

The Patient Experience at AdventHealth

Learning Module for Students



Introduction

AdventHealth and its Central Florida Division hospitals welcome the privilege to provide a well-rounded learning experience for you and your fellow students during your rotation here.

We know that you will leave your rotation with a greater understanding of your clinical responsibilities in patient care.

This module is designed to help you also understand some of the key behaviors you will need to follow to provide an exceptional experience for our patients as you are providing quality clinical care.

Goals for the Module

- Understand how to define “Patient Experience” within AdventHealth.
- Gain an understanding of the patient’s perspective and perception of care.
- Understand how Patient Experience is measured and why it is critically important in health care today.
- Understand the key service behaviors that are expected of all nursing staff within AdventHealth to drive a positive experience for our patients.

What is Patient Experience?

PATIENT EXPERIENCE

Treating the patient as you would
the person whom you love the most.

AdventHealth defines Patient Experience in simple, easy terms. Imagine it was your father, mother, brother or sister in the bed. **ALWAYS** treat every patient the same way you would want to treat your loved one.

Our Patients

When patients come to the hospital they are afraid, perhaps in pain, uncertain and anxious. Research shows that most feel lonely, alienated and bored during their stay, and then abandoned and unprepared to go home. At AdventHealth, we combat these feelings by:



- **Love Me** – Treat others with uncommon compassion, fairness and respect. I listen and communicate effectively.
- **Make it Easy** – I help quest to their destinations, I speak highly of others, and innovate and seek ways to improve our work.
- **Keep Me Safe** - I make safety my #1 priority, I protect privacy and confidentiality, I follow the dress code and wear my badge correctly.
- **Own it** - I use discretion with personal devices, I follow through on commitments, I am positive and aim to exceed expectations

Compassion and Empathy

Approach every encounter with compassion and empathy. It is no longer enough to just provide the correct medical treatment.

Above all, patients judge their care by **how we treat them as individuals as well as how well we work together as a team**— not by the clinical care they receive. Consider these comments:

“Your staff -- their compassion, their hearts, focus -- was the best I've ever experienced. Your people make the difference.”

“This hospital always made me feel at home with human love and comfort”

“The nurse was wonderful and attentive. Like a family member. Explained procedures every step of the way, discussed and explained every decision made during treatment.”

Compassion and Empathy

Our patients appreciate the care they receive from students and often comment on how much they appreciate the attention they receive.

Our mission is to “*Extend the Healing Ministry of Christ,*” and for us, that means it is encouraged to offer that comforting touch, a smile and kind word, or even a prayer if appropriate.

When you are in our facility, you are part of the AdventHealth family!

HCAHPS

Measuring the Patient Experience

What is HCAHPS?

Hospital Consumer Assessment of Healthcare Providers & Systems

Created by Centers for Medicare & Medicaid Services (CMS).
This national, standardized survey provides data on the patients' perspectives and perceptions of the care that we provide.

All hospitals that receive funding from CMS must survey patients, and reimbursement is impacted by the results of the survey.

The HCAHPS Survey Process

At AdventHealth, we use Press Ganey Associates to administer the survey process for us.

Surveys may be sent to patients who are:

- ✓ Admitted “inpatient” status & ED
- ✓ Discharged to home or another acute care facility
- ✓ Over the age of 18
- ✓ Alive at time of discharge
- ✓ No primary psychiatric diagnosis.



What is HCAHPS?

First 25 HCAHPS questions are grouped into the following composites:

- ✓ **Global** (Overall Rating 1-10 and Willingness to Recommend)
- ✓ **Nurse Communication**
- ✓ **Doctor Communication**
- ✓ **Staff Responsiveness**
- ✓ **Environment** (Cleanliness and Quiet)
- ✓ **Pain Control**
- ✓ **Medication Communication**
- ✓ **Discharge Instructions**
- ✓ **Understanding Your Care at Home**

What is HCAHPS?

The results of the HCAHPS survey are published by CMS on its Hospital Compare web site

(www.medicare.gov/hospitalcompare).

Consumers can view how a hospital compares to its neighboring facilities in these key areas.

The goal of HCAHPS, as with the quality measures, is to drive performance improvement across all hospitals.

CMS includes the HCAHPS survey results in calculating the value-based purchasing (VBP) reimbursement. In FY2019, HCAHPS accounts for 20% of the overall VBP score.

