear is that the hospital is “short-staffed.” Patients are vulnerable and naturally become concerned when they are offered this explanation to justify why staff took so long to respond to a call light or request for toileting. One way to engage staff in improving responsiveness is to develop a list of words or phrases that should never be said to a patient, such as “short-staffed.” In addition, staff can develop a similar list of words that should never be said to staff members who are requesting assistance.

Patient and Family Engagement Strategies for Responsiveness

Set expectations and implement purposeful rounding.

Implementing frequent purposeful rounding on patients can improve responsiveness because patients know what to expect. With frequent rounding, patient needs may be met proactively before they even need to use the call button. During purposeful rounding, ask the patient about specific needs such as toileting and tell the patient when you will return. Developing a rounding checklist or structured communication acronym may help to make the rounds more consistent and effective.

Set realistic expectations.

When a patient is oriented to the room, staff should not only point out the call button, but encourage the patient to use it and explain the response process. For example, will the patient get an immediate response through a speaker or will someone actually come into the room for the initial response. Patients whose toi-

letting habits may be affected by medication such as diuretics should be informed that they may need to go to the bathroom more often than usual or with more urgency than usual and encouraged to press the call button as soon as they feel they need to go rather than waiting.

Provide multiple points of contact.

As noted above, many hospitals provide patients with direct access to various staff members in addition to their clinical team. Providing multiple points of contact not only is a way to expand the team responding to the patient, but also is a way of engaging the patient directly in their care.

Empower family members.

Many patients have loved ones with them who would be more than happy to assist in meeting basic patient needs such as getting another pillow, blanket, or ice chips, but may be reluctant to do anything for the patient without permission. Hospitals can offer loved ones the opportunity to participate in care in this manner formally or informally. Some hospitals have official programs enabling patients to designate a partner in their care and that partner may receive specific information and privileges. Other hospitals may not have an official program but staff members engage any loved one who is present and offer them the opportunity to help support the patient.

Provide frequent status updates.

Patients are typically not familiar with hospital processes and may not understand why a request cannot be addressed immediately. A patient who is requesting more pain medication beyond what the doctor has ordered, for example, may not know that a physician order is required. Staff should explain the steps being taken to address the patient's needs and provide regular status updates. For example, in the case of the patient in pain, staff should tell the patient that the physician has been contacted and has ordered the medication, which is expected to arrive from the pharmacy within a specified time frame.

Data Use Strategies for Responsiveness Domain

Using call light data.

Using call light data in conjunction with HCAHPS can provide significant insight into responsiveness. Even if the hospital does not routinely collect call light data, it can be gathered periodically to determine what the most common reasons for the call lights are. An examination of the data also helps to identify times when call light utilization goes up or response times go down, such as change of shift.



Communication about Medicines Domain



HCAHPS questions:

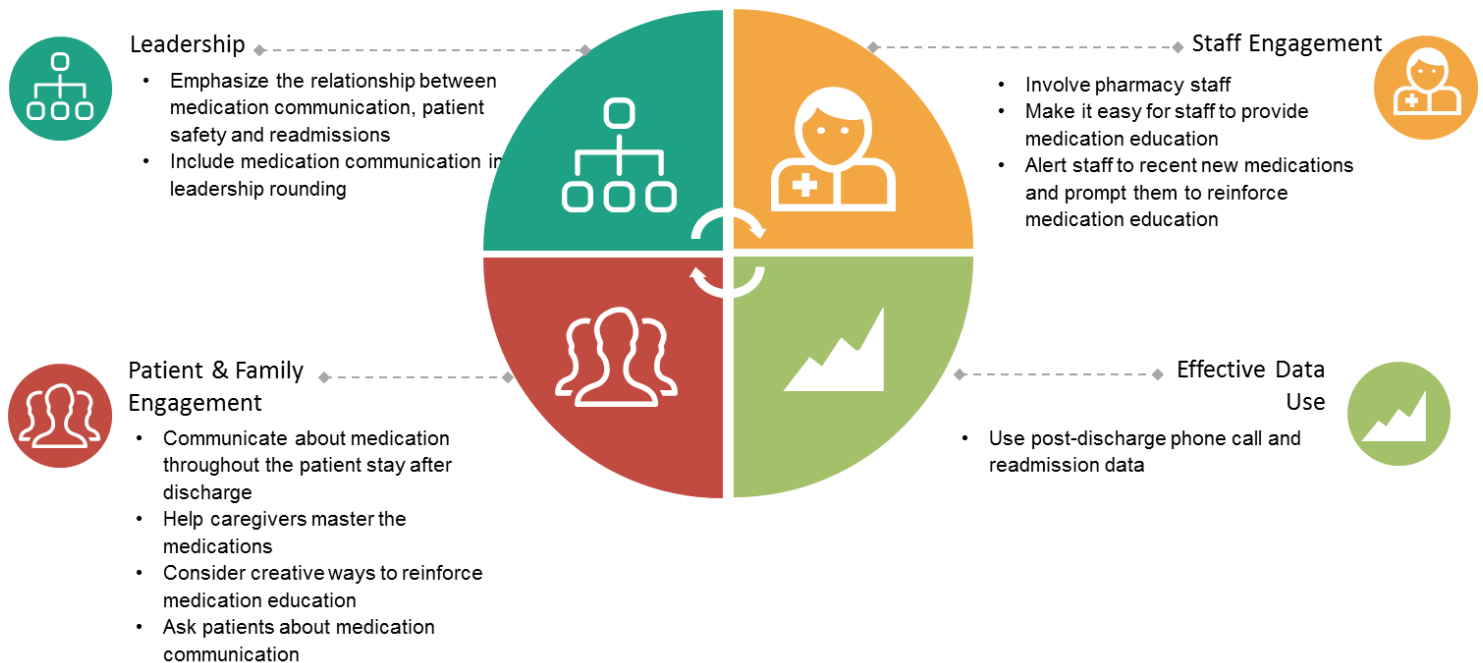
- *Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?*
- *Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?*

Understanding Medication Communication

Although medication communication is a separate domain on the HCAHPS survey, the HCAHPS medication communication questions are integrally connected with performance on physician and nurse communication. The strategies described in the physician and nurse communication domains are relevant to the medication communication domain as well. To take a fresh look at medication communication, it may be helpful to use who, what, where, when, and why as a model.



