Welcome!

- Registration desk
- Going green with electronic copies
- Sign in each day for 11 CEU and contact hours
- Conference Guidebook
  - Action Planning Worksheet
  - One-page description of all sessions
- Arrive early to each session for best seat
- Chimes indicate the next session is starting
- Communication boards on each level
- Please turn all electronic equipment to “vibrate”
- Evaluations
- HCAHPS experts – Zani and Nina!
# HCAHPS Zoomerang Survey Results

A sincere thank you to those that took time to participate in the Zoomerang survey!

- 721 Participants
- 164 Questions
- 47 Comments

- 72% ranked your assessment as either very or somewhat knowledgeable about HCAHPS
  - 32% very knowledgeable
  - 40% somewhat knowledgeable
  - 17% not very knowledgeable
  - 11% not familiar with HCAHPS

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## Presentation Objectives

- **Reinforce the link between Hardwiring Excellence and HCAHPS**
- Learn how one organization rolled out and impacts HCAHPS results
- Understand priority initiatives and tools that will improve the patient perception of quality care
- Identify “cool tools and ideas” to implement after the priority initiatives are hardwired
Patient Perception of Healthcare


People Come To Us in Their Most Vulnerable Time of Need...

Scared, Anxious, Dependent, Lonely, Questioning, Tired, In Pain, Loss of Control and Dignity
What an Honor and Privilege To Make A Difference in Someone’s Life...

Reduce anxiety,
Explain treatment,
Relieve pain,
Preserve dignity,
Keep informed and safe

HCAHPS Aligns with the Healthcare Flywheel®

- Prescriptive To Do’s
- Bottom Line Results
  (Transparency and Accountability)
  - Transparency via public reporting
  - Patient experience as a quality metric
  - A systems approach to excellence

Purpose, worthwhile work and making a difference

What’s Right in Health Care™ | Evidence to Outcomes
Welcome to the World of Consumerism

HCAHPS…. Boo-Rah for Hospitals

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

What is HCAHPS

A standardized survey tool to measure the patient’s perception of quality care provided during their experience while a patient at an acute-care hospital.

Why is it important?

The patient perception of care will be publicly reported with other quality metrics on the Hospital Compare website. www.hospitalcompare.hhs.gov

How will it be used?

The information will be used to provide meaningful data for improvement efforts as well as provide comparisons between hospitals to help consumers choose a hospital.
Quick Facts About HCAHPS

- Scale - top box will be reported
  - Always, Definitely Yes, % 9 and 10, Yes
- N – 300 minimum
- Should be a complementary, not the only tool to be used in identifying performance improvement opportunities
- Inpatient – random sample specific DRG
- Measures the frequency of events as perceived by the patients
- Should not be considered a new “program” but rather a new method of reporting information

Reportable Quality Metrics Include HCAHPS

- HCAHPS is voluntary but results must be included in the Pay for Reporting program to receive a full Inpatient Prospective Payment System (IPPS) payment update
- Real impact of public reporting:
  - Patient perception will effect reputation (Service, Quality and Growth pillars)
  - Choice and downstream revenue (Finance Pillar)
  - Pride and turnover. Employees want to work for a quality organization (People)
HCAHPS Aligns with a Balanced Approach

**VISION**

- **SERVICE**
  - Communication of Doctors
  - Nurses
  - Environment
  - Staff

- **QUALITY**
  - Pain Management
  - Communication of Medications
  - Cleanliness of Hospital
  - Discharge Information

- **PEOPLE**
  - Overall Rating
  - Likelihood to Recommend

- **FINANCE**
  - Overall Rating
  - Likelihood to Recommend

- **GROWTH**
  - Prepared for Performance-Based Reimbursement
  - Increased Revenue
  - Increased Market Share
  - Community Provider of Choice

**STANDARDS OF PERFORMANCE: VALUES**

- Passion to make healthcare better
- Taking Better Care of Patients
- Serving the healthcare needs of the COMMUNITY

**MISSION**

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**HCAHPS Aligns With Operational Pillars**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>QUALITY</th>
<th>PEOPLE</th>
<th>FINANCIAL</th>
<th>GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Pain Management</td>
<td>Overall Rating</td>
<td>Overall Rating</td>
<td></td>
</tr>
<tr>
<td>of Doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication of Nurses</td>
<td>Communication of Medications</td>
<td>Likelihood to Recommend</td>
<td>Likelihood to Recommend</td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td>Cleanliness of Hospital</td>
<td>Discharge Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Increased Physician Satisfaction
- Improved Clinical Outcomes
- Increased Turnover
- Prepared for Performance-Based Reimbursement
- Higher Volumes

- Improved Patients’ Perception of Care
- Decreased Nosocomial Infections
- Reduced Agency Costs
- Improved operating Income
- Increased Revenue

- Decreased Patient Days/Days
- Reduced Medical Costs
- Lowered Overtime
- Decreased Length of Stay
- Increased Physician Referrals

- Reduced Patient Falls
- Reduced Re-admits
- Decreased Orientation Costs
- Reduced advertising costs
- Increased Word-of-Mouth Referrals

- Reduced Patient Anxiety/Improved Patient Compliance
- Reduced Medication Errors
- Decreased Vacancies
- Reduced Legal and Malpractice Expenses
- Increased Market Share

- Community’s Provider of Choice
- Physicians’ Hospital of Choice
- Employer of Choice
- Community’s Provider of Choice

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HCAHPS Aligns with Addressing the CEO’s Top Issues

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CMS Value-Based Purchasing Update

What is it?
Value-based purchasing (VBP), which links payment to performance, is a key policy mechanism that transforms Medicare from a passive payer of claims to an active purchaser of care. This means a portion of hospital payment would be based on actual performance.

Why is it important?
VBP is intended to build upon, and eventually replace, the current “pay for reporting” structure put into place by the Medicare’s Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Program. The VBP plan, sent to congress for approval on November 21, 2007, proposes 50% of incentive be on performance for FY 2010.

Learn more?

