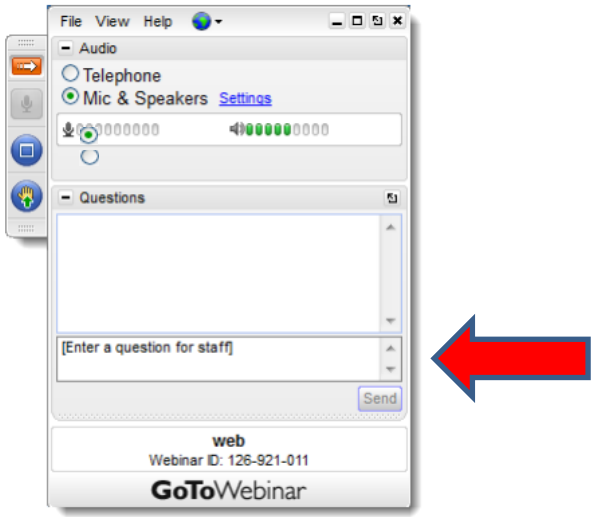
Improving Patient Experience in Virginia Hospitals and Health Systems

Thursday, December 3, 2020
12:00 p.m. – 12:45 p.m.

Housekeeping

- Webinar is being recorded
- All participants are in listen-only mode
- Ask questions or make comments by typing in the Questions box
- Slides and recordings will be available on the VHHA Quality & Safety website
- Feedback survey will launch at conclusion of the webinar

- **Grab Tab**: From the Grab Tab, you can hide the Control Panel, mute yourself (if you have been unmuted by the organizer), view the webinar in full screen and raise your hand.
- **Audio Pane**: Use the Audio pane to switch between Telephone and Mic & Speakers.
- **Questions Pane**: Ask questions for the staff.



Today's Agenda

1) **VHHA Year of Patient Experience Overview and Webinar Objectives**
    - *Abraham Segres, VHHA*

2) **Inova Health System: Our Journey Towards Excellence**
    - *Shawn R. Smith, MBA, CPXP, Assistant Vice President: Clinical Enterprise, Patient Experience at Inova Health System*
    - *Heather Hunn, RN, MSN, System Director of Hospital Services, Performance Advisory Inova Health System*

3) **Summary**

    -Carrie Brady, VHHA Partner

4) **Adjourn**

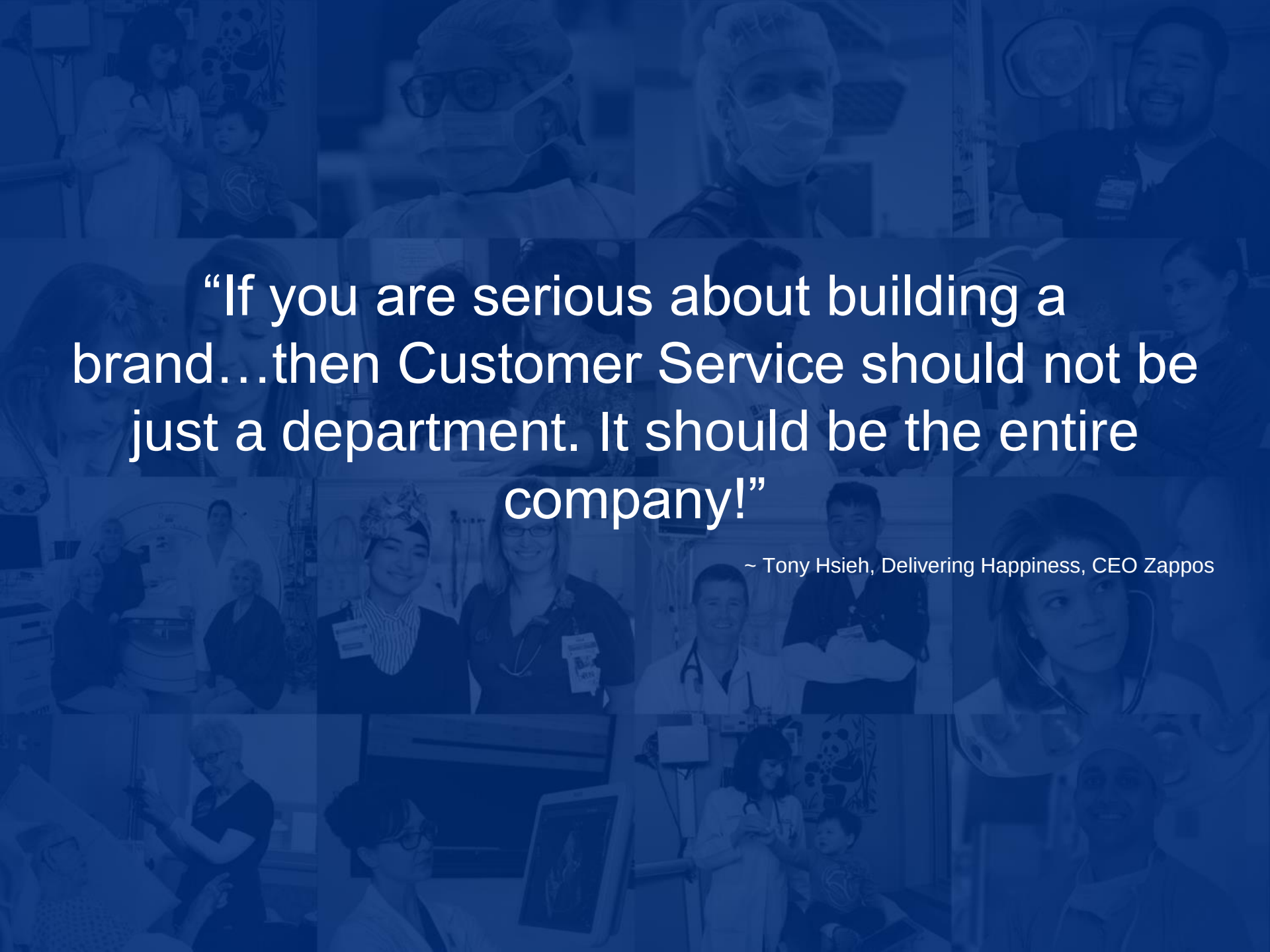
Goals:

1) **Identify:** Identify, highlight and celebrate efforts by Virginia hospitals and health systems to improve the patient experience of care.
2) **Integrate:** Continue to link and integrate patient experience improvement efforts with broader quality and patient safety improvement efforts.
3) **Connect:** Facilitate connections between Virginia hospitals and health systems and other stakeholders for the purpose of shared learning.
4) **Improve:** Support efforts to improve Virginia hospitals' individual and aggregate performance on national patient experience measures.

Shawn R. Smith, MBA, CPXP
Assistant Vice President: Clinical Enterprise, Patient Experience at Inova Health System

Heather Hunn, RN, MSN
System Director of Hospital Services, Performance Advisory Inova Health System

Our Journey Towards Excellence



“If you are serious about building a brand…then Customer Service should not be just a department. It should be the entire company!”

~ Tony Hsieh, Delivering Happiness, CEO Zappos

IFMC

INOVA

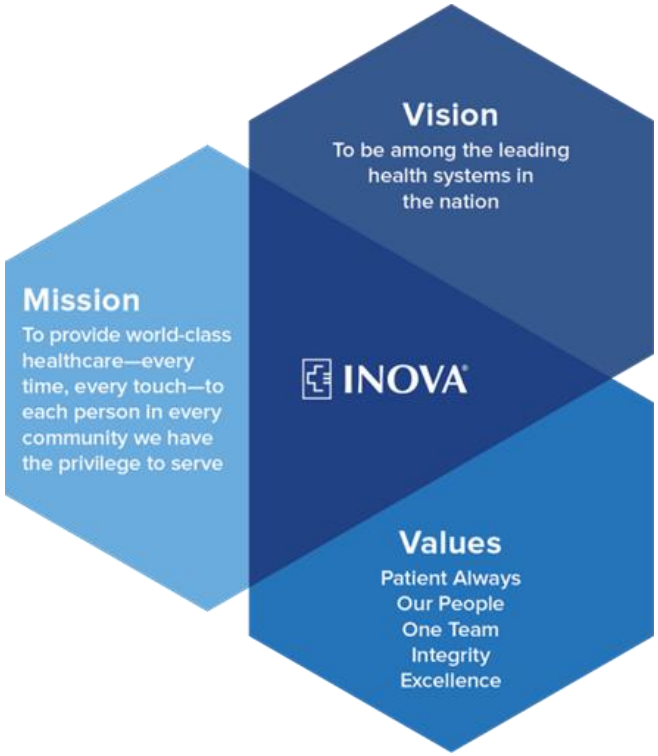
Inova Fairfax Medical Campus

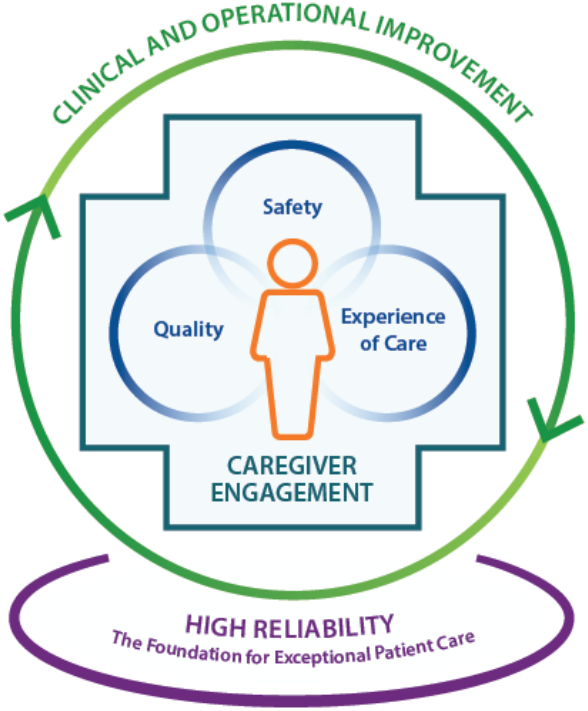
- Inova Fairfax Hospital
- Inova Women's Hospital
- Inova Children's Hospital
- Inova Heart & Vascular Institute
- Inova Schar Cancer Institute
- Inova Center for Personalized Health