Medication Communication Improvement Strategies at a Glance



Leadership Strategies for Medication Communication Domain

Emphasize the relationship between medication communication, patient safety and readmissions.

Adverse drug events are a patient safety issue as well as a significant contributor to readmission rates. Integrating medication communication improvement strategies with readmission reduction improvement teams may be an effective way to improve HCAHPS and readmission rates.

Include medication communication in leadership rounding.

Routinely ask patients and staff members during leadership rounds about medication communication to identify what is working well and what could be improved. Compile the information gathered and follow-up on suggestions.

Staff Engagement Strategies for Medication Communication

Involve pharmacy staff.

Many organizations have begun to involve the pharmacy team in providing medication education to pa-

tients. Pharmacists can be involved in a variety of ways, including conducting or verifying initial medication reconciliations upon admission and educating patients about new medications during their hospital stay or before discharge. If it is not possible for pharmacy staff to be involved with all patients, the hospital can prioritize the patients who are most likely to benefit from a pharmacist consult and/or develop a process for staff to request a consult.

Make it easy for staff to provide medication education.

Provide staff members with tools and education that make it easy for them to inform patients about their new medications. Some hospitals have pocket reference guides for staff listing the most common medications used by the hospital, what they are for, and possible side effects as a communication aid. Other hospitals have cards or information sheets about each new medication that can be given to the patient. Some hospitals are able to have educational material automatically generated the first time the medication is ordered, which prompts staff to provide the education and then leave the written material with the patient.

Alert staff to recent new medications and prompt them to reinforce medication education.

Some hospitals use prompts to alert staff members that the patient has recently started a new medication, such as a symbol on the whiteboard or note in a medication education log for staff. Staff members who see the new medication symbol or note know they should review the patient's new medication with them and verify patient understanding.

Patient and Family Engagement Strategies for Medication Communication Domain

Communicate about medication throughout the patient stay and after discharge.

Instead of focusing medication communication at the time of discharge when patients are often overwhelmed with information and may have trouble processing it, communicate with the patient about their medications throughout their hospitalization and in a post-discharge phone call. Use teach-back techniques to verify that patients understand their medications.

Help caregivers master the medications with communication tools and include information about the last dose at discharge.

Hospitals can help patients and caregivers master their medications by providing communication tools such as a binder with a section for medications or folder with medication information and a daily patient-friendly medication administration record. At the time of discharge, provide the patient with a medication reconciliation list that not only identifies the current medication regimen, but also includes information about when the last dose was given in the hospital and when the patient should take the first dose at home.

Consider creative ways to reinforce medication education.

One hospital reported that using individualized medication labels for patient drinking cups along with a standard medication information sheet with categories of commonly used medications resulted in dramatic

improvements in HCAHPS medication communication performance.¹¹

Ask patients about medication communication.

Patients process information in different ways. For example some are auditory learners, while others are more visual. Consider asking patients during rounding, at discharge, or during the post-discharge phone call what medication information was most helpful to them and if they have any suggestions for how to improve medication communication. Hospitals that have patient and family advisory councils in place should involve their advisors in reviewing the medication communication process and any written materials.

Data Use Strategies for Medication Communication Domain

Use post-discharge phone call and readmission data.

Many organizations conduct post-discharge phone calls and some conduct interviews with patients upon readmission to determine whether and how the readmission could have been prevented. Organizations that have access to this data have valuable information about medication communication. If confusion about medication contributed to a patient's readmission or is identified on a post-discharge follow-up phone call, that information should be compiled and shared with the team working on patient experience improvement. The information will help the team to determine whether there are specific medications that are more challenging to educate patients about or whether there are specific units that either do an excellent job or could use some additional support.

Doctor Communication Domain



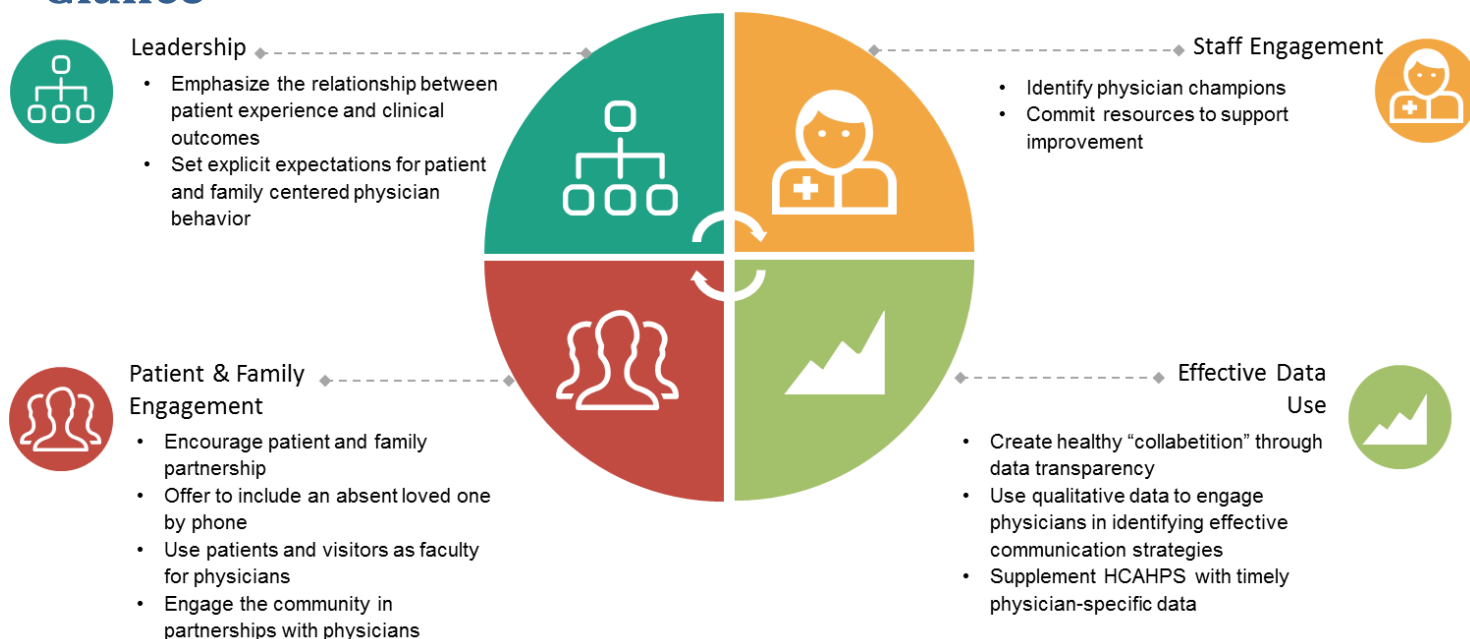
HCAHPS questions:

- *During this hospital stay, how often did doctors treat you with courtesy and respect?*
- *During this hospital stay, how often did doctors listen carefully to you?*
- *During this hospital stay, how often did doctors explain things in a way you could understand?*

Understanding Physician Communication

Although the HCAHPS survey questions ask about communication between physicians and patients during hospitalization, patients are also considering the communication between and among clinicians during and after hospitalization. Physician behaviors, team communication, and systems issues all affect HCAHPS scores.¹² If different team members give the patient conflicting information, that reflects poorly on communication. If the physicians don't appear to be informed about what other physicians have said or done, that also causes concern. Examining qualitative data or conducting focus groups can help the organization determine which aspect of physician communication is driving HCAHPS performance and avoid wasting time and resources on improving aspects of communication that are already working well. For example, if poor communication between the hospitalist group and community primary care physicians is what is driving poor HCAHPS performance on physician communication, improvement efforts focused on in-hospital communication will be ineffective.

Doctor Communication Improvement Strategies at a Glance



Leadership and Physician Engagement Strategies for Doctor Communication

Emphasize the relationship between patient experience and clinical outcomes.

A growing body of research supports the connection between positive patient experiences and better clinical outcomes. For example:

- “Higher patient satisfaction with inpatient care and discharge planning is associated with lower 30-day readmission rates even after controlling for hospital adherence to evidence-based practice guidelines.”¹³
- “[T]here were consistent relationships between patient experiences and technical quality as measured by the measures used in the HQA program, and complication rates as measured by the AHRQ PSIs.”¹⁴
- “[W]hen we controlled for a hospital’s clinical performance, higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates.”¹⁵
- “Inadequate communication between care providers or between care providers and patients/families is consistently the main root cause of sentinel events.”¹⁶
- “[T]he percent of patients who reported [on HCAHPS] that they ‘sometimes’ or ‘never’ received help as soon as they wanted was significantly associated with an increased risk for CLABSIs.”¹⁷
- A review of evidence from 55 studies concluded that there are positive associations between patient experience and health outcomes (both objectively measured and self-rated), adherence to recommended medication and treatment, preventative care, health care resource use, and quality and safety of care.¹⁸

Being aware of this research will help physicians to view HCAHPS as a quality improvement and patient safety tool rather than a regulatory requirement.

Identify physician champions.

Peer-to-peer learning and partnership is important, but in many organizations, physicians are not a key part of patient experience improvement efforts. In a recent survey of hospitals, 25% indicated that “lack of support from physicians” was a roadblock in patient experience efforts.¹⁹ Identify and engage physician leaders who will take an ownership role and partner with the organization in developing goals and plans for patient experience improvement.

Set explicit expectations for patient- and family-centered physician behavior.

Leaders should emphasize that patient- and family-centered communication is a core part of physicians' clinical skills, not an afterthought, and incorporate that philosophy in physician recruiting, codes of conduct, orientation, and leadership opportunities. Well-designed pay-for-performance incentive programs also can help to reinforce the importance of patient and family experience for physicians.

Commit resources to support improvement.

Physicians often say they are told to improve their performance on HCAHPS communication, but aren't given any guidance or tools to help them do it. Work with physicians to identify what support will be most helpful to them, for example a group training session, 1:1 communication coaching, or a monthly newsletter with tips for improving physician communication.

Patient and Family Engagement Strategies for Physician Communication

Encourage patient and family partnership.

There are many ways to encourage patients and family members to partner in their care and speak up with a physician, such as by reminding patients when the physicians will be rounding and inviting patients to leave questions on the whiteboard or a notepad by the bed so they don't forget to ask all of their questions. Physicians also can encourage participation and engagement through their body language and tone, by sitting down, introducing themselves, asking patients their preferred name, avoiding medical jargon, and refraining from quickly interrupting patients.

Offer to include an absent loved one by phone if appropriate.

If a loved one who is actively involved in the patient's care is not present when the physician rounds, the physician can offer to call the loved one so they can be included in the rounding.

Use patients and visitors as faculty for physicians.

Physicians' perceptions of care are often significantly different from patient perceptions.²⁰ Patient and family advisors can be excellent faculty members for physician orientation and education sessions because they help physicians to see through the experience from the patient's perspective.

Engage the community in partnerships with physicians.

Physicians can reinforce the need for partnership with patients in community events where they discuss the importance of patients speaking up about their condition, symptoms, and concerns. The Danish Society for Patient Safety, for example, had a "questions are the answer" community campaign encouraging people to ask all of their questions. The Joint Commission's Speak Up program also is intended to promote active and engaged patients.

Data Use Strategies for Doctor Communication Domain

Create healthy “collaberation” through data transparency.

Create healthy competition among physicians by regularly sharing the data and supporting them in learning from each other. Provide physicians with the opportunity to drill into the data either through direct access to the vendor’s reporting system or by working with quality improvement staff. Encourage curiosity in using the data and seeking explanations for variations in performance among physicians or physician groups. Use the data to highlight behaviors that are particularly effective such as sitting down while talking to a patient and demonstrating empathy; patient comments may be particularly helpful for this purpose.

Use qualitative data to engage physicians in identifying effective communication strategies.