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CMS Value-Based Purchasing Update
HCAHPS Aligns with Clinical Quality

“Patient-Centeredness” is one of the Institute of Medicine’s key dimensions of Quality and CMS’s Quality Improvement Roadmap vision for Right Care, Right Person, Every Time

1. Safe
2. Effective
3. **Patient-Centeredness**
4. Timely
5. Efficient
6. Equitable

Institute of Medicine, Crossing the Quality Chasm: A new Health System for the 21st century, March, 2001

HCAHPS Aligns with Industry Trends

“...patients and doctors are more likely to base their choice of hospital on non-clinical aspects of a visit – **like communication.**”

The McKinsey Quarterly

What’s Right in Health Care™ | Evidence to Outcomes
HCAHPS Aligns with JCAHO Standards

- **Communication with Doctors**
  - MS.4.10 Credentialing has six areas of demonstrated competency including interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care team.

- **Pain Control**
  - PC.8.10 – Pain is assessed

HCAHPS Aligns with the Nine Principles® of Operational Excellence

- Commit to Excellence
- Build Individual Accountability
- Measure the Important Things
- Align Behaviors with Goals and Values
- Build a Culture Around Service
- Communicate at All Levels
- Create and Develop Great Leaders
- Recognize and Reward Success
- Focus on Employee Satisfaction

www.jointcommission.org 2009 standards
HCAHPS Reflects “Hardwired Excellence”

“HCAHPS is another tool to assess performance on our goal to be the healthcare provider of choice for patients, physicians, employees.”

Quint Studer, Author of Hardwiring Excellence

Presentation Objectives

• Reinforce the link between Hardwiring Excellence and HCAHPS
• Learn how one organization rolled out and impacts HCAHPS results
• Understand priority initiatives and tools that will improve the patient perception of quality care
• Identify “cool tools and ideas” to implement after the priority initiatives are hardwired
Hackensack University Medical Center is the fourth busiest hospital in the nation exceeding 70,000 inpatient admissions annually.

Driven by Quality

One of America’s 50 Best Hospitals – Top One Percent in the Nation – Two Consecutive Years

The only hospital in New Jersey, New York, and New England to receive this recognition.
HCAHPS at HUMC

• The dilemma
  Quality or Service?

• Publicly reported with clinical metrics vs. measured via patient satisfaction survey
• Data uploaded to QNET vs. sent from patient satisfaction survey vendor
• Performance Improvement vs. Service Excellence

Implementing HCAHPS at HUMC

• 2004 – letters sent to CMS
• 2005 – began to introduce the concept and survey tool to administrators, etc.
  – Several presentations are various forums
  – Linked HCAHPS to clinical public reporting initiatives
• May 2006 – began using integrated survey
  – Participated in dry run for two of three months
• July 2006 – go live
• End 2006 - Increased sample size from 5% (achieving minimum “n”) to 25% of inpatients
Data Flow Process

- Right Data
- Right Form
- Right Time
- Right People

INFORMATION

KNOWLEDGE

Enhanced Decision Making & Take Action to Improve

Evolution of Internal Reports: June 30, 2006

HCAHPS Summary Information

<table>
<thead>
<tr>
<th>Global</th>
<th>All DB</th>
<th>% Top Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>n</td>
<td>% n=87</td>
</tr>
<tr>
<td>Global Rating Item</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-Worst possible</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>0%</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>0%</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>71%</td>
</tr>
<tr>
<td>Global Rating Item</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend this hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definitely no</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Probably no</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Probably yes</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>27</td>
<td>90%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>90%</td>
</tr>
<tr>
<td>COMM w NURSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Usually</td>
<td>10</td>
<td>30%</td>
</tr>
<tr>
<td>Always</td>
<td>80</td>
<td>26%</td>
</tr>
</tbody>
</table>

Hankensack University Medical Ctr.
January 1, 2007
HACKENSACK UNIVERSITY MEDICAL CTR.
INPATIENT REPORT

HCAHPS Summary Information

Global Rating item: Rate hospital 0-10

<table>
<thead>
<tr>
<th>Question</th>
<th>N (All)</th>
<th>DB (N=966)</th>
<th>Press (N=692)</th>
<th>Magnet (N=53)</th>
<th>600+ (N=33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this hospital stay, how often did:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses treat you with courtesy and respect?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses listen carefully to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurses explain things in a way you could understand?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

July 25, 2007: Composite: Communication With Nurses

During this hospital stay, how often did:
- Nurses treat you with courtesy and respect?
- Nurses listen carefully to you?
- Nurses explain things in a way you could understand?
### July 25, 2007:

... included a summary of composites

<table>
<thead>
<tr>
<th></th>
<th>HUMC</th>
<th>Nat'l DB (Press Ganey)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Rating Item: Rate hospital 0-10</td>
<td>72%</td>
<td>64%</td>
<td>+8%</td>
</tr>
<tr>
<td>Global Rating Item: Recommend this Hospital</td>
<td>79%</td>
<td>68%</td>
<td>+11%</td>
</tr>
<tr>
<td>Domain: Communication With Nurses</td>
<td>74%</td>
<td>74%</td>
<td>0</td>
</tr>
<tr>
<td>Domain: Responsiveness of Hospital Staff</td>
<td>56%</td>
<td>60%</td>
<td>-4%</td>
</tr>
<tr>
<td>Domain: Communication With Doctors</td>
<td>80%</td>
<td>79%</td>
<td>+1%</td>
</tr>
<tr>
<td>Domain: Hospital Environment</td>
<td>59%</td>
<td>61%</td>
<td>-3%</td>
</tr>
<tr>
<td>Domain: Pain</td>
<td>66%</td>
<td>68%</td>
<td>-2%</td>
</tr>
<tr>
<td>Domain: Communication Re: Medications</td>
<td>54%</td>
<td>58%</td>
<td>-4%</td>
</tr>
<tr>
<td>Domain: Discharge</td>
<td>78%</td>
<td>78%</td>
<td>0</td>
</tr>
</tbody>
</table>