Achievements

- Level 1 Trauma Center
- Academic Medical Center with 948 Beds
- Nationally Recognized for Excellence
  - Leapfrog Group "A" Grade for Patient Safety
  - Leapfrog Top Teaching Hospital
  - CMS 5 out of 5 Stars for Quality
- U.S. News & World Report 2019-20 Rankings
  - #1 Best Hospital in DC Metro Area
  - #3 Best Hospital in Virginia
  - #9 Nationally in GYN Surgery

Patient Experience at Inova





"A great patient experience connects clinical excellence with outcomes. It connects **efficiency**, **quality**, **behaviors** and **mission** with **caregiver experience** and **engagement**.

It is also influenced by **dignity, respect** and **humanistic values**, as well as the ability and willingness of clinicians to relate to their **patients as people**, not as a medical condition or a room number."

~ Christy Dempsey

Systems Thinking Approach to Change

A shared vision, a common understanding, and a joint approach to solving with agreed upon actions

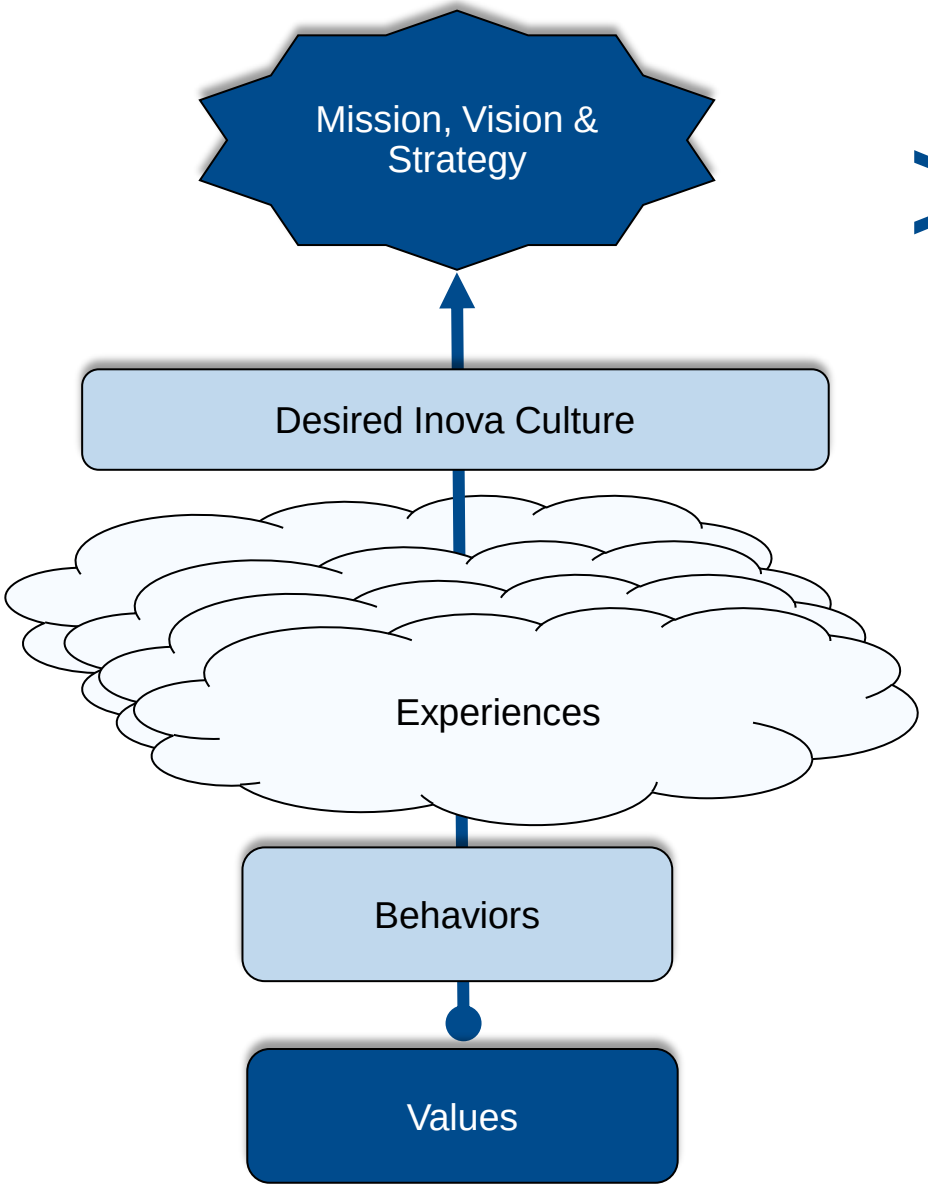
Measuring consistently and transparently among all

Coordinated and reinforced plan of action

Consistent and open communication to build trust, mutual objectives and create motivation

Create and manage settings and skills sets to coordinate groups and teams

Evolving Our Culture Journey



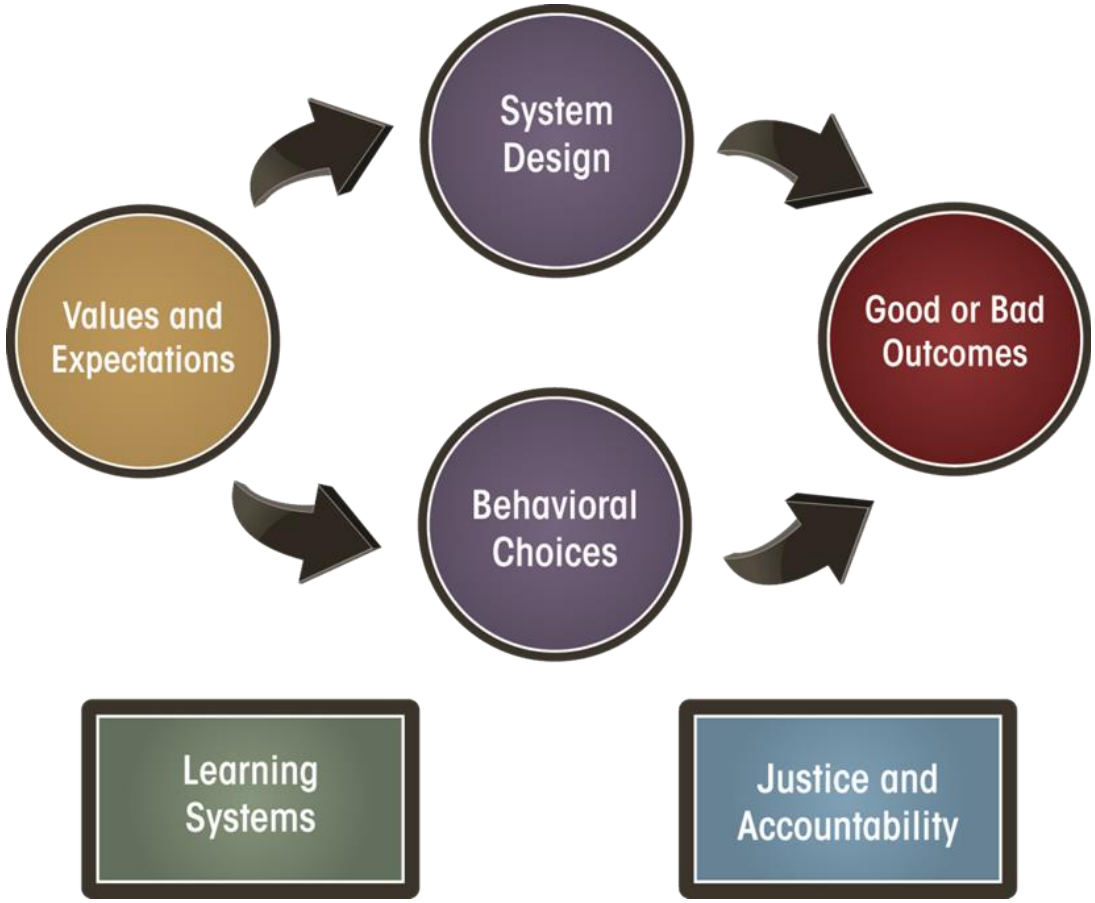
Measures
- key results
- strategic initiative results

Tools, e.g.,
- storytelling
- feedback
- decision making
- recognition
- Just Culture

Journey to Just Culture

Just culture is about:

- Open, fair, and just culture
- Learning environment
- Safe systems
- Behavioral choices



Just Culture: A Foundation for Balanced Accountability and Patient Safety Philip G. Boysen, II; Ochsner J. 2013 Fall; 13(3): 400–406.