Some hospitals have engaged physicians in analyzing qualitative data about physician communication and synthesized the information into a rubric for effective communication. One academic medical center developed the acronym POTHOLes²¹ to educate house staff in effective physician communication, specifically:

Pay Attention

Orient Patients and Families

Test Understanding

Humanism - Be Kind

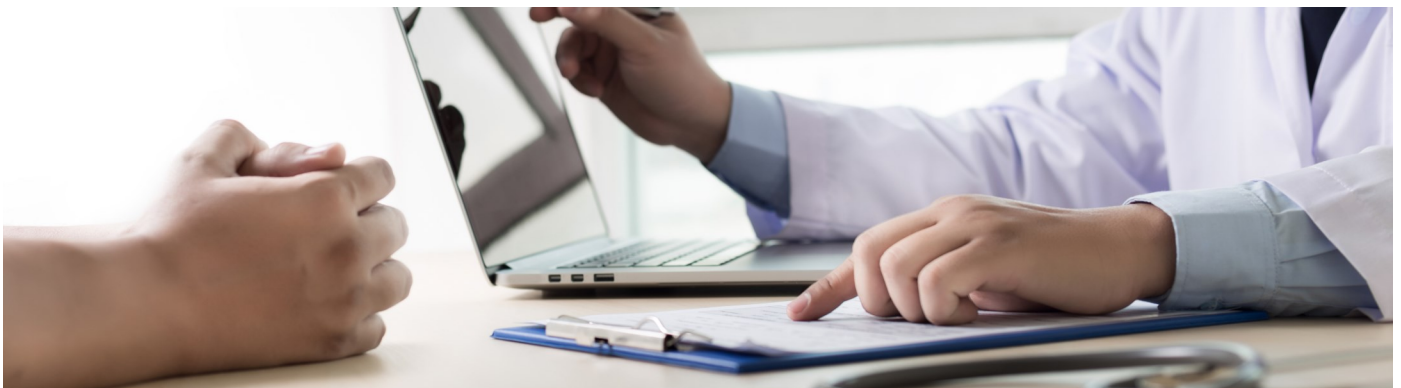
On-Time Care

Let Patients Explain

Expectations - What Should Patients Expect

Supplement HCAHPS with timely physician-specific data.

Qualitative data related to specific physicians can be very helpful in improving performance, especially since it is difficult to attribute HCAHPS performance to a specific physician when the patient has seen multiple physicians during a visit. One organization, for example, used volunteers to interview patients about specific residents’ communication skills.²² This valuable, personalized feedback enabled residents to identify effective communication role models and learn from each other.



Nurse Communication Domain



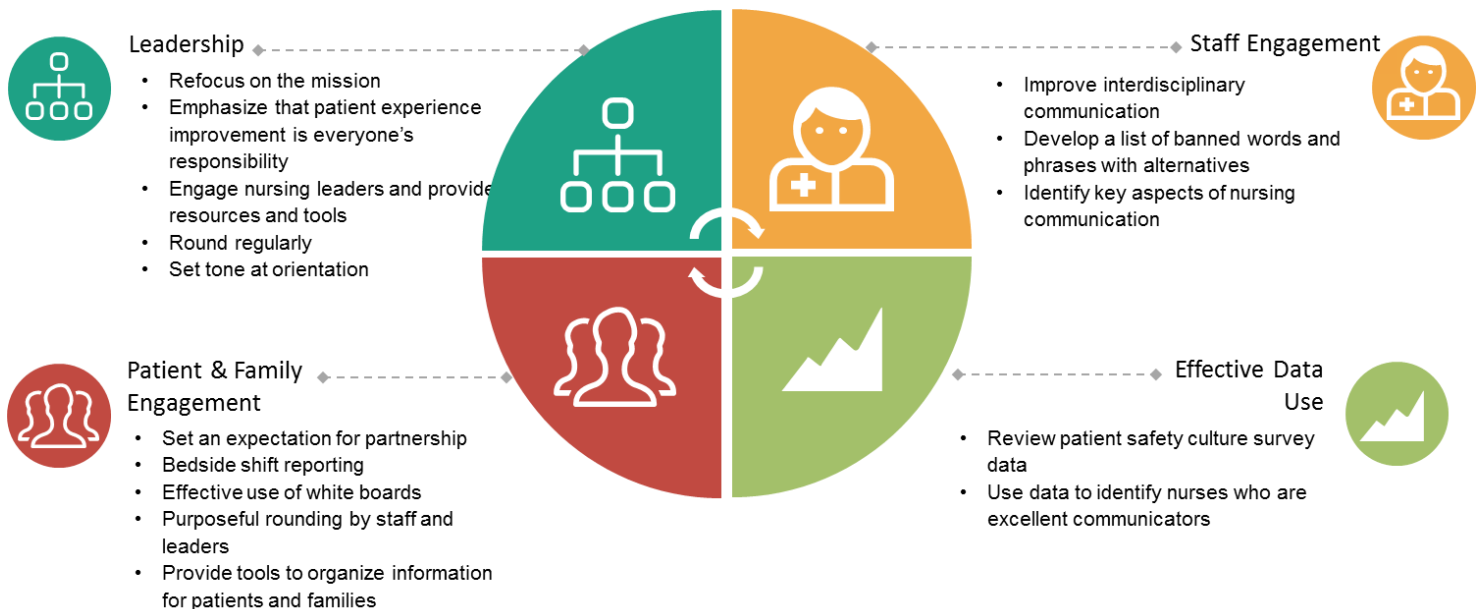
HCAHPS questions:

- *During this hospital stay, how often did nurses treat you with courtesy and respect?*
 - *During this hospital stay, how often did nurses listen carefully to you?*
- *During this hospital stay, how often did nurses explain things in a way you could understand?*

Understanding Nurse Communication

Among the HCAHPS domains, overall rating is most strongly correlated with nurse communication nationally, which leads some organizations to make patient experience improvement primarily the responsibility of nursing staff. Nurses, however, are dependent on physicians and other members of the team to support patients and can't communicate effectively if the team is not functioning effectively. All staff members can and should be involved in improving the patient experience and there are many ways that non-clinical staff can support nurses in enhancing communication. In addition to the strategies suggested here, please see the strategies in the physician communication section, almost all of which also apply to nurse communication.

Improvement Strategies at a Glance



Leadership Strategies for Nurse Communication Domain

Refocus on the mission.

Leaders should regularly take the opportunity to highlight the important mission of the hospital in caring for its patient population, as well as the great work of staff. Consider starting meetings with a positive patient quote or brief story. Some organizations also ask each staff member to write on the back of their badge their personal mission in coming to work.

Emphasize that patient experience improvement is everyone's responsibility.

Leaders should set the expectation that patient experience improvement is everyone's responsibility and that clinical and non-clinical staff alike are expected to contribute to creating a positive patient experience. In some organizations, nursing staff is considered to be an internal customer and leaders set the expectation that supporting nursing staff in caring for patients is the responsibility of every department.

Engage nursing leaders and provide resources and tools for improvement.

Nursing leaders and staff should be integrally involved in developing patient experience improvement initiatives. Staff-directed and led initiatives are likely to have much greater success. Leaders can help to provide resources for improvement, including education and training, as well as be available to eliminate obstacles.