### November 21, 2007: Dashboard

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Press Ganey QN Top Box</td>
<td>Press Ganey Percentile Ranking (Nat'l)</td>
</tr>
<tr>
<td>Nurse Communication</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td>Physician Communication</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Hospital Staff Responsiveness</td>
<td>56%</td>
<td>60%</td>
</tr>
<tr>
<td>Communication: Room was clean</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Privacy around room at night</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td>Staff Management</td>
<td>67%</td>
<td>65%</td>
</tr>
<tr>
<td>Communication about Medications</td>
<td>54%</td>
<td>52%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Readmitted 1-10 (%) (9 &amp; 10)</td>
<td>71%</td>
<td>64%</td>
</tr>
<tr>
<td>Recommended Hospital</td>
<td>72%</td>
<td>68%</td>
</tr>
</tbody>
</table>

**Top Box** is the percentage of "always" responses, and a score of 9 or 10 for the hospital rating.

**2007 HCAHPS Chartbook** - Results from 937 hospitals, representing "typical" HCAHPS survey results collected between Dec. 2005 through Sep. 2006.

**"Live" Period** may also be used to judge performance.

The best external comparator available include:

1. Chartbook: this information is from 937 hospitals and is case-mix adjusted.

2. Press Ganey DB Percentile Ranking: this information is from 1632 hospitals and is not case-mix adjusted.

*What's Right in Health Care* | Evidence to Outcomes
Potential Effects of HCAHPS Public Reporting – December, 2007

Where would you go?

January 2008: New Dashboard

HCAHPS Monthly Dashboard

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;n&quot; number of surveys returned</td>
<td>1780</td>
<td>285</td>
<td>296</td>
<td>295</td>
<td>283</td>
<td>257</td>
<td>275</td>
<td>267</td>
<td>69</td>
</tr>
<tr>
<td>Communication with nurses</td>
<td>73%</td>
<td>76%</td>
<td>73%</td>
<td>78%</td>
<td>76%</td>
<td>73%</td>
<td>68%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with doctors</td>
<td>79%</td>
<td>85%</td>
<td>80%</td>
<td>81%</td>
<td>81%</td>
<td>80%</td>
<td>77%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
<td>56%</td>
<td>60%</td>
<td>59%</td>
<td>57%</td>
<td>57%</td>
<td>50%</td>
<td>48%</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td>Pain management</td>
<td>66%</td>
<td>68%</td>
<td>63%</td>
<td>70%</td>
<td>66%</td>
<td>69%</td>
<td>61%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Effective communication of medicines</td>
<td>54%</td>
<td>57%</td>
<td>56%</td>
<td>57%</td>
<td>55%</td>
<td>53%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Cleanliness of hospital environment</td>
<td>70%</td>
<td>71%</td>
<td>69%</td>
<td>68%</td>
<td>68%</td>
<td>66%</td>
<td>55%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Quietness of hospital environment</td>
<td>48%</td>
<td>51%</td>
<td>47%</td>
<td>47%</td>
<td>48%</td>
<td>49%</td>
<td>45%</td>
<td>46%</td>
<td>45%</td>
</tr>
<tr>
<td>Discharge information</td>
<td>78%</td>
<td>71%</td>
<td>72%</td>
<td>62%</td>
<td>70%</td>
<td>70%</td>
<td>74%</td>
<td>72%</td>
<td>83%</td>
</tr>
<tr>
<td>Overall rating of hospital</td>
<td>71%</td>
<td>74%</td>
<td>70%</td>
<td>69%</td>
<td>70%</td>
<td>65%</td>
<td>63%</td>
<td>63%</td>
<td>66%</td>
</tr>
<tr>
<td>Willingness to recommend this hospital</td>
<td>28%</td>
<td>23%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
<td>31%</td>
<td>35%</td>
<td>39%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Last updated: March 4, 2008

What’s Right in Health Care™ | Evidence to Outcomes
...includes a graph

Preview Report Released

• Proactive approach anticipating publicly reported results

<table>
<thead>
<tr>
<th>HCAHPS Study: Raw Data vs. Case Mix Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>% TOP BOX</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Raw Data</td>
</tr>
<tr>
<td>Communication with nurses</td>
</tr>
<tr>
<td>Communication with doctors</td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
</tr>
<tr>
<td>Pain management</td>
</tr>
<tr>
<td>Communication about medicines</td>
</tr>
<tr>
<td>Cleanliness of hospital environment</td>
</tr>
<tr>
<td>Quietness of hospital environment</td>
</tr>
<tr>
<td>Discharge information</td>
</tr>
<tr>
<td>Overall rating of this hospital</td>
</tr>
<tr>
<td>Willingness to recommend this hospital</td>
</tr>
</tbody>
</table>

What's Right in Health Care™ | Evidence to Outcomes
### Current Dashboard: Data by public reporting period

<table>
<thead>
<tr>
<th>DATA BY PUBLIC REPORTING PERIOD</th>
<th>1st reporting period: Oct 06-Jun 07</th>
<th>2nd reporting period: Oct 06-Oct 07</th>
<th>3rd reporting period: Jan 07-Dec 07</th>
<th>4th reporting period: Apr 07-Mar 08</th>
<th>5th reporting period: Jul 07-Sep 08</th>
<th>6th reporting period: Oct 08-Dec 08</th>
<th>7th reporting period: Jan 09-Mar 09</th>
<th>8th reporting period: Apr 09-Jun 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with nurses</td>
<td>76%</td>
<td>76%</td>
<td>74%</td>
<td>74%</td>
<td>73%</td>
<td>73%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>Communication with doctors</td>
<td>79%</td>
<td>79%</td>
<td>78%</td>
<td>76%</td>
<td>74%</td>
<td>73%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
<td>56%</td>
<td>56%</td>
<td>55%</td>
<td>55%</td>
<td>56%</td>
<td>56%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>Pain management</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Communication about medicines</td>
<td>54%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>Cleanliness of hospital environment</td>
<td>75%</td>
<td>75%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>66%</td>
<td>68%</td>
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<tr>
<td>Quietness of hospital environment</td>
<td>48%</td>
<td>48%</td>
<td>47%</td>
<td>46%</td>
<td>45%</td>
<td>46%</td>
<td>46%</td>
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<tr>
<td>Discharge information</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
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<tr>
<td>Overall rating of this hospital</td>
<td>71%</td>
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<td>70%</td>
<td>70%</td>
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<td>70%</td>
<td>70%</td>
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<tr>
<td>Willingness to recommend this hospital</td>
<td>78%</td>
<td>78%</td>
<td>75%</td>
<td>79%</td>
<td>79%</td>
<td>79%</td>
<td>78%</td>
<td>78%</td>
</tr>
</tbody>
</table>