Staff Worked Together

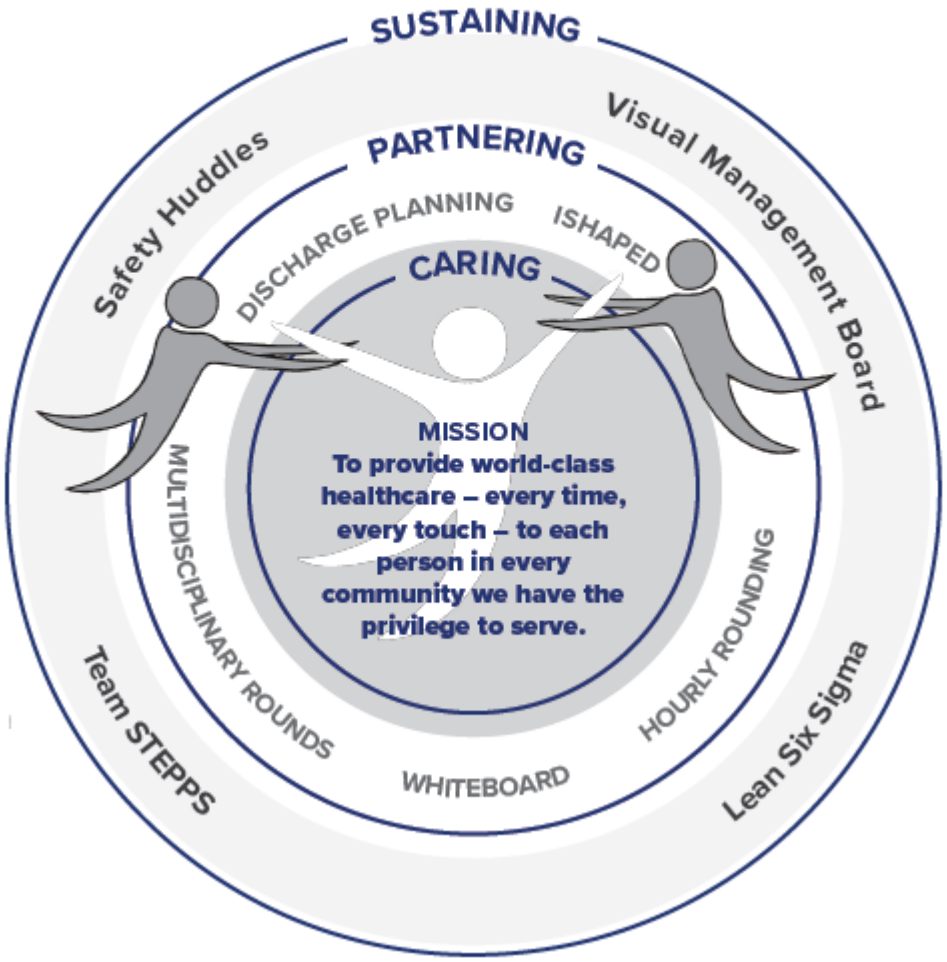
Theme	Current Belief (Barrier)	New Belief	New Experience to Create New Belief
Teamwork Effective Communication	Different members of care team not involved in development of plan of care & do not know what is going on Esp. in front of pt/family Unit to unit handoff and care are not always clear/ equal Lack of shared collaboration between departments and divisions	Stronger together: Multidisciplinary partners round daily to develop and communicate the patient's plan of care. Units are a continuous experience for the pt Patient First: Everyone needs to work together, we are all here for the patient Value People: Everyone's input is valued and considered; explanations are given for decisions Tell Me: Hierarchy asks for and responds appropriately to feedback re:POC of pt or campus projects	Teamstepps multidisciplinary teams Empowering RNs to ask for feedback on changes to the plan of care When transferring patients between units, managing the new team up & set patient expectation for next unit Focused recognition & storytelling utilizing Safety Always, Pt. Relations, Pt Experience patient cases Focus groups to understand each other's workflows and establish trust Leadership communicates to staff their follow up actions when barriers/ failures are highlighted by staff
Responsiveness No Pass Zone	Staff not asking for help when needed Patients kept waiting for needs or phases of care due to other priorities: high acuity pts or tasks that require 2 people	Stronger together: Safe environment to encourage staff to ask for help when needed (Teamstepps) Patient Always Satisfy your purpose and the patient's purpose when in the room, each time (or escalate)	Unit mid-shift huddles to address in real time workload challenges and reallocate resources, as needed, buddy system for lunches Focused Storytelling: Positive experiences patients had regarding proactivity Leaders model behavior and be more visible Focused recognition for purposefully rounding

Nurse Communication

Theme	Current Belief (Barrier)	New Belief	New Experience to Create New Belief
MD/RN Rounding	Trio rounding is a nice to have, not as important to be done in person, can update RN over phone or after seeing pt Doctors that don't do trio rounding are not held accountable	Engage & Decide: Trio rounding includes the RN, MD, and patient in a collaborative, engaged format to provide quality patient care Focus Trio rounding reduces call-backs. Patient Always: We communicate and are on the same page with plan because it's the right thing to do for patient Value People: Leadership cares about everyone's actions and how it relates to patient care	MD education to have them drive trio rounding with RN, as opposed to the other way around Medical director role modeling Nurses can rely on each other to help cover trio rounding, not just on charge/US. Focused storytelling from units making it work consistently Leadership communicates to staff their follow up actions when barriers/ failures are highlighted by staff
Bedside Report/ ISHAPED	ISHAPED is a nice to have, not for safety/quality. If barriers are there ie pt sleeping; busy shift- then it is ok not to do in room report.	Patient always: Handoff takes place at the bedside to include the patient in the plan of care discussion, and is a safety & quality event	Focused Storytelling ISHAPED during huddles, great catches, inova promise stories Leader role modeling Leadership communicates to staff their follow up actions when barriers/ failures are highlighted by staff
Use of whiteboards	Whiteboards are not meaningful to patients and only nurses write on them.	Focus: Whiteboards communicate valuable information to the patient and families Stronger Together: Everyone can/should write on the whiteboard	Emphasis and education with patient and patients families about the usefulness of the whiteboards Emphasis and education with ALL STAFF about how to use the whiteboards