Round regularly.

Leaders should regularly round on patients and staff to discuss what is working well and what could be improved. A system for compiling and following up on this information should be developed.

Review hiring practices and set the tone at orientation.

Leaders should review their hiring practices to ensure that nursing staff is being evaluated for their patient-centered skills and has a clear understanding that patient-centered care is an expectation of the organization. Leaders can set the tone at orientation as well by their words and behavior.

Staff Engagement Strategies for Nurse Communication Domain

Improve interdisciplinary communication.

Nurses often indicate that they are not able to communicate effectively with patients because physicians and other staff are not communicating effectively with nurses. Convene interdisciplinary teams to identify opportunities to improve communication and promote effective working relationships. Strategies such as interdisciplinary rounding and huddles can help to ensure everyone is communicating consistently with each other and with the patient.

Develop a list of banned words and phrases and devise alternatives.

Nursing staff report they often are rushing from patient to patient and may, in their haste, inadvertently create concern by using phrases such as “we are short-staffed.” Convene nursing staff and ask them to identify a list of words or phrases that should never be used and what could be said instead.

Identify key aspects of nursing communication.

Provide staff with education and training in communication, as well as coaching. Engage staff in identifying the key aspects of communication with patients. For example, one organization developed an ALWAYS acronym for effective nurse communication behaviors:

ALWAYS

Address and refer to patients by the name they choose, not their disease;

Let patients and families know who you are and your role in the patient’s care;

Welcome and respect those defined by the patient as “family”;

Advocate for patient and family involvement in decision making to the extent they choose;

Your name badge, make sure patients can read it; and

Show patients and families the same respect you would expect from them.²³

Patient and Family Engagement Strategies for Nurse Communication Domain

Set an expectation for partnership.

Upon admission, nursing staff have the opportunity to immediately set an expectation for partnership by asking the patient questions to determine what is important to them and who they would like to involve in their care. Asking patients if they need something to eat or drink or if there is something the nurse can do to make them more comfortable also can go a long way to promoting effective communication. One hospital created a Sacred Moment on admission checklist to facilitate this discussion.²⁴ AHRQ also has created tools to promote effective communication.²⁵ Using a technique such as teach-back on an ongoing basis helps to create an ongoing dialogue, as well as verify patient understanding.

Bedside shift reporting.

Bedside shift reporting can be a way to meaningfully engage patients in their care. In bedside shift reporting, nurses conduct changes of shift at the patient bedside and encourage patients and family members to participate in the discussion. The AHRQ has developed an extensive publicly available toolkit to assist hospitals in implementing bedside shift reporting, which includes materials for patients and families, as well as tools for educating staff.²⁶

Effective use of whiteboards.

Many organizations use whiteboards as an ongoing communication tool with the patient and family. Whiteboards can be effective if they are regularly updated and if they contain useful information for patients, family, and staff. Some organizations have preprinted whiteboards with sections for key information, including contact information for a loved one the patient would like to involve in their care. Involve patients, family, and nursing staff in a discussion of whiteboard use to determine what elements of the whiteboard are most valuable to them.

Purposeful rounding by staff and leaders.

Routine rounding by staff and leaders can engage patients in their care on an ongoing basis. Organizations should establish expectations for staff and leader rounding in terms of content and frequency. Leaders should ensure they are compiling all of the information they gather to identify key themes, areas of success, and improvement opportunities.

Provide tools to organize information for patients and families.

Nurses provide patients with a vast amount of information throughout their stay, and some hospitals help patients organize this information, such as with a binder for key items, a notepad for questions, or a folder. Nurses also can facilitate communication by writing down patients' questions, concerns, or daily goals on the whiteboard so all staff entering the room are aware of what information is top-of-mind for the patient.

Data Use Strategies for Nurse Communication Domain

Review patient safety culture survey data.

The patient safety culture survey is a staff survey that provides insight into a variety of safety issues, including communication, teamwork, and transitions, many of which may affect nursing communication. Research suggests that higher patient safety culture survey scores are associated with higher HCAHPS scores so organizations should review their patient safety culture survey data to identify underlying opportunities that, if addressed, will help to improve nurse communication.

Use data to identify nurses who are excellent communicators.

Review patient comments to determine which nurses consistently receive positive feedback on communication. Observe those nurses providing care and convene them to discuss what they do differently and what practices could be shared with their peers.

Pain Management and Communication Domain

*Current HCAHPS Pain Management questions
(through 12/31/17 discharges):*

- *During this hospital stay, how often was your pain well controlled?*
- *During this hospital stay, how often did hospital staff do everything they could to help you know about your pain?*

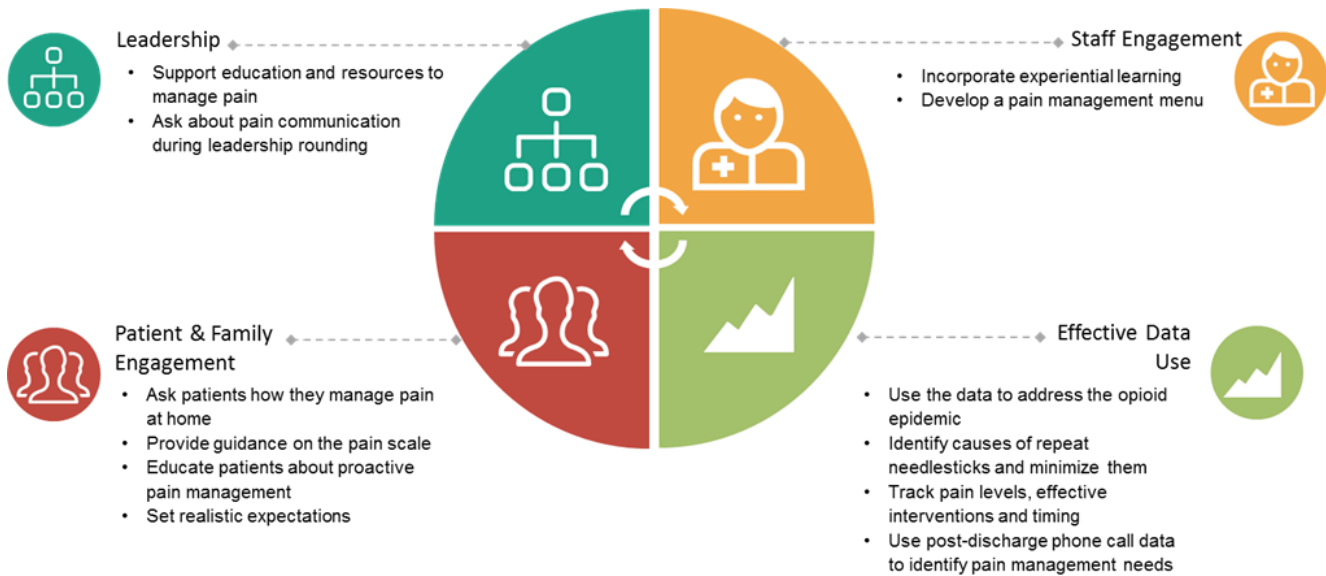
*New HCAHPS Communication about Pain questions
(effective for 1/1/18 discharges):*