*Note: number of surveys returned

What’s Right in Health Care™ | Evidence to Outcomes

### Obvious Trends

![Obvious Trends Diagram](attachment:obvious_trends.png)

- **HCAHPS Composite Top Box% by Public Reporting Period**
- **Communication with nurses**: 73% 74% 74% 73% 73% 73% 70%
- **Communication with doctors**: 79% 79% 78% 76% 74% 73% 71% 69%
- **Responsiveness of hospital staff**: 56% 56% 55% 55% 56% 56% 55% 55%
- **Pain management**: 66% 66% 66% 66% 67% 67% 66% 70%
- **Communication about medicines**: 54% 55% 55% 55% 55% 55% 55% 55%
- **Cleanliness of hospital environment**: 75% 75% 70% 69% 69% 68% 70% 71%
- **Quietness of hospital environment**: 48% 48% 47% 46% 45% 46% 46% 49%
- **Discharge information**: 76% 76% 76% 76% 76% 76% 76% 76%

www.studergroup.com

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Estimated Timeline

We are here: Public Reporting data from 2006-2007

Oct 06 – Jun 07 Discharges
Oct 06 – Sept 07 Discharges
Jan 07 – Dec 07 Discharges
April 07 – March 08 Discharges
July 07 – Jun 08 Discharges
Suppression linked to loss of APU
Oct 07 – Sept 08 Discharges
Jan 08 – Dec 08 Discharges
Apr 08 – Mar 09 Discharges

....but we are REALLY here!

What’s Right in Health Care™ | Evidence to Outcomes
Acting on the Data

Move Measurement to the Next Level

Giving leaders data alone is not always enough," explains HUMC's director of service excellence Nina Setta. "People act on ideas—not just data—so you need to help them understand what they can do with it."

At HUMC, the service excellence department was already holding classroom sessions to help improve patient satisfaction, but leaders frequently requested more help. Now those staff members in the department receive a leader coaching track on the topic for individual leaders based on a 30- or 12-week plan. Here's how it works:

1. The in-house coach assesses measurement information needs.
2. In the coaching contract, the leader confirms a two-page needs assessment that outlines priorities in a wide range of areas. These range from understanding how to access information, maintain data, and post patient satisfaction data specific to their unit to how well they talk like SREPs, managing for outcomes, and thank you notes are handled in the leader's area.
3. The coaching contract is signed. The contact explains anticipated outcomes and confirms the participant's willingness to adhere to the training schedule, an assigned homework, and complete a training evaluation at completion.
4. A customized coaching plan is developed.
5. Based on information presented in the initial needs assessment, the coach recommends key action areas and follows weeks of one-hour meetings in the leader's office, noting specific results. Each week, the coach performs a competency check on the material presented the previous week before covering new material.
6. Coaches are offered for training.
7. Documentation describes program outcomes, coach time, and includes a simple program review and post-evaluation form. Certificates are also awarded.

Cautiously, the director also coaches physicians as they set and track metrics for their annual goals in Leader Establishing Manager. "We ask physicians: 'When you see a patient with an abnormal EKG, do you leave after you tell them or do you tell them what steps to take?'" adds Setta. "It's the same with creating an action plan for measurements. Physicians are a little more resistant to the message." Setta adds all leaders and staff must take the "Voccurred approach."

Giving data and a goal is not enough, she says. A pre-planned lead to action is the most important element and keeps them focused on action steps.
### Leader Coaching Track

- 1 hour a week for 12 weeks
  - Starts with signing a coaching contract
  - Covers Employee Satisfaction for first 2 weeks
- Includes relevant handouts
- Contains a competency check at beginning of each session
- Homework given at last session
- Evaluation sent and completed electronically
- Cue's awarded (can be converted to Nursing contact hours)

---

### COACHING ASSESSMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Donna McDonald, Nurse Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td>6/14/07</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
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</tbody>
</table>

#### 30 Day Plan (consisting of 1 hour sessions per week)

<table>
<thead>
<tr>
<th>Week 1 – Meeting Date: May 10, 2007 (beginning of track)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review employee satisfaction trends</td>
<td>5/10/07</td>
</tr>
<tr>
<td>- Review survey tools, techniques and expectations at HUMC (HI)</td>
<td>5/24/07</td>
</tr>
<tr>
<td>- Review notes and recognition activities that are meaningful to employees</td>
<td>6/14/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2 – Meeting Date: May 24, 2007 (beginning to coach)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Review survey methodology, survey cycle and process of returned surveys</td>
<td>6/10/07</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Week 3 – Meeting Date: June 14, 2007 (survey to coach)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Review measurement of Patient Satisfaction at HUMC specific to areas of responsibility (HI)</td>
<td>6/24/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 6 – Meeting Date: June 21, 2007</th>
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</tr>
</thead>
<tbody>
<tr>
<td>- Review assignment to complete by next meeting</td>
<td>6/28/07</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Week 11 – Meeting Date: August 18, 2007 (End of Track)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Review assignment from previous week</td>
<td>9/1/07</td>
</tr>
<tr>
<td>- Review assignment to complete by next meeting</td>
<td>9/8/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>9/17/07</th>
<th>Patient Satisfaction</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td>Supervisor's Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Six Week Follow Up?</td>
<td>Y N 6/27/07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twelve Week Follow Up?</td>
<td>Y N 11/9/07</td>
<td></td>
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</tr>
</tbody>
</table>
Implementing & Monitoring Hourly Rounding