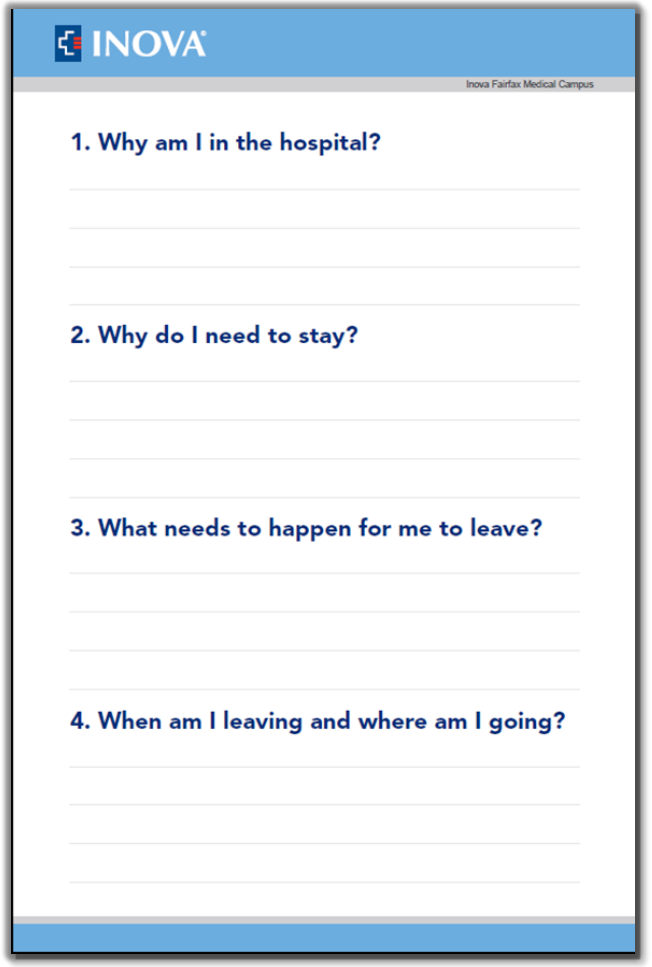
Care Delivery Model

In-Patient Care Delivery Model



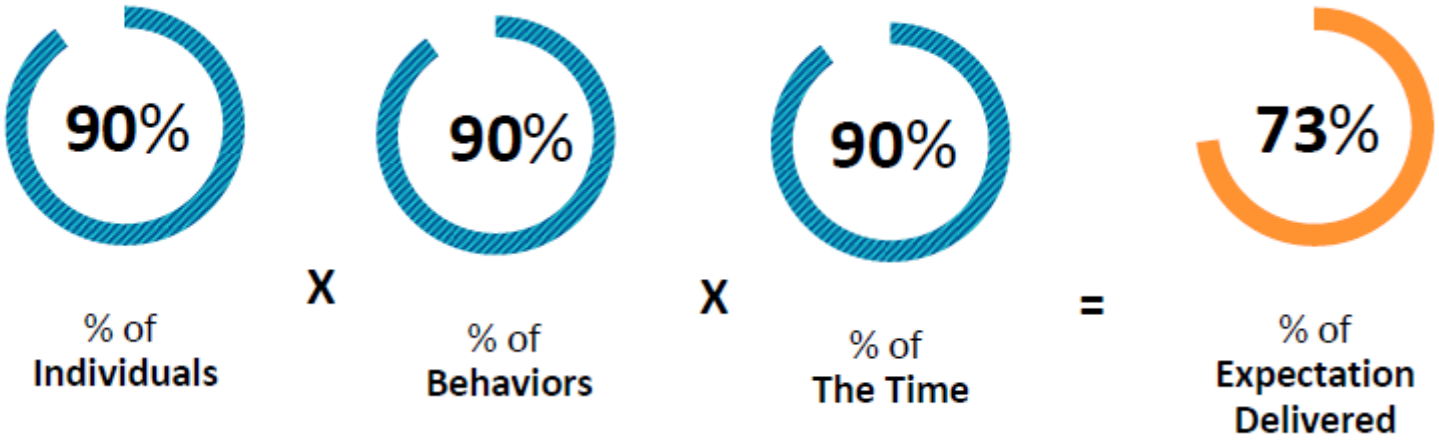
Engagement in the Care Delivery Model

- Communication (White) Boards
  - 4 Ws
- Multidisciplinary Rounds (MDR)
  - Discharge Planning
- Trio Rounds
  - Physician, Nurse & the Patient (Family)
  - With Specialist whenever possible
- TeachBack -what was reviewed to ensure patient understanding



Our Challenges: *Consistency*

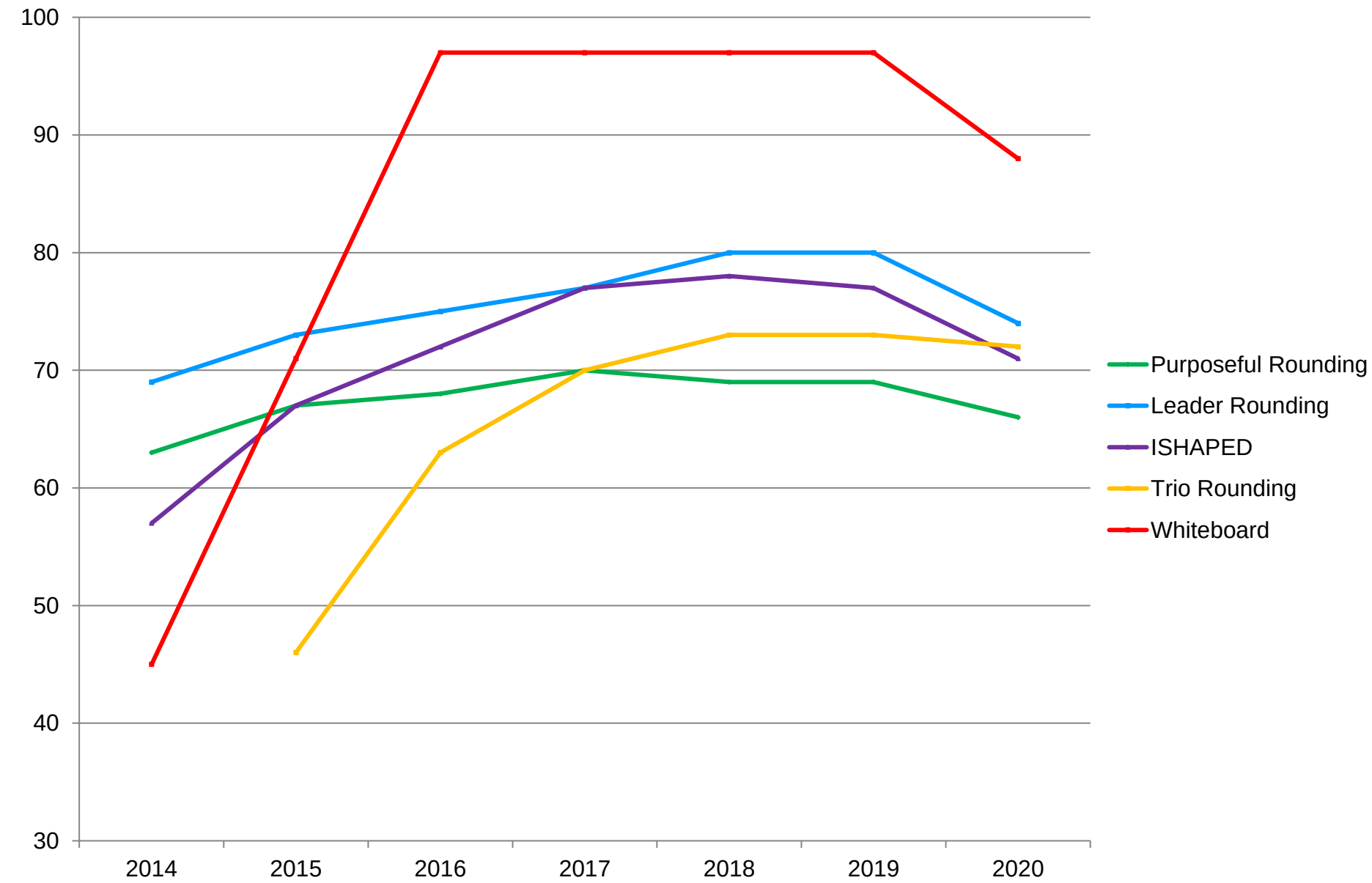
Consistency is Key



Christina Dempsey, CNO of Press Ganey

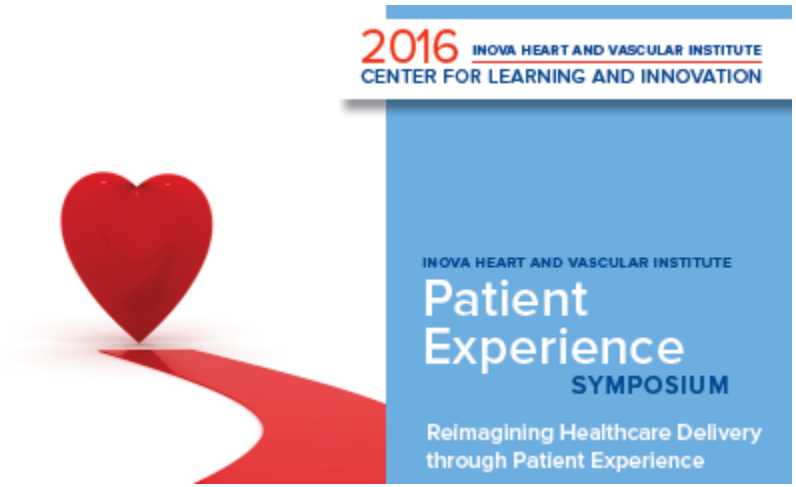
Compassionate Connected Care: Strategies to Reduce Patient Suffering

Caring Behaviors



Culture- developing a shared purpose and trust/value of team

- Recognition –Big Ball of Love, Daisy Award, Peach Award, World of Difference
- Breaking the divide between leadership and frontline team- Speed Networking
- New Beliefs-2017 /Just Culture-2018 / Values- 2019
- Radical Transparency
- Growing all levels of leaders
- PX isn't about happiness- real suffering, Value of the patient voice (PX Week, Be the Patient, PX Symposium)



You are the Patient Experience

INOVA®

Backbone Structure

- Inova Promise Stories
- Nursing Congress-Magnet Journey
- TeamSTEPPS system wide
- RN/Tech Simulation Class
- Vizent Nurse Residency Program
- Electronic Leader Rounding Program (CipherHealth)
- Layered leader rounding including Nsg, PX and Quality and Lean
- RN Unit Supervisor 3-day class

vizient | AACN
Nurse Residency Program™

JOURNEY TO MAGNET EXCELLENCE
AMERICAN NURSES CREDENTIALING CENTER

CipherHealth Patient Rounds – Once per Stay

INOVA®

58.4k
Patients Present

49.5k (85%)
Patients Rounded On

47.7k (82%)
Patients Rounded On with an Opportunity Area Identified*

3.3k
Total Issues Triggered

53% (1.7K)
Issues Resolved in 6 Hours

3.7k
Caregrams Sent

**Free-text details are not included in this calculation.*
***Numbers only include Nurse Leader Rounding and Women's Division Nurse Leader Rounding scripts.*

Reporting Time Period: 1/1/2019 – 12/31/2019

Nurse/Clin Tech Simulation Program Recognition

INOVA®

Registered Nurse and Clinical Technician Partnership Simulation

Are we practicing teamwork and *connecting* with our patients as stated in our Patient-Centered Care Delivery Model?

POSTER ID # 199
Program Innovation

INOVA Center for Advanced Medical Simulation

Helen Stacks, DNP, RN-BC, NEA-BC, CHSE[1]; Diane Swengros, MSN, RN-BC, CHPT[2]; Janine Doran, M.Ed, RN[2]; Leila Elliot ,MHA[3]
[1]Inova Center for Advanced Medical Simulation, Falls Church, Virginia; [2]Inova Learning Network, Falls Church, Virginia; Patient Experience, Inova Fairfax Hospital, Falls Church, Virginia

Background

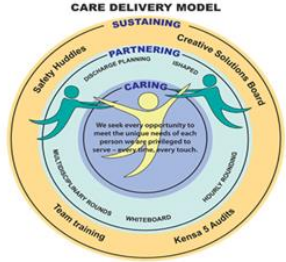
The Inova Health System adopted a Care Delivery Model (CDM) that embraces caring, partnering, and sustaining nursing practices incorporating multidisciplinary rounds, interactive bedside reports, whiteboard use, hourly rounding, safety huddles and team training- however our safety and HCAPS scores have been inconsistent.