- *During this hospital stay, how often did medical staff talk with you about how much pain you had?*
- *During this hospital stay, how often did hospital staff talk with you about how to treat your pain?*

Understanding Pain Management and Communication about Pain

The current HCAHPS questions on pain management have been controversial due to their potential to inadvertently encourage overprescribing of opioids and contribute to the opioid epidemic. CMS recently removed the pain management domain from value-based purchasing, and in August 2017 finalized a new Communication about Pain composite that will go into effect with January 1, 2018 discharges. The new questions are designed to “shift focus from the method of pain management to patient-centered communication between provider and patient”²⁷ and to emphasize “shared decision-making, discussion of treatment options, including non-opioid pain management therapies, patient understanding of pain management options, and patient engagement in their care.”²⁸ CMS will begin publicly reporting Pain Communication on Hospital Compare in October 2020. Research suggests that patient perceptions of pain management are influenced by a variety of factors, including effective communication with physicians and nurses, responsiveness and empathy,²⁹ so any efforts to improve pain management should consider these topics as well.

Pain Management Improvement Strategies at a Glance



Leadership Strategies for Pain Management Domain

Support education and resources to manage pain.

Identify staff members with specialized skill and expertise in managing pain who can serve as resources for their colleagues or create an interdisciplinary team that can be called to assist for patients with unusually challenging pain.

Ask about pain communication during leadership rounding.

Utilize leadership rounding times to ask how well staff members are communicating with patients about pain.

Staff Engagement Strategies for Pain Management Domain

Incorporate experiential learning.

Although it would be inappropriate to intentionally inflict pain on staff, there are ways to sensitize staff members to the experience of a patient in pain. At times, staff may inadvertently exacerbate pain while performing ordinary tasks, such as transporting or repositioning a patient. Having transporters ride on a gurney to experience what it feels like to go over a bump, asking staff to squat briefly while communicating important information, or to hold an ice cube as it melts may help to make them more aware of what the patient experiences.

Develop a pain management menu.

To assist staff in partnering with patients to manage their pain, some hospitals develop a pain management menu that is left in patient rooms. The menu includes a variety of non-pharmacological items that may help to alleviate patient pain. The pain menu provides a structured tool for communicating about options in pain management that supports staff and encourages patient participation in managing pain.³⁰

Patient and Family Engagement Strategies for Pain Management Domain

Ask patients how they manage pain at home.

Many patients have chronic pain and already have a system in place for managing it. Staff should ask those patients what works at home and replicate those strategies in the hospital if possible (e.g. cold/warm compresses, positioning, therapeutic distractions, aromatherapy).

Provide guidance on the pain scale.

The 1-10 pain scale is subjective and some patients may give scores that minimize their pain. Providing explanations may help to assess patients' pain more accurately. For example, some hospitals designate a certain level as equivalent to a bee sting. Others interpret what the scale means to each patient by asking the patient to identify at what level on the pain scale they would take an over-the-counter medication for a headache, which helps provide context for the number the patient assigns.

Educate patients about proactive pain management and encourage early notification of changes in pain level.

Education about pain management can take place before, during, and after hospitalization. Some hospitals, for example, create a pain management bill of rights,³¹ or provide specific pain management discharge instructions. The Michigan Hospital Association partnered with patient advocacy groups to develop publicly available tools for any hospital to use, including a document on “10 Things Every Patient in Pain Should Know”³² and a “Guide to Controlling & Managing Pain After Surgery” that includes educational materials, a pain diary, and a medication tracking form.³³ Explain to patients that it is much easier to get ahead of pain than to relieve pain after it has become intense. Encourage patients to contact staff to let them know if pain is starting to intensify rather than waiting until it is severe.

Set realistic expectations.

Physicians, nurses, and other staff members sometimes minimize the amount of pain the patient may experience during or after a procedure. Although staff's intent is to reduce anxiety, this can actually increase anxiety because the patient thinks something has gone wrong because they don't expect to be in pain. Have a realistic and honest discussion about the level of pain that can be expected and how it will be managed. For patients with scheduled procedures, this discussion and education can begin before admission. Some hospitals, for example, have pre-op education programs for joint surgery that educate patients about pain management. Have a realistic and honest discussion about the level of pain that can be expected and how it will be managed.

Data Use Strategies for Pain Management and Communication

Use the data to address or dismiss the opioid epidemic explanation.

In hospitals that are not performing well on the HCAHPS pain management domain, staff often explain the poor performance to be the result of refusing to give inappropriate pain medication to patients with addictions. Examine the HCAHPS data to determine whether this is, in reality, a significant issue in the organization. If the data demonstrates that only a small percentage of patients are requesting clinically inappropriate pain medication, then staff may be more willing to engage in pain management improvement efforts.

Identify causes of repeat needlesticks and minimize them.

Patients often complain of the pain inflicted while staff is taking blood, especially since the task is sometimes performed multiple times a day. If data is available that helps the hospital to determine common causes of poor laboratory samples requiring repeat needlesticks, such as insufficient quantity or inaccurate specimen labeling or timing, then efforts can be developed to minimize them.

Track pain levels, effective interventions, and timing.

Some hospitals track patients' pain levels and the time the next dose of medication is due on the whiteboard, or on a paper tool that patients can take home with them. Tracking is also a way of teaching the patient what strategies are working to reduce their pain and begin educating the patient on how to utilize those strategies at home.

Use post-discharge phone call data to identify pain management needs and education opportunities.