**PLAN:** Reviewed clinical research associated with Hourly Rounding on Patients.

**DO:** Educated staff, rolled out tracking tools, and implemented initiative.

**STUDY:** Reviewed patient satisfaction "Likelihood to Recommend" & other key clinical metrics.

**ACT:** Used results to inspire and reinforce behavior. Rewarded and recognized staff.

Hourly Rounding Impacts Nursing Specific Indicators: Unit W5GE

- Promptness response to call
- Nurses' attitude toward requests
- Attention to special/personal needs
- Nurses kept you informed
Hourly Rounding Helps to Control Patient’s Pain: Unit W5GE

- How well your pain was controlled

- 39th %tile nationally
- 90th %tile nationally

Hourly Rounding Impacts Patients Overall Perception of Care: Unit W5GE

- Likelihood recommending hospital

- 58th %tile nationally
- 92nd %tile nationally
Unit W5GE Outcomes for Hourly Rounding Impact on Clinical & HCAHPS Metrics

Interview with Nurse Manager of W5GE following completion of coaching track

- “When I was first educating my staff about HCAHPS, I focused mainly on how the questions differed from Press Ganey standard survey. I printed copies of the HCAHPS survey and posted it in the staff lounges and conference rooms. We reviewed at staff meetings.”

- “When rolling out new initiatives, we looked at which indicators would be affected by our initiatives and are looking to see improvements in those scores. For example, bedside report, I am looking at Communication with nurses and Nurses listened carefully to you.”

- “I have also incorporated HCAHPS into my rounding with my patients – I ask if they have needed to use their call bell, and if so, how often does someone respond immediately to their needs.”

- “The first time I really paid attention about HCAHPS was during the coaching track. I’m sure I would have heard about it from senior leadership, however, I learned how to utilize the information from working with your department.”
Senior Team Engagement

- Attending senior leader meeting again and mentioning...$4 million
- Explained APU calculation equating $4M
- Senior leaders “adopt” composites

APU Calculation

| Hackensack University Medical Center |
| Impact HCAHPS |
| Budget 2009 |
| 2009 Budgeted Medicare Cases | 16,324 |
| Rate per case | $13,097 |
| Projected 2009 I/P Medicare Revenue | $213,800,000 |
| 2% Reduction to Annual Payment Update (APU) | $3915,000 |
| Based on not participating in HCAHPS survey |
| Revised Net Revenue | $209,885,000 |
## Senior Leader’s Adopt Composites

<table>
<thead>
<tr>
<th>Composite</th>
<th>Responsible Leader(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Doctors</td>
<td>CMO</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>CNO</td>
</tr>
</tbody>
</table>
| Pain Management                        | Chairman of Pain Service  
                                            Senior VP of Operations |
| Cleanliness of Hospital Environment    | VP of Operations        |
| Quietness of Hospital Environment      | VP of Operations        
                                            CNO          |
| Responsiveness of Staff                | CNO                    |
| Discharge Information                  | CNO                    |
| Communication about Medicines          | Administrator, Patient Safety |

---

## Composites included on Annual Evaluation: Administrator, Patient Safety

**Goals and Results**

**Goal:** Improvement in HCAHPS top-box percent for “Communication about medications”  
  First public reporting period = 54% (always)  
  Result: Average 56

**Service**

<table>
<thead>
<tr>
<th>Weighted Value</th>
<th>Percentage</th>
<th>Passing %</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Score</th>
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<td>20%</td>
<td>70%</td>
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**Service**

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**Rating Type**

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<td>4</td>
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<td>5</td>
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**Weighted Score**

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<tr>
<td>2</td>
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<td></td>
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<tr>
<td>5</td>
<td>0.0</td>
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</tbody>
</table>
Pain Initiative

- Changed pain policy
  - reflects “acceptability” of pain level
  - Re-assessment within 1 hour

- “Pain Rule” implemented because pain scores were poor
  - “Red flag” flashes on computer as a reminder to re-assess pain

- Chairman, Pain & Palliative Medicine began rounding on nursing units in 1Q08
  - Bring pain policy to life and enforced it
  - Provided education to standardize practice within each unit and across all units
  - Rounding with nurses

---

HCAHPS:
- “How often was your pain controlled?”
- “How often did the staff do everything they could to help you with your pain?”

Patient Satisfaction:
- “How well your pain was controlled”

---

<table>
<thead>
<tr>
<th></th>
<th>1Q07</th>
<th>2Q07</th>
<th>3Q07</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
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<td>HCAHPS Pain</td>
<td>67</td>
<td>69</td>
<td>62</td>
<td>68</td>
<td>73</td>
<td>88</td>
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<tr>
<td>Patient Satisfaction Pain</td>
<td>87.8</td>
<td>87.4</td>
<td>86.6</td>
<td>88.2</td>
<td>89.6</td>
<td>90.9</td>
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</table>
Patient Care Initiatives

- Quality Leadership Steering Committee for Service Excellence
  - Standardize practices, materials and dashboards
  - Develop internal coaching experts
- Re-launched hourly rounding on all units
- Piloted TCAB project – increased nurses time at the bedside
  - “Nurses are with me all the time.”
  - “Quiet Time” for safe administration of medications
- Increased number of discharge phone calls
- Key words “For safety reasons, nurses will be checking your ID band frequently during your hospital stay.”

Increase time at the bedside = increase in communication = increase in HCAHPS scores

Discharge Information:
Discharge Phone Calls- Impact on Service
(Press Ganey National Ranking)

Discharges: 10/1/06-6/30/07 = HCAHPS 1st reporting period
Post-Discharge Calls

- Mastered quality, focus on quantity

% Patient Reached

<table>
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<tr>
<th>Quarter</th>
<th>2006</th>
<th>2007 Q1</th>
<th>2007 Q2</th>
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<tr>
<td>2Q08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessing Hourly Rounding on Discharge Phone Calls

While you were on W5GE, how often did one of the unit staff members make regular “rounds” to care for you?