Compliance checks with components of the CDM reveal that many nurses opt out of standard work processes, such as including the patient in bedside report. One reason for this is a perception that clinical situations pre-empt adherence. Staff cite the "uniqueness" of their specialty population as a reason for not practicing all the implements of the CDM. In addition, patient experience leaders observed that communication between nursing assistive staff, Clinical Technicians (CT) and the RN staff lacked cohesiveness and transparency.

Purpose

The purpose of this project was to improve CDM skills among RNs and CTs such as handoffs, purposeful rounding and TeamSTEPPS communication using a simulation environment while fostering teamwork and relationship building.

CARE DELIVERY MODEL



Methods

A gap analysis revealed that RNs and CTs were taught the CDM in silos and had never practiced the implementation of their roles in a collaborative manner.

A curriculum was designed that supported the practice of teamwork among RNs and CTs.

- Classes included new hires who had worked on the unit for 30-90 days to provide some clinical context prior to coming to class.
- Each 3.5 hour session included a classroom pre-brief with a max of 32 learners and then a simulation session with breakouts of 8-10 per group.
- To set the tone for a positive learning and work environment participants were asked to describe a utopian work environment. Staff were encouraged to be the person they just described out on their units and in simulation.
- Each class was pre-briefed in the CDM, purposeful rounding and TeamSTEPPS communication techniques.
- Simulation scenarios were based on a variety of situations involving:
  - Shift Handoffs
  - Purposeful Rounding
  - TeamSTEPPS communication techniques
- Role cards were distributed to learners and included patients, family member, observers, and an RN or CT caregiver- all learners took turns role playing.
- Debriefing included the use of video playback in simulated hospital rooms with props such as the white boards, call lights, ID bracelets, IVs, pumps, simulated oxygen, phones, edema stockings, hearing aids, foley drainage bags and manikin babies.
- Facilitators were taught and coached on debriefing techniques.

Results

Participants became less anxious as time progressed. With each simulation, communication and connection improved. Through videotaping, various positive responses were highlighted as best practices and other opportunities for improvement were explored. Staff were able to role-model, cue and coach each other to give specific and meaningful feedback. Challenges, such as including the patient and family in bedside report were addressed, and new ideas were tested on the spot. Most importantly the RNs and CTs communicated with one another about numerous patient care concerns, shared ideas, and debunked any attribution errors they had previously entertained.

Evaluations were overwhelmingly positive and included comments such as:

- ***"It was an eye opener."***
- ***"It makes you see what can be missed and the importance of bedside handoff & involving the patient in their care."***
- ***"I thought I'd hate it but it was very effective!"***
- ***"The instructors made it a safe place to do simulations."***
- ***"… recording helps you look back, analyze your reactions and the way you make decisions."***
- ***"This has been my favorite class."***

Conclusions

Communication, connection and ***teamwork skills*** should be practiced, and reflected upon, an exercise that can be easily accomplished with simulation education.

References

Cantrell, M.A. The importance of debriefing in clinical simulations. Clinical Simulation in Nursing. 2008;4(2): 19-23.

Dingley, C., Daugherty, K., Derieg, M.K., Persing, R. Improving patient safety through provider communication strategy enhancements. Agency for Healthcare Research and Quality Website. http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-safetyresources/resources/advances-in-patient-safety-2/vol3/Advances-Dingley_14.pdf Published 2007. Accessed January 2, 2016.

TeamSTEPPS program. Agency for Healthcare Quality and Research. http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html Accessed January 6, 2016.

Inova Promise Stories

50th Wedding Surprise from Staff - IMC

Found Wedding Ring – Married 30 Years

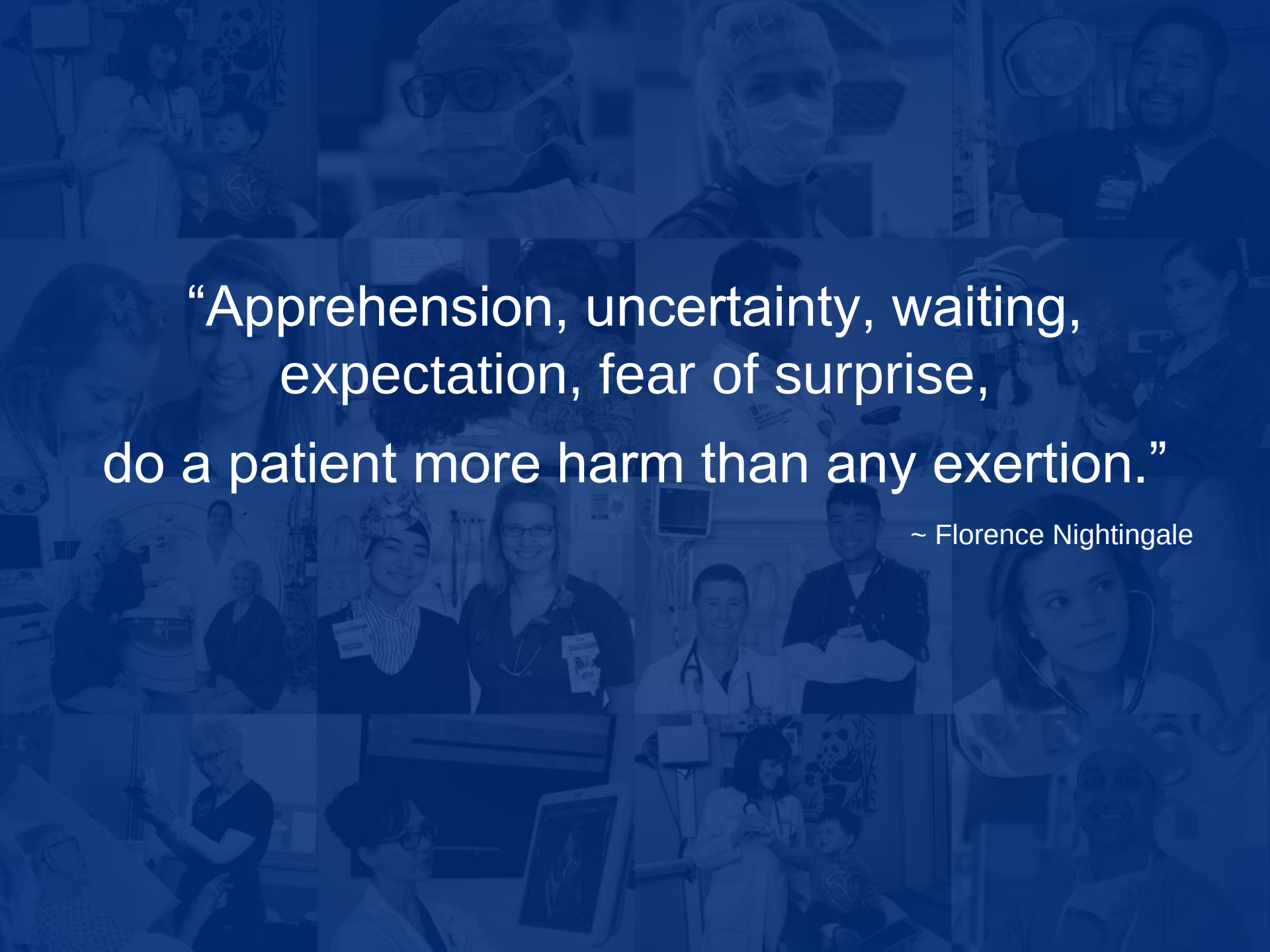
Backbone Structure

- New Hire Orientation
- Medical Director and Nursing Director Unit Leadership
- Executive leadership Walking Rounds
- Unit Ambassador (Secretary) Formalized Roles/Meeting structure
- Physician ownership of ED physician scores and accountability
- Patient and Family Advisory Committees
- Grand Rounds
- Daily Safety Check In
- Discharge Phone Call Program
- Patient Experience position in the ED

Unit Secretary Ambassadors
Current Efforts & Initiatives

INOVA®

	Actions	Goals
"My Hospital Stay" Folder Standardization ***Engage & Decide***	• Reviewed "My Hospital Stay" folder contents on each unit • Created a standardized list of contents (and correct versions) Awaiting approval from System Office to remove the Patient Care Companion insert • Old version of the Patient Information Guide (PIG) is G33829/4-15 (female nurse on the front) and can be continued to be used until it is gone. The new version of the PIG is G36342/2-18 (male physician on the front) and should be ordered moving forward.	• Ensure "My Hospital Stay" folder contents are the same on each unit • Eliminate excess, outdated, or unnecessary materials to minimize patient and/or family member confusion and reduce waste/cost
Email Address Collection & Scripting ***Focus***	• Completing a daily audit of patients who have provided an email address in Epic • Tracking email address collection rates in an Excel spreadsheet to monitor progress • Reviewed scripting from Press Ganey source, "Your Role in the eSurvey Process" (Encouraging MyChart) • Actively collecting email addresses from patients who did not yet provided one in Epic	• Increase email address collection rates across the Tower • Encourage patients and/or family members to fill out the Press Ganey survey; this will provide more robust feedback, increased staff recognition, and help target specific process improvement initiatives • Investigate Epic reporting options to determine if there is an automatic monthly report available
Unit Secretary Shared Drive Creation ***Stronger Together***	• Created a new shared drive for unit secretaries; access granted 8/29 • Reviewed folders and preliminary contents • Uploading documents to designated folders	• Create a centralized depository for signs, checklists, documents, etc. so they are easily accessible/readily available to all of the Tower unit secretaries • Promote the sharing of resources
Handoff Sheet Standardization ***Engage & Decide, Focus***	• Reviewing and standardizing 2 separate handoff sheets – one for ICUs and one for step-down units to be used on a daily basis	• Implement a standardized communication tool/process to relay important notes, issues, or action items between one shift to the next
Welcome Letter Revision ***Stronger Together***	• Updating the Welcome Letter to be included in each "My Hospital Stay" folder; new version will contain a message from Tricia as well as a unit-specific message	• Personalize the Welcome Letters for each unit to better provide essential information/details while still maintaining a standardized approach



“Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion.”