Hospitals that conduct post-discharge phone calls can ask patients about how well they are managing their pain at home and connect them to appropriate resources if they need additional support. Convene the staff making the calls and/or examine the post-discharge phone call data if it exists to determine where there are opportunities for improvement in education about pain management.

Pain Management Resources

- [Comparative Pain Scale](#)
- [10 Things Every Patient in Pain Should Know](#)
- [Guide to Managing Pain after Surgery](#)

Discharge Planning and Care Transitions Domain

Discharge Planning questions:

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

Care Transition principles:

- *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.*
- *When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.*
- *When I left the hospital, I clearly understood the purpose for taking each of my medications.*

Understanding Discharge Planning and Care Transition Domains

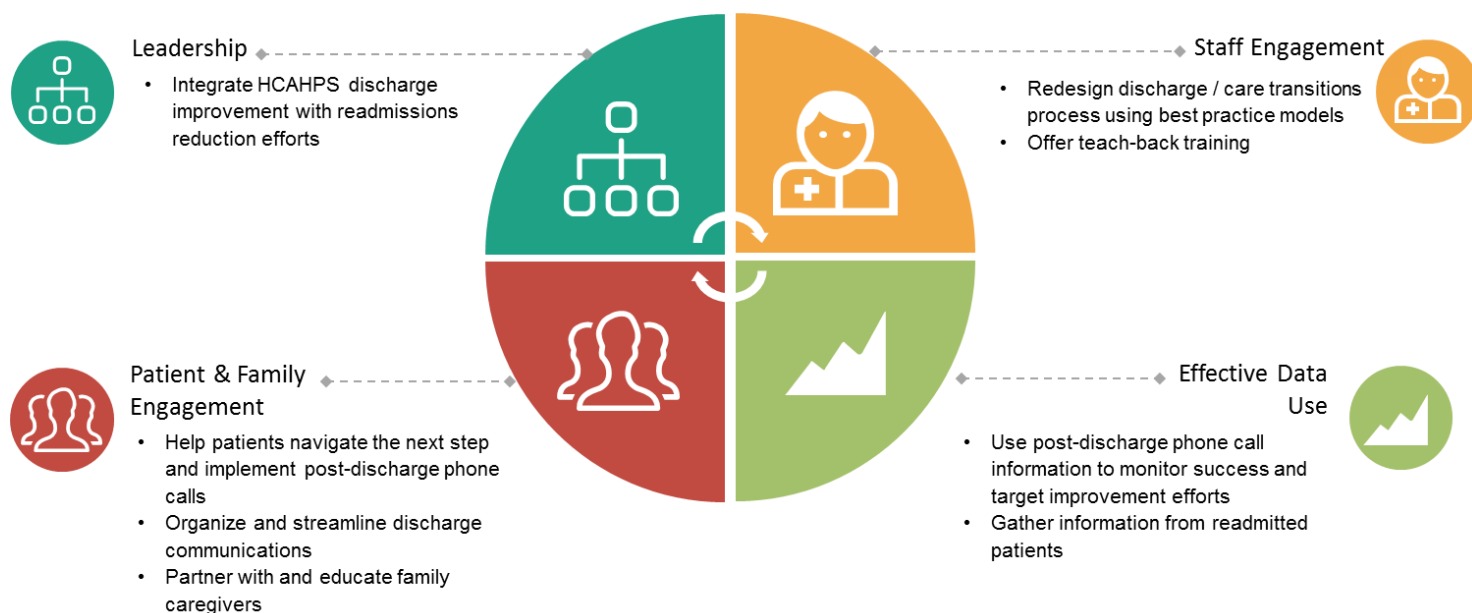
Although the final conversation between patient and staff prior to leaving the hospital is important, effective care transitions require much more than that brief conversation at the time of discharge. For scheduled admissions, discharge planning and care transitions can begin even before the patient is admitted. For unexpected hospital stays, discharge planning and preparing for care transitions should begin at admission. In assessing your discharge/care transition process, it may be helpful to consider who, what, where, when, why, and how.





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Discharge Planning and Care Transition Improvement Strategies at a Glance



Leadership Strategies for Discharge Planning and Care Transition Domain

Integrate HCAHPS discharge improvement with readmissions reduction efforts.

The HCAHPS discharge planning and care transitions questions are valuable in helping organizations in their effort to reduce preventable readmissions. Research has shown that “[h]igher patient satisfaction with in-patient care and discharge planning is associated with lower 30-day readmission rates even after controlling for hospital adherence to evidence-based practice guidelines.”³⁵ The same study concluded that for some conditions, HCAHPS was actually a better predictor of readmission rates than clinical performance measures.

Staff Engagement Strategies for Discharge Planning and Care Transition Domain

Redesign your discharge and care transition process using best practice models.

Using an interdisciplinary team of staff, patients, and families, take a fresh look at the discharge/care transitions process. There are many different publicly available models to help hospitals enhance their process. The Agency for Healthcare Research and Quality’s (AHRQ) Project RED (Reengineering Hospital Discharge) is an evidence-based program that includes detailed materials.³⁶ AHRQ also has a toolkit for engaging patients in preparing for an IDEAL discharge.³⁷ IDEAL refers to: “Include the patient and family as full partners in the discharge planning process; Discuss with the patient and family five key areas to prevent problems at home; Educate the patient and family in plain language . . . at every opportunity throughout the hospital stay; Assess how well doctors and nurses explain the diagnosis, condition, and next steps in the patient's care and use teach-back; and Listen to and honor the patient and family’s goals, preferences, observations and concerns.”

Offer teach-back training.

Teach-back is a communication process that helps staff members verify that they are communicating effectively with the patient. Free teach-back training tools are available to support organizations in using this simple but powerful communication strategy.³⁸

Patient and Family Engagement Strategies for Discharge Planning and Care Transition Domain

Help patients navigate the next step and implement post-discharge phone calls.

Many hospitals make patients’ follow-up appointments for them before they leave the hospital to help promote an effective care transition or offer more extensive patient navigation services. On the day of discharge patients may be too excited, exhausted, or overwhelmed to fully process all of the information they are receiving. Placing a follow-up phone call to the patient a day or two after discharge to see how the patient is doing and answer any questions is an opportunity to support patients in their transition and to detect any problems before they become crises requiring readmission.

Organize and streamline discharge communication.