- Every 15 mins or Less
- Every 15-30 mins
- Every 30-45 mins
- Every 1 hr
- Every 2 hrs
- Every 3-4 hrs
- Every 4-6 hrs
- Every shift
- Not at all
- No answer
Validation of Practice

Dedicated Resource

- Converted position to “HCAHPS specialist”
  - Provide general coaching and education
  - Keep up to date and communicate HCAHPS news
  - Preparation of meaningful data and reports
    - Unit based data
Unit based HCAHPS data

1st Public Report released
March 2008

The New York Times
March 29, 2008
Responding to Media

- Prepare comparison media is referring to
  - Puts it in perspective
- Provide powerpoint tutorial on how to access HCAHPS results on web
  - Provides a tool to take ownership of data
- Asked CMS to provide “hits to website”

Step 1: Go to
www.hospitalcompare.hhs.gov

This is the home page where the HCAHPS data (and clinical quality measures) are hosted.

ACTION: Save it to your favorites!
Exploring HCAHPS with our patients through the Consumer Advisory Council

General thoughts:
- Majority of members said their decisions would not be swayed based on public reporting data (December 2007 & June 2008 meetings)
- Reviewed survey questions and responses
  - Questions not specific enough
    - “This is ridiculous”
  - Unfair scale
    - “Nothing ALWAYS happens”
- Ran data “live”
  - Council members chose hospitals for comparison
  - Prepared a report and reviewed results
Exploring HCAHPS with our patients through the Consumer Advisory Council

• Pain “Well controlled”
  – Acceptability of pain level
  – Duration of relief from medication
  – Anticipation by staff for timely administration of medications

• “Staff do everything they could….”
  – Learn patient’s threshold/tolerance
  – Provide more explanations of medications
  – Use various positioning for added comfort
  – Provide complimentary alternatives
    • i.e. TV ‘pain channel’ with guided imagery
    • Hypnosis, meditation, etc

Exploring HCAHPS with our patients through the Consumer Advisory Council

• Medication explanations and description of side effects
  – Always introduce new meds by their MD, when possible
  – Information should be dependent on how much the patient actually want to know
  – Minimum information includes:
    • What medication is and what it is for, most common side effects, other available options, interactions with other meds, information in writing in addition to verbal
  – Follow “sixth grade reading/comprehension level”
  – Provide information in various languages and/or offer an interpreter
Exploring HCAHPS with our patients through the Consumer Advisory Council

- Overall Rating
  - Multiple factors determined response
    - Access to care
    - ED (if applicable) & inpatient admission experience
    - Clinical outcomes
    - Billing

- Likelihood to Recommend
  - Loyalty (based on interactions and outcomes)
  - Physician referrals and recommendations

Where we are today: Actionable areas

- Increased % of discharge calls
- Re-launched hourly rounding, assessed on discharge
  phone calls
- "Quiet Time"
- Pain initiative
- Increased discharge calls, Re-launched hourly
  rounding
- Hourly rounding, key words, TCAB
- Comm re: meds
- Cleanliness
- Responsiveness
- Comm w/ doctors
- Comm w/ nurses
- Pain
- Discharge

1st reporting period: Oct 06-Jun 07
7th reporting period: Jan-Dec 08
8th reporting period: Apr 08-Mar 09
US Avg
NJ Avg
Where we are today: Overall Reputation

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HCAHPS @ HUMC

• The dilemma

Quality or Service?

HCAHPS builds the bridge between the two:

• Quality: what actually happened
• HCAHPS: how often did it happen
• Service: how did the patient feel about what happened
Commitment to Service Quality

“We continue to provide the people we serve with the best healthcare possible – both on the clinical level and the human level.”

– John P. Ferguson, President & Chief Executive Officer

HCAHPS Zoomerang Survey Results

A sincere thank you to those that took time to read Quint’s blog and participate in the Zoomerang survey!

- 721 Participants
- 164 Questions
- 47 Comments

- 72% ranked your assessment as either very or somewhat knowledgeable about HCAHPS
  - 32% very knowledgeable
  - 40% somewhat knowledgeable
  - 17% not very knowledgeable
  - 11% not familiar with HCAHPS
Communication with Nurses Results Comparisons

Results of Zoomerang Survey: Name the Initiative that will Impact “Communication with Nurses”
Results of Zoomerang Survey: Name the Initiative that will Impact “Communication with Nurses”

- Hourly Rounding: 265
- Key Words / AIDET: 108
- Nurse Leader Rounding on Every Patient: 140
- Bedside Report / White Boards: 60
- Empathy Training: 100
- Other: 34

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Communication with Doctors Results Comparisons

- National Comparison: 79
- National Comparison: 79
- Studer Partners: 80
- Participant Results: 78

Percent of “Always”

www.hospitalcompare.hhs.gov   Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October 2006-June 2007 results.
Results of Zoomerang Survey: Name the Initiative that will Impact "Communication with Doctors"

<table>
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<th>Initiative</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Empathy / Communication Training</td>
<td>232</td>
</tr>
<tr>
<td>Nurse rounds with physicians</td>
<td>198</td>
</tr>
<tr>
<td>Family Contract</td>
<td>103</td>
</tr>
<tr>
<td>Key Words / AIDET</td>
<td>100</td>
</tr>
<tr>
<td>Notepads at Bedside</td>
<td>43</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
</tr>
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</table>
**Receive Help Quickly Results Comparisons**

![Bar chart showing comparison of results for different periods: Oct '06 - Sept '07 National Comparison, Oct '06 - June '07 National Comparison, Studer Partners, and Participant Results.]