~ Florence Nightingale

Process Work

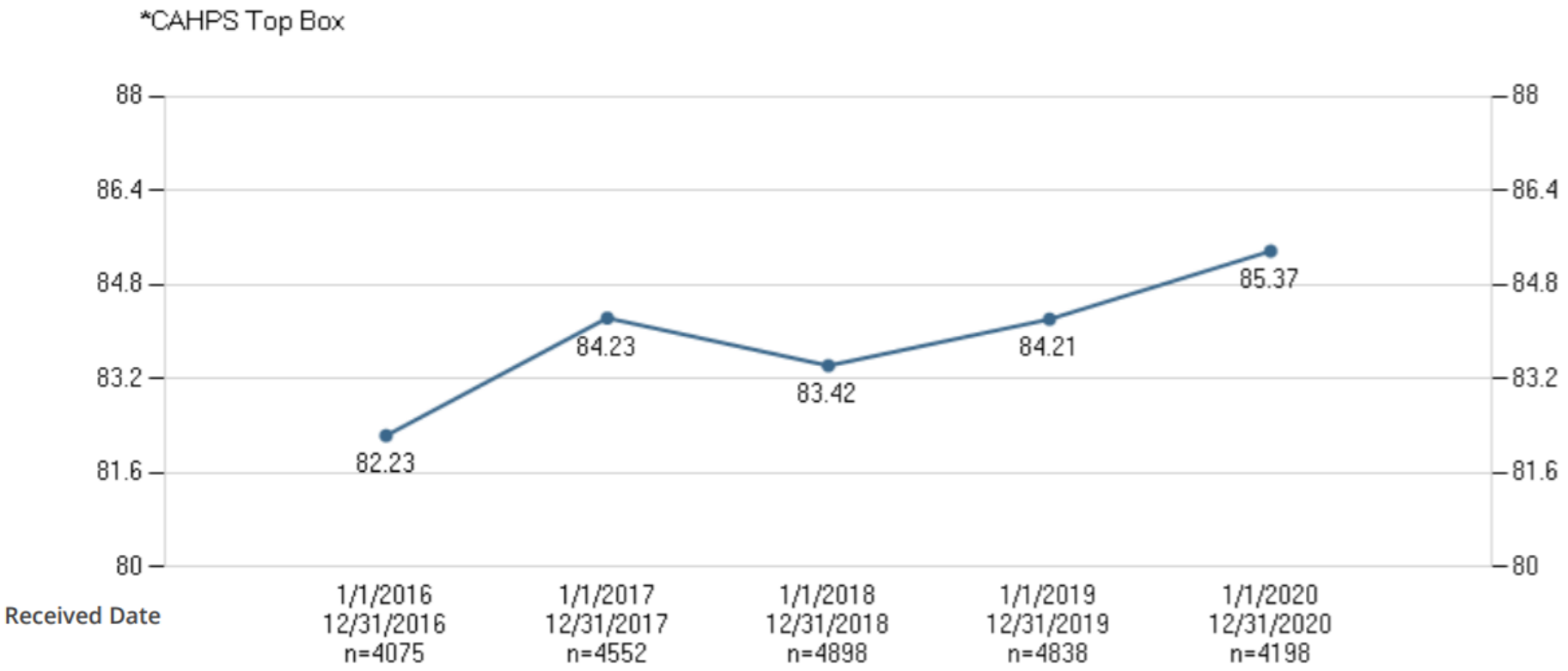
- Handoff sprints to standardize the process
  - Care of admitted ED patient while in ED
  - Pre-op to OR to PACU
- ED and Radiology
- Pre-Surgical Services Center
- Standardized patient populations admission criteria
- Education standardization

Building the Culture of a Highly Reliable Hospital

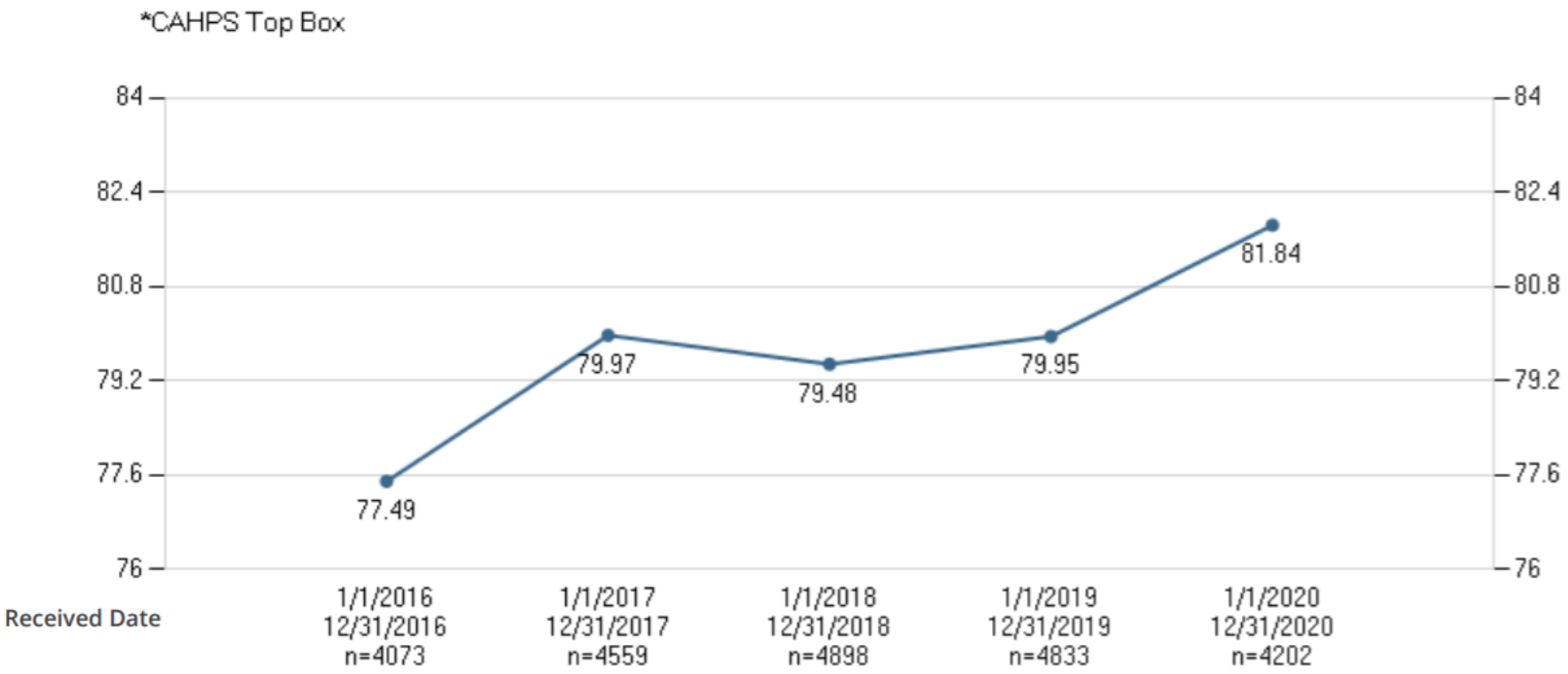
INOVA®

- A ***Common Purpose*** – everyone has the same goal for patient safety and quality patient centered care
- Strong Team ***Leadership*** that models the way, sets expectations, promotes engagement
- ***Psychological Safety*** for speaking up for concerns and worries; everyone gets to speak, including the patient
- A ***Shared Mental Model*** based on information transparency & known goals
- Clear ***Roles and Responsibilities*** for the patient experience leader as part of a team
- ***Mutual Support*** to assure every team member is successful and valued-I've got your back!
- Collective ***Trust*** and respect for team's input and roles
- Regular *constructive* ***Feedback*** to praise, motivate and help grow and improve
- Active scanning and assessing for ***Situational Awareness*** to support each coworker to do right