About the Data

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always
2. During this hospital stay, how often did nurses listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 - Never
 - Sometimes
 - Usually
 - Always

Questions always address frequency of something happening.

Only “**top box**” scores are counted by CMS.

Top Box means only “**always**” answers.

So, if 60 out of 100 surveys showed an “Always” answer, while 18 said “usually,” our score would only be 60%.

Hospitals are then ranked according to that top box percentage.

The HCAHPS Questions

Standardized CMS Questions

Note: We ask additional questions beyond the required HCAHPS questions.
This provides additional data for us to measure our performance.

How to Answer

Unless otherwise indicated, all questions have the following answer choices:

- Never
- Sometimes
- Usually
- Always

Your Care from Nurses

1. During this hospital stay, how often did the nurses treat you with courtesy and respect?
2. During this hospital stay, how often did the nurses listen carefully to you?
3. During this hospital stay, how often did the nurses explain things in a way that you could understand

Your Care from Nurses

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- Always
 - Usually
 - Sometimes
 - Never
 - I never pressed the call button

Your Experiences in This Hospital

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or using a bedpan?

Yes

No (if No, go to Question 12)

Your Experiences in This Hospital

11. How often did you get help using the bathroom or bedpan as soon as you wanted?

Always

Usually

Sometimes

Never

Your Experiences in This Hospital

12. During this hospital stay, did you need medicine for pain?

Yes

No (If No, go to Question 15)

Your Experiences in This Hospital

13. During this hospital stay, how often was your pain well controlled?
14. During this hospital stay, how often did the hospital staff do everything they could to help with your pain?

Your Experiences in This Hospital

16. Before giving you any new medication, how often did hospital staff tell you what the medication is for?
17. Before giving you any new medication, how often did hospital staff describe the possible side effects in a way you could understand?

Understanding Your Care When You Left the Hospital

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Questions added by AdventHealth

Did a nurse leader visit you during your stay?

- Yes
- No

Did a staff member visit you hourly during the day?

- Yes
- No

It's Not Customer Satisfaction

*Patient experience surveys sometimes are mistaken for customer satisfaction surveys. **Patient experience surveys focus on how patients experienced or perceived key aspects of their care, not how satisfied they were with their care.** Patient experience surveys focus on asking patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding their medication instructions, and the coordination of their healthcare needs. They do not focus on amenities.*

--CMS (emphasis added)

Driving Patient Experience

Patients don't always recognize the care you provide. Remember, they are afraid, anxious, in pain, and most likely didn't go to nursing school or med school.

The goal of our Patient Experience strategies is to help patients recognize the good care more easily.

To be effective, these strategies **must be carried out consistently** by all members of the care team – and that includes YOU!



Strategy 1: iCARE

In every encounter make sure to follow the iCARE steps:

I = Introduce: Knock, foam introduce; your name, role, "I'm here for my hourly visit, may I come in?" Smile, eye contact. Greet patient/guest, "Good morning/afternoon/evening" Power of touch – handshake when appropriate.

C= Connect: Sit or get to eye level. Ask "What's the Most Important thing I can do for you today?" (MIT) Show compassion, and pay attention to main concerns.

Strategy 1: iCARE Cont...

A= Anticipate – Ask the patient if they are comfortable. Explain next steps, describe Plan of Care in detail that they can understand. Sit while discussing. Be aware of facial expressions and body language.

R= Reinforce – Restate the plan, next steps, and expected wait times. Encourage teach back. Ask, “What questions do you have of me?”

E= Extend – Ask, “What else can I do for you?”, Say, “It’s my pleasure” when thanked, manage up team and physicians. Thank the patient, “Thank you for allowing us to care for you.”

Strategy 2: COLA



COLA – or Caring Out Loud Always

✓ If you “touch it” you “talk about it!”

✓ Examples:

“I am going to move this tray table closer to the bed so you have everything within reach.”

“I am going to scan your arm band now as part of our medication safety procedures.”

“I am going to close the door to keep your room quiet so you can rest and heal.”