- Oct '06 - Sept '07 National Comparison: 60
- Oct '06 - June '07 National Comparison: 60
- Studer Partners: 62
- Participant Results: 74

---

**Results of Zoomerang Survey: Name the Initiative that will Impact “Receive Help Quickly”**

1. [ ]
2. [ ]
3. [ ]
4. [ ]
5. [ ]
6. [ ]

---

*www.hospitalcompare.hhs.gov* Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October 2006-June 2007 results.
### Results of Zoomerang Survey: Name the Initiative that will Impact “Receive Help Quickly”

<table>
<thead>
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<th>Initiative</th>
<th>Count</th>
</tr>
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<tbody>
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<td>Environmental Assessment</td>
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<td>Empathy Training</td>
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### Pain Control Results Comparisons

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Percent of “Always”</th>
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<td>National Comparison Oct ‘06 - Sept ‘07</td>
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</tr>
<tr>
<td>National Comparison Oct ‘06 - June ‘07</td>
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<tr>
<td>Studer Partners</td>
<td>69</td>
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<tr>
<td>Participant Results</td>
<td>79</td>
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</table>

[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)  Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October, 2006-June, 2007 results.
Results of Zoomerang Survey: Name the Initiative that will Impact “Pain Control”

<p>| | |</p>
<table>
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<td><strong>3</strong></td>
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</table>

Results of Zoomerang Survey: Name the Initiative that will Impact “Pain Control”

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Count</th>
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<tbody>
<tr>
<td>Rounding for pain goals</td>
<td>278</td>
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<td>Hourly Rounding</td>
<td>189</td>
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<tr>
<td>Staff Education on Pain Management</td>
<td>135</td>
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<tr>
<td>Empathy Training</td>
<td>48</td>
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<td>Key Words</td>
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<td>Other</td>
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</table>
Room and Bathroom Kept Clean Results Comparisons

Results of Zoomerang Survey: Name the Initiative that will Impact “Cleanliness”
Results of Zoomerang Survey: Name the Initiative that will Impact “Cleanliness”

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
<td>EVS Rounding on Patients</td>
<td>271</td>
</tr>
<tr>
<td>Second Shift Cleans Bathrooms</td>
<td>84</td>
</tr>
<tr>
<td>Accountability</td>
<td>147</td>
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<td>Key Words - AIDET</td>
<td>52</td>
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<td>Hourly Rounding</td>
<td>111</td>
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<td>Other</td>
<td>25</td>
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</tbody>
</table>

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Quiet at Night
Results Comparisons

www.hospitalcompare.hhs.gov
Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October 2006-June 2007 results.
Results of Zoomerang Survey: Name the Initiative that will Impact “Quiet at Night”

1. Noise Audit 224
2. “Shh” Campaign 197
3. Private Rooms 163
4. Hourly Rounding 62
5. Turn down service 25
6. Other 21
Communication of Medications Results Comparisons

![Graph showing communication of medications results comparison]

www.hospitalcompare.hhs.gov Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October 2006-June 2007 results.

Results of Zoomerang Survey: Name the Initiative that will Impact “Communication of Medications”

1
2
3
4
5
6

What’s Right in Health Care™ | Evidence to Outcomes
Results of Zoomerang Survey: Name the Initiative that will Impact “Communication of Medications”

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-printed side effect cards</td>
<td>197</td>
</tr>
<tr>
<td>Patient cards for medication questions</td>
<td>105</td>
</tr>
<tr>
<td>Key Words on Side Effects</td>
<td>174</td>
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<tr>
<td>Nurse Leader Rounding</td>
<td>86</td>
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<td>Pharmacist on unit</td>
<td>111</td>
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<tr>
<td>Other</td>
<td>22</td>
</tr>
</tbody>
</table>

“Given Information about Recovery at Home” Results Comparisons

www.hospitalcompare.hhs.gov Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October 2006-June, 2007 results.
Results of Zoomerang Survey: Name the Initiative that will Impact "Information at Home"

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Calls</td>
<td>301</td>
</tr>
<tr>
<td>Family Conference</td>
<td>166</td>
</tr>
<tr>
<td>Pre-printed discharge instructions</td>
<td>114</td>
</tr>
<tr>
<td>Key Words</td>
<td>69</td>
</tr>
<tr>
<td>Colorful Folders</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
</tbody>
</table>

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Overall Rank
Results Comparisons

Willingness to Recommend
Results Comparisons

www.hospitalcompare.hhs.gov Zoomerang survey results with participants are NOT adjusted. SG partner (defined as current and partner prior to 10/05) results are adjusted according to CMS guidelines available for October, 2006-June, 2007 results.
### Results of Zoomerang Survey: Name the Initiative that will Impact “Overall Rank and WTR”

<table>
<thead>
<tr>
<th>Rank</th>
<th>Initiative</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behavior Standards</td>
<td>325</td>
</tr>
<tr>
<td>2</td>
<td>Hourly Rounding</td>
<td>190</td>
</tr>
<tr>
<td>3</td>
<td>Empathy Training</td>
<td>76</td>
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<td>4</td>
<td>Service Recovery</td>
<td>48</td>
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<tr>
<td>5</td>
<td>Cleanliness Initiatives</td>
<td>31</td>
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<tr>
<td>6</td>
<td>Other</td>
<td>17</td>
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</tbody>
</table>
### What’s Right in Health Care – Overall Rank

<table>
<thead>
<tr>
<th>What’s Right in Health Care</th>
<th>Overall Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selecting Talent</td>
<td>Selecting Talent: Strategy and Tactics to Select and Retain the Best (Jewish Hospital and St. Mary’s Healthcare)</td>
</tr>
<tr>
<td>Thursday, 2:00 in Marquis C</td>
<td></td>
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<tr>
<td>Discharge Calls</td>
<td>Discharge Calls: A Tactic that Improves Quality and Saves Lives (Pikeville Medical Center)</td>
</tr>
<tr>
<td>Thursday, 11:30 in Marquis D</td>
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<tr>
<td>Service Recovery</td>
<td>Service Recovery: Making it Right (Vanderbilt University)</td>
</tr>
<tr>
<td></td>
<td>Same time as this one so review presentation</td>
</tr>
</tbody>
</table>

### Key Initiatives to Deliver Patient-Centered Care

<table>
<thead>
<tr>
<th>Ease of Implementation</th>
<th>Top Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>White boards</td>
<td>Leader Rounding</td>
</tr>
<tr>
<td>Pre-printed Med Card</td>
<td>Key Words/AIDET</td>
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<tr>
<td>Open visitation</td>
<td>Caregiver Engagement</td>
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<tr>
<td>Noise Audits</td>
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<td>Private rooms</td>
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<tr>
<td>Hourly Rounding</td>
<td>Higher</td>
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<td>Discharge phone calls</td>
<td>Impact on Patient Perception</td>
</tr>
<tr>
<td>Bedside Report/Handoffs</td>
<td>Lower</td>
</tr>
</tbody>
</table>

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Stretching Exercise

- Stand up
- Turn around and meet the person behind you (Back row, meet someone beside you)
- Tell them your name, your facility and one thing you “usually” do at work that you plan to “always” do in the future to make your hospital a better place to work!