Likelihood to Recommend



0-10 Rating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n=4898
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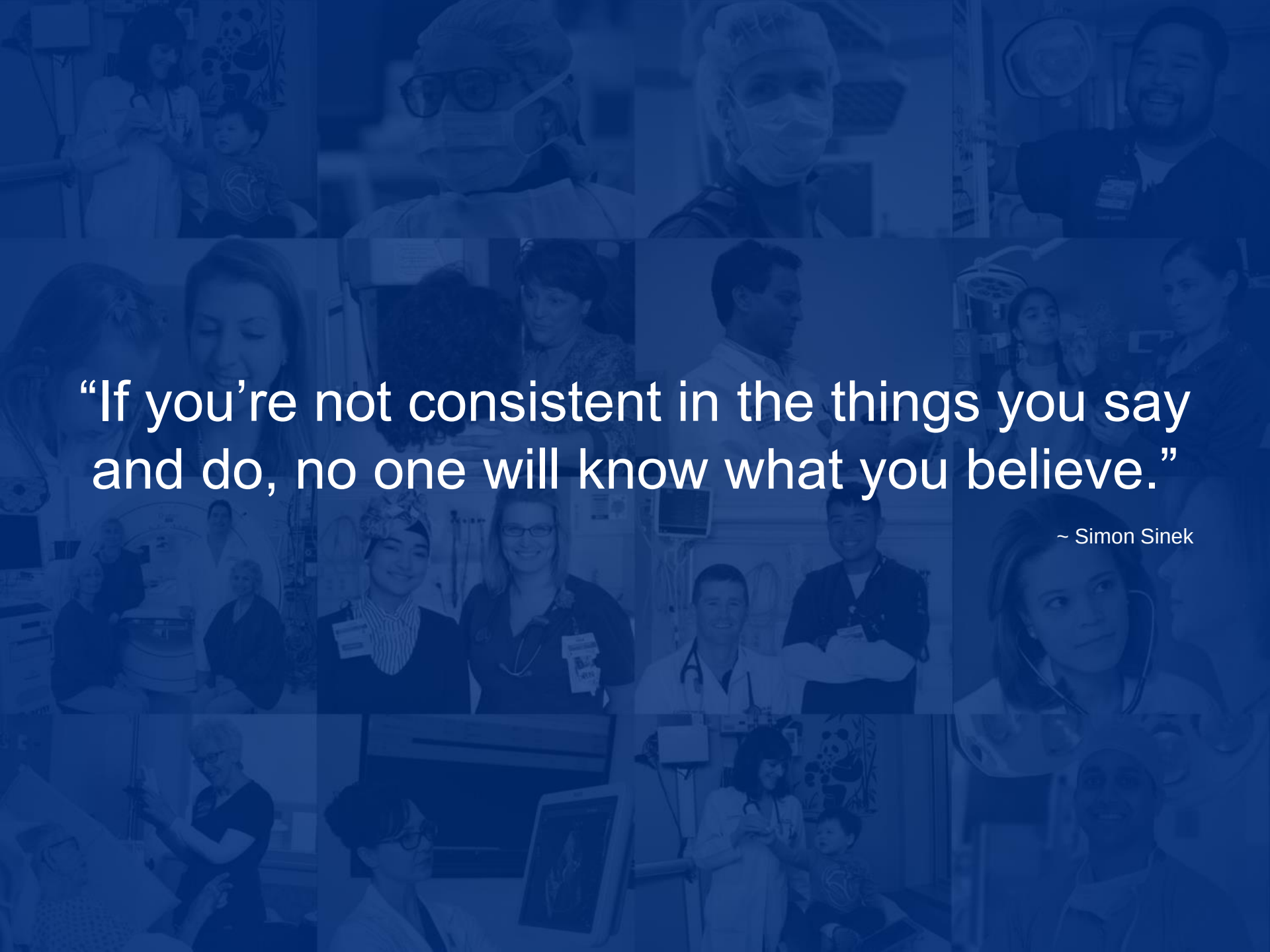
Prioritize your Efforts

1. Does this address our goal for patient experience?
2. Does this have a meaningful impact on goal?
3. Are we already doing ok/fair in this area?
4. Does it have a chance of making a large improvement?
5. How much investment (time/energy) does it involve?
6. How does it rank compared to other current work?
7. Continuously Reassess



“If you’re not consistent in the things you say and do, no one will know what you believe.”

~ Simon Sinek

Our Transformation Journey

Mandate

Provide a people-centered, high reliability, high value, seamless system of care

Our Imperatives for Transforming Care

- We must create an environment of **zero harm.**
- We must **know each patient** and **honor what matters most to them** with empathy and compassion.
- We must create a culture of **psychological safety** that empowers each team member to fully engage.
- We must **collaborate in teams** with equal voices, embracing patients and their families as integral members of the care team.
- We must embrace and practice **best evidence**, forgoing tradition and individual preference.

Key Shifts to Drive PX Change

From:		To:
Patients	▶	Consumers
Processed Focus	▶	Focused on Emotions
Being a Patient	▶	Having a Relationship
Encounter	▶	A Journey

Developing a System Service to Support Internal Consulting

INOVA®

AGILE STRATEGY EXECUTION

Ability to provide, monitor and execute multiple improvement plans across service lines and sites to accelerate performance.

CLEAR FINANCIAL SNAPSHOT

Consolidating all of the resources in one cost center allows for easier monitoring of financials.

CUSTOMIZED SOLUTIONS

Through the adoption of cutting edge improvement processes and EBBP's, the team will be able to provide a holistic approach to specific population needs.

COMPREHENSIVE ANALYTICS

Dedicated to team to provide a full range of X & O data to support leadership, and team members to harness deeper customer understanding while including PFACs in all processes.

ONE TEAM

Centralized PX team allows for consistent messaging, leadership oversight and ability to deliver a high-touch internal service quality throughout the organization.

Delivering Comprehensive Insights

The patients experience is how our organizations values and behaviors live consistently through every interaction across the care continuum. Inova Health System leverages many innovative ways to monitor the experience.

SOCIAL MEDIA

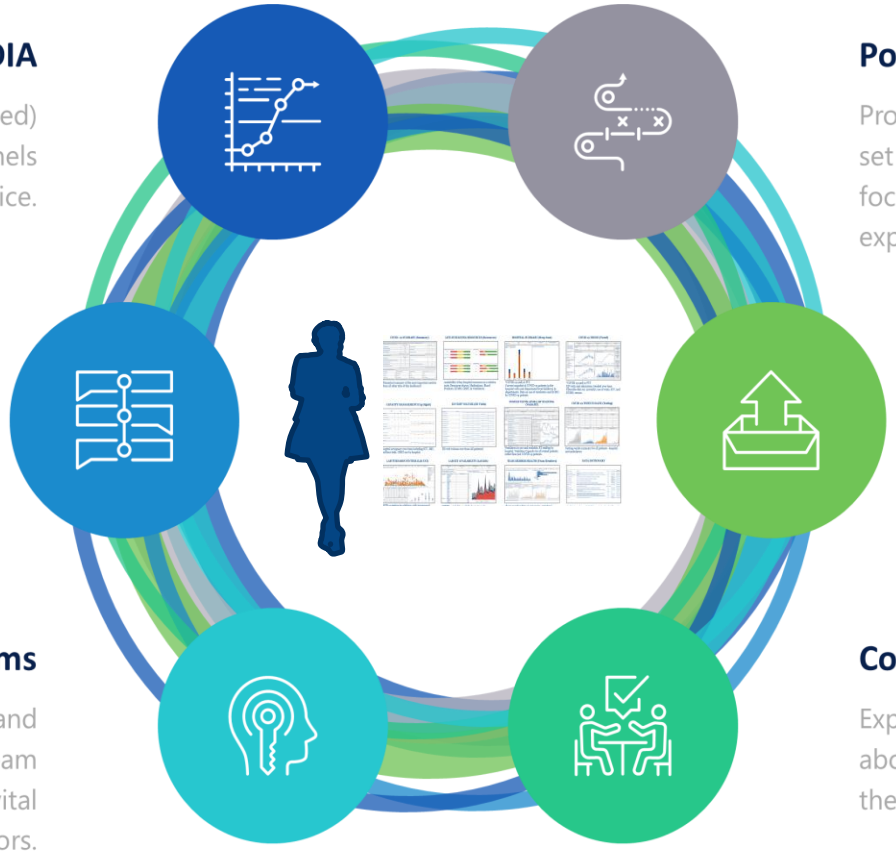
Unsolicited (and unverified) feedback on multiple channels that help direct consumer choice.

PFACs + Virtual Community

Engaged patients & consumers who are interested in the sustained improvement of the organization.

Rounding Programs

Observations to monitor, and engage both patients, and team members on vital processes/behaviors.



Post Discharge Calls

Proactive phone calls for a sub-set of our population that focuses on quality/safety and experiential feedback.