Strategy 3: Bedside Report

- ✓ Hand-off between caregivers is critical!
- ✓ Departing nurse and on-coming nurse go into the patient's room together to give report in front of the patient, including the patient in the discussion.
- ✓ Engage the patient by asking if he or she has anything to add or has any questions.
- ✓ Helps to keep report on target to the most essential aspects of the care.
- ✓ Make sure to manage-up one another!

How These Impact HCAHPS

iCARE, COLA and Bedside Shift Report all help drive performance in the Nurse Communication domain.

The domain asks patients if we **always explained** in terms they understood, **listened carefully** to them, and if we always treated them with **courtesy and respect**.



Strategy 4: Hourly Visit

THE MOST IMPORTANT strategy and hardest to hardwire.

Hourly Visit is not the same as going into a room once an hour. It **MUST** be done with **intentionality** around the following four patient needs:

PAIN – we need to always do everything we can to control pain safely.

POTTY – Attempts to get to the restroom unassisted are the most common reasons for falls.

POSITION – Reposition the patient to make them comfortable and reduce incidence of skin tears.

PERIPHERY – Keep the room tidy and make sure all items are within easy reach to prevent falls.

RNs are responsible for ensuring that Purposeful Hourly Visits are occurring. Sit when possible!

Hourly Visits and HCAHPS

Purposeful Hourly visits positively impact the patient's perception of care overall and is shown to have the most influence on a positive patient experience.

In particular, it helps drive Staff Responsiveness, Pain Control, Cleanliness and Nurse Communication.

Intentional hourly visits will help the nurse by reducing the number of call bells, which saves time and creates efficiency.

Strategy 5: “No Pass Zone”

Anytime a call light is on, any staff member, including students, in the vicinity is expected to enter the room to acknowledge the light and offer assistance.

If you cannot fulfill the request yourself, let the patient know you will alert the nurse or another staff member who can help.

Personal attention to the call lights lets patients know we care about their needs and will do our best to address them as quickly as possible.

This strategy impacts the Staff Responsiveness domain, which asks patients if we provided help as soon as they wanted it.

Strategy 6: Key Words

The terms and phrases we often use in health care are unfamiliar to our patients. To help them recognize the care we are providing, it is helpful for all of us to incorporate key words into our discussions.

For example, when performing your purposeful hourly visit, tell the patient you are there for your **hourly visit**. This helps them recognize how often you are truly in the room.

Another example is to keep the patient door closed, saying, *“I am going to close the door to keep your room **quiet** and provide privacy for you.”*

Strategy 7: “Side Effects”

We ask patients how often we tell them what each new medication is for and mention possible side effects.

Patients may not equate “this may make you feel dizzy” to a discussion of side effects.

Use the key words, “Side Effect,” and provide at least one side effect with every medication delivery.

You will also see the nurses giving “Golden Tickets” attached to printed medication education sheets. This is a visual reminder for the patient.

In Review

The work we do at AdventHealth is sacred work, and we are compelled to not just deliver the best possible clinical outcome, but do so in an environment and manner that illustrates our commitment to extending the healing ministry of Christ to every patient, every time.

For our patients to have the best perception of the care they receive, we must all follow evidence-based best practices around communication and patient-centered care at all times.

In Review

This module focused on some of the best practices that are especially important for nursing.

These best practices include:

iCARE (introduce, connect, anticipate, reinforce, and extend, Thank them for allowing you to serve them)

Purposeful Hourly Visits

Bedside Shift Report

COLA – Caring Out Loud Always

Using **key words** such as “hourly visit” and “side effect” when speaking with the patient

The “**No Pass Zone**” to quickly address call lights

Review Points

- Patient Experience is *“Treating the patient as you would the person whom you love the most.”*
- AdventHealth utilizes evidence-based best practices to help build trust, create belonging and deliver hope to our patients to provide an exceptional experience.
- HCAHPS is a standardized survey used to measure the patients’ perception of the care they received.

Review Points

Above all, patients judge their care by **how we treat them as individuals** – not by the clinical care they receive.

The “I” in iCARE requires that all staff tell the patient their name and their role in his or her care.

Offering to assist the patient to the bathroom during every hourly round helps to prevent falls.

Review Points

COLA stands for “Caring Out Loud Always.”

The following is an example of using Key Words at Key Times:

“I am closing your door to help keep your room quiet and provide privacy for you.”

Nurses should always give report inside the room at the bedside and include the patient.

Extending
the healing ministry of
Christ