At the time of discharge, patients are often presented with a large number of papers that are not well organized. To help patients keep track of important information, some hospitals have implemented **discharge binders**, which have sections for all key information, such as contact numbers, medication information, and discharge instructions. Information is added to the binder throughout the patient's stay so patients and caregivers are able to familiarize themselves with binder and get comfortable using it throughout the patient stay. **Structuring communication** throughout the hospitalization to be consistent with discharge information is also valuable. One hospital developed the acronym SMART, which refers to Signs, Medications, Appointments, Results, and Talk with Me.³⁹ This framework is used to structure communication throughout the hospitalization and these categories are also the framework for the discharge paperwork. Some use a **brightly colored envelope labeled "discharge instructions"** to distinguish the instructions from other background information. The envelope also may include a label encouraging the patient to take the discharge instructions with them to their first physician appointment after discharge, which helps to promote an effective transition back to the community physician.

Partner with and educate family caregivers throughout the hospital stay.

Some hospitals have formal programs to identify primary family caregivers and given them special privileges such as free parking while the patient is hospitalized. Even without a formal program, however, hospitals should routinely ask patients to identify who their primary caregivers will be when the patients leave the hospital and involve those caregivers in education throughout the hospitalization. In some cases, if the patient and caregiver is willing, staff can supervise the caregiver in performing a task they will be performing at home, such as changing a dressing, so the caregiver can get comfortable doing it. Educating caregivers about the patient's condition, needs, and medications throughout the stay helps to avoid caregivers being overwhelmed with information at the time of discharge.

Data Use Strategies for Discharge Planning and Care Transition Domains

Use post-discharge phone call information to monitor success and target improvement efforts.

Post-discharge phone calls can provide great insight into what is working well and opportunities for improvement in the care transitions process. Compile information from those calls to identify gaps in communication and engage the staff members making those calls on improvement teams.

Gather information from readmitted patients.

When patients are readmitted, some hospitals conduct quality improvement readmission interviews to understand what, if anything, could have been done to avoid the readmission. In many cases, these interviews reveal opportunities to improve the care transitions process.

Section 4: Case Studies

These case studies are examples of best practices and innovative solutions and strategies developed by Virginia's hospitals and health systems to enhance patient and family experience during treatment and hospitalization.

Title: [Creating a Culture that Fosters Employee Engagement and Patient Experience](#)

Hospital: Virginia Hospital Center

Project Description: The orientation and training of employees is the crucial foundation for a culture that fosters a high-quality patient experience. At Virginia Hospital Center we standardized this process to ensure cultural alignment across our organization.

Title: [Building a Partnership of Engagement and Alignment between Nursing and Support Services](#)

Hospital: Inova Fair Oaks Hospital

Project Description: The goal was to utilize a lean management system to align clinical and non-clinical teams around meeting the needs of patients, families, and the internal customer.

Title: [Key Strategies to Improving Patient Experience](#)

Organization: Riverside Health System

Project Description: Implementing high-level strategies for improved patient experience.

Title: [“In the House, In the Huddle” Creating a Strong Culture of Patient Safety and Quality through Leadership Huddles and Daily Rounding](#)

Hospital: Carilion New River Valley Medical Center

Project Description: Instilling a culture of high reliability starts with a strong leadership commitment to its mission and vision that is demonstrated by daily rounding on its patients and staff along with recognition of successes and opportunities.

Title: [Designing a Hospital that Works for Patients and Staff](#)

Hospital and Organization: Sentara Martha Jefferson and Kahler Slater

Project Description: Low-cost, physical design solutions for improved patient experience.

Title: [Using Key Drivers in Data Reporting](#)

Organization: Riverside Health System

Project Description: Plan to assist facilities in improving patient experiences by identifying each hospital's key drivers related to overall rating and likelihood to recommend through weekly analyses of their specific patient experience data.

Title: [Creating One Source of Truth for Patient Experience Data](#)

Organization: University of Virginia Health System

Project Description: Create a Patient Experience Dashboard for the Inpatient (HCAHPS) data, with wide access by medical center leadership and team members, with capacity for drill down to the service line/ unit level by domain and question.

Title: [Using CG-CAHPS Data, Team Engagement and Positive Reinforcement to Improve Patient Experience: a Focus on Teamwork and Communication](#)

Hospital: Carilion New River Valley Medical Center

Project Description: The goal of our Carilion General/Vascular Surgery initiative was to educate and engage our team to provide elevated communication and teamwork that resulted in better care and higher patient satisfaction. Although this case study discusses the use of CG-CAHPS, the methodology and strategy can be applied for inpatient HCAHPS data.

Title: [Improving the Patient Experience through Consistent Everyday Practices Yielding the Highest Possible Patient Scores for Cleanliness](#)

Hospital: Valley Health Shenandoah Memorial Hospital

Project Description: Improving the patient experience areas of Environmental Services leadership and staff through the use of Studer group tools; Valley Health/Shenandoah Memorial Hospital (VH/SMH) Standards of Behaviors and Values; and through the use of Aramark's Environmental Services programs.

Title: [Improving Staff Responsiveness through Patient Communication Techniques](#)

Hospital: Buchanan General Hospital

Project Description: Strategies to improve staff communication and responsiveness.

Title: [Improving "Top Box" Scores in HCAHPS Domain on Communication about Medications](#)

Hospital: Southern Virginia Regional Medical Center (SVRMC)

Project Description: Strategies to increase collaboration between nursing and pharmacy staff to improve communications about medication.

Title: [Improving Nurse Communication through Culture Change](#)

Hospital: HCA LewisGale Hospital Alleghany

Project Description: Strategies to increase compliance, quality and patient safety.

Title: [Building a Culture of Physician Engagement](#)

Hospital: Inova Fair Oaks Hospital

Project Description: The service culture at Inova Fair Oaks Hospital includes a commitment by physicians to enhance the patient experience through education, coaching, and recognition.

Title: [Key Strategies to Improving Discharge Phone Calls](#)

Organization: Riverside Health System

Project Description: Strategies to improve discharge planning for those discharged to home and home health.

Title: [Improving Discharge Education for Inpatients](#)

Hospital: Carilion Giles Community Hospital

Project Description: Multidisciplinary approach to improve discharge planning.

Title: [Improving Care Transitions by Utilizing a Multidisciplinary Approach Including a Transition Coach and Primary Care Model](#)

Hospital: Valley Health Page Memorial Hospital

Project Description: Strategies for improved patient care coordination and continuity for post discharge care.

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