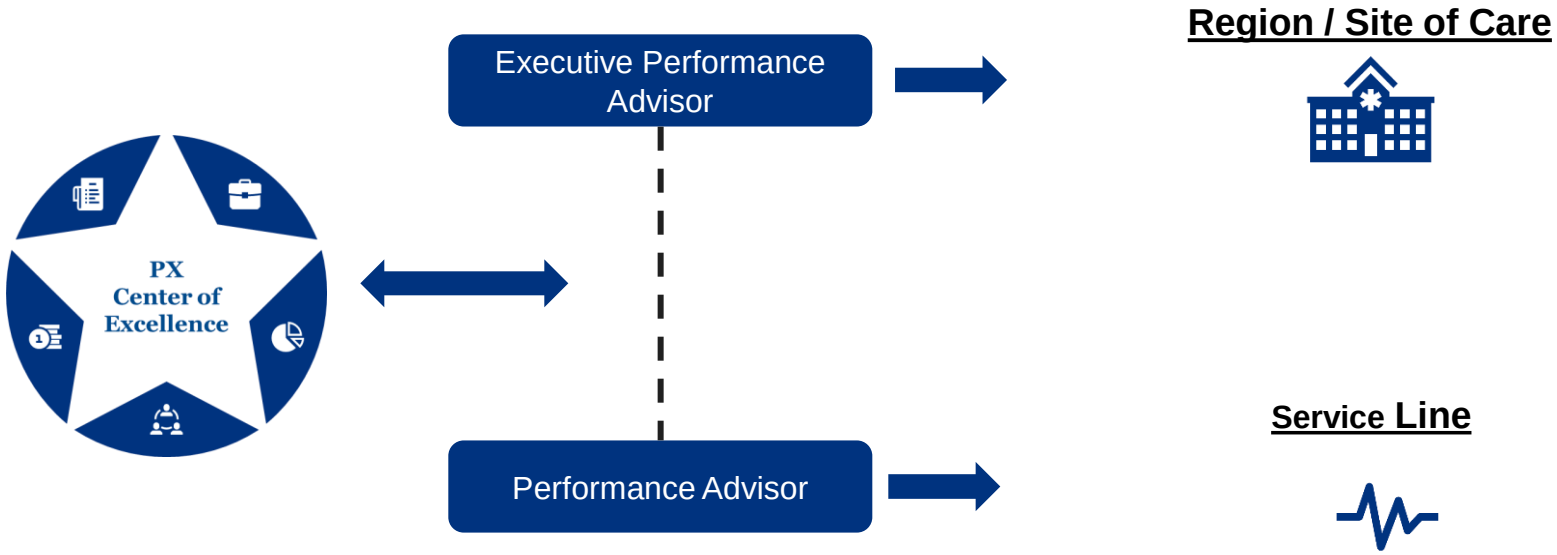
Survey's

Multiple tools deployed to capture post-experience perceptions of the experience of care.

Compliments + Complaints

Expressed, and written concerns about possible deficiencies in the experience of care.

Performance Advisory Function Overview



Recent Patient Experience Awards

Inova Fairfax Medical Campus
(expand all)

Telemedicine/Care Redesign

Incorporating Patients in a Relationship-Focused Telemedicine Class

Inova Fairfax Medical Center
(expand all)

Diversity, Equity & Inclusion

Inside Out: A Novel Approach to Disseminating Vital Information

2020 PRESS GANEY LEADING INNOVATORS

RECOGNIZING EXCELLENCE IN HEALTH CARE INNOVATION

Thank you!

Questions?

2020 Year of Patient Experience Wrap-up Discussion

Carrie Brady

VHHA Patient Experience and HCAHPS Advisor

VHHA
CENTER FOR HEALTHCARE EXCELLENCE
Improving the Quality & Safety of Healthcare

2020 Year of Patient Experience

The **Four Essential Foundations for Success** are interdependent and should always be considered in any patient experience improvement effort

Aligning the foundations results in much greater impact

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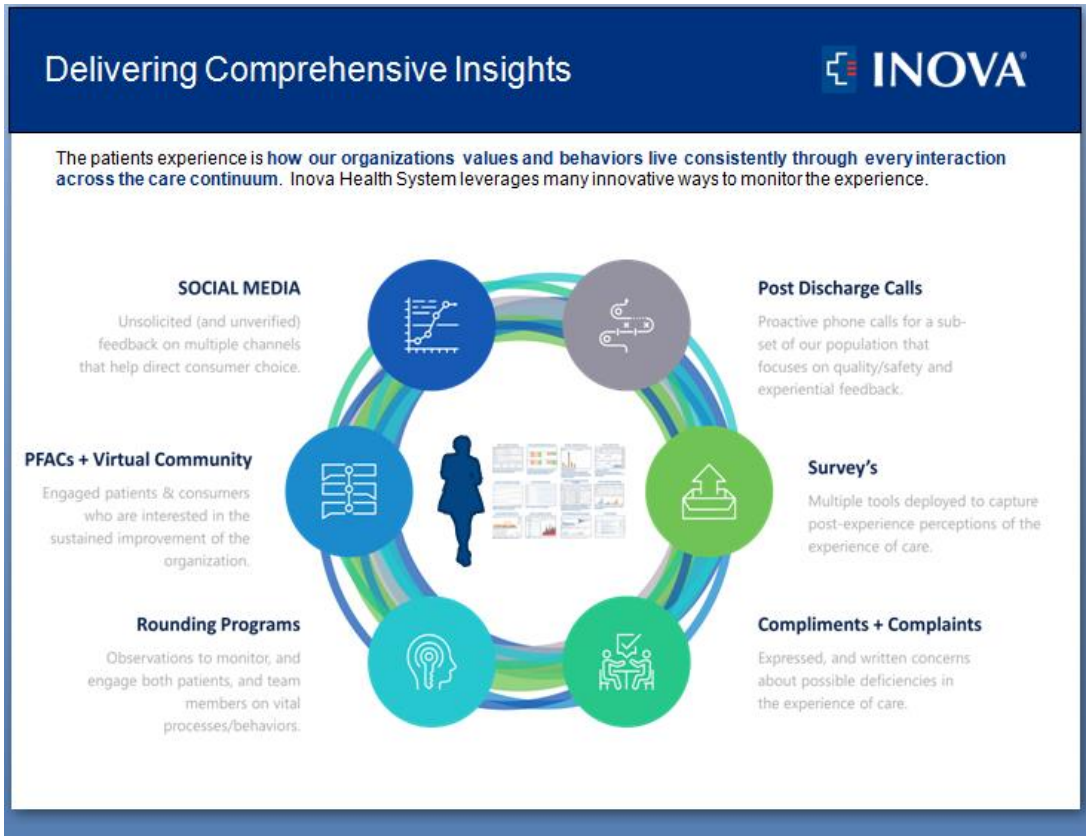
Patient and Family Engagement

Effective Use of Data

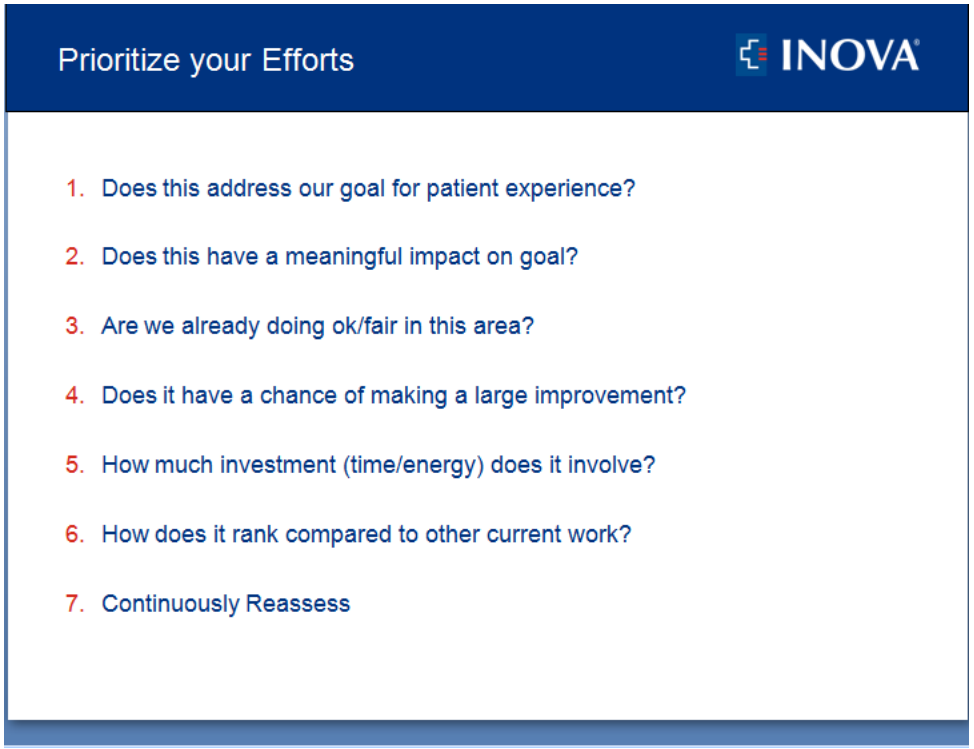
Are you systematically considering all of the data and information you receive from patients and families?



Staff Engagement

Leadership

Are you systematically prioritizing patient experience initiatives, asking key questions, and considering current v. desired staff beliefs?



The Best Gift to Give Your Team: Carve Out Unnecessary Initiatives

"My list of things to do started as a dinner plate; now I have a turkey platter. I like turkey but this is too much!"

- Take a year-end inventory
  - -Meetings and initiatives
- Celebrate all the work
- Align efforts and schedules
  - -Consider meeting-free times
- Let go of what isn't a priority right now to free up energy for what is

Thank You for Sharing Your Successes and Challenges and for Being a Resource for Each Other in 2020 and Beyond!

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Thank you!

2020: YEAR OF PATIENT EXPERIENCE

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