Presentation Objectives

- Reinforce the link between Hardwiring Excellence and HCAHPS
- Learn how one organization rolled out and impacts HCAHPS results
- **Understand priority initiatives and tools that will improve the patient perception of quality care**
- Identify “cool tools and ideas” to implement after the priority initiatives are hardwired
We Don’t Want to “Boil the Ocean”

“I don’t think there is anything that is the answer to everything.”

Margaret O’Kane
President, NCQA
at the National P4P conference
February, 2008

Alignment with Studer Group Concepts and Must-Have’s

<table>
<thead>
<tr>
<th>CONTENTS IMPACTED</th>
<th>LEADERSHIP</th>
<th>LEADERSHIP EVALUATION</th>
<th>90-DAY PLAN</th>
<th>BEHAVIOR STANDARDS</th>
<th>PREFERENCES CARDS</th>
<th>RECONCILIATION TEAM</th>
<th>ACTION TEAM</th>
<th>COMMUNICATION BOARD</th>
<th>EMPLOYEE FORUMS</th>
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</table>

What’s Right in Health Care™ | Evidence to Outcomes
Evidence Based Leadership (EBL)

Foundation

STUDER GROUP:

Leader Evaluation | Leader Development | Must HavesSM | Performance Gap | Standardization | Accelerators

**Aligned Goals**
- Implement an organization-wide leadership evaluation system to hardwire objective accountability (Principle 7)

**Aligned Behavior**
- **Must HavesSM**
  - Rounding
  - Thank You Notes
  - Employee Selection
  - Pre and Post Phone Calls
  - Key Words at Key Times (Principles 3, 5, 6, 8 & 9)
- **Re-recruit** high and middle performers
- **Move low performers** up or out (Principle 4)

**Aligned Process**
- Agendas by Pillar
- Peer Interviewing
- 30/90 day sessions
- Pillar Goals (Principle 1 & 2)
- Leader Eval Mgr (LEM)
- Staff Eval Mgr (SEM)
- Discharge Call Manager (DCM)
- Rounding Mgr
- Idea Express

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---

What Do You Want to Learn?

- What are the behaviors for Hourly Rounding?
- What if Hourly Rounding did not work?
- How do you implement Hourly Rounding?
What’s Right in Health Care

- Hourly Rounding
  - Hourly Rounding in the Emergency Department and Inpatient Areas (Baptist Hospital of Miami)
    - Thursday, 10:15 in Marquis D
  - Hardwiring Inpatient Hourly Rounding (Self Regional Healthcare)
    - Thursday, 2:00 in Marquis A

Hourly Rounding Bundle to Improve Quality

1. Use opening key words and/or actions to introduce yourself, your skill set, your experience and others
2. Perform scheduled Tasks
3. Address the P’s – Pain, Personal Needs and Position
4. Assess additional comfort needs
5. Conduct environmental assessment
6. Use closing key words and/or actions
7. Explain when you or others will return
8. Document the round
Lessons Learned about Hourly Rounding

1. Leader Rounding must be hardwired before beginning Hourly Rounding
2. CNO must be actively engaged and lead weekly Hourly Rounding meeting
3. While everyone is important, this is an RN led initiative – not a nurse aide initiative
4. Clinicians respond well to evidence based practice
5. Clinical quality metrics are important to track due to impact on decubitus and falls
6. Documentation is critical – not optional

Why Rounding for Outcomes is a Must Have

Rounding on Employees, Patients, and Physicians

• Concern And Care
• What is Working Well
• People to Recognize
• Systems to Improve
• Tools and Equipment
### Leader Rounding Bundle to Engage Employees, Patients and Physicians

- Round for identified outcomes
- Use AIDET communication
- Validate expected behaviors (such as white boards and hand washing) and provide “real time” recognition or coaching
- Utilize a scouting report
- Document on a rounding log
- Follow-up
- Review outcomes with your direct supervisor

### Rounding for Outcomes – Patient/Family

<table>
<thead>
<tr>
<th>Rounding with Patients and Families</th>
<th>Explain process including the unit’s approach to anticipating needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP – every pt, every day ED and OP – random sampling ICU – all patients and 24 hours after transfer</td>
<td>Check status of white boards and manage UP.</td>
</tr>
<tr>
<td></td>
<td>Key Questions with Key Words focus on ensuring implementation and impact of 1-2 initiatives.</td>
</tr>
</tbody>
</table>

What's Right in Health Care™ | Evidence to Outcomes
**Key Words: Nurse Leader Rounds**

Good morning, Mrs. Smith . . . I am Carol, the nurse manager on this unit. Would it be ok if I spent about 3 minutes with you? (sit at the bedside if possible)

I see from the whiteboard that Becky is taking care of you. She is an excellent nurse. (managing up is critical piece of leader rounding)

On our unit, the expectation is that a staff member is in your room every hour to check on you. Have you seen one of our team members approximately every hour? Have you had to use your call light to ask for pain medicine?

Thank you so much for your time. I will be sure to share your compliment with Becky. Is there anything you need before I go?

(Follow up with the staff . . . Either on the spot coaching or reward / recognition.)

---

**Outcomes: Rounding on Patients**

“Did a Nurse Manager Visit You During Your Stay?”

![Graph showing percentile ranking for various categories like Overall, Nurses Section, Response to Concerns/Complaints, and Likelihood to Recommend.]

Tactic and Tool Implemented:
Leader Rounding

Source: Hackensack University Medical Center, Inpatient admissions=75,297, Total beds = 781, Inpatient surveys received April 22-June 4, 2007, n=361 surveys (55%=YES; 44%=NO)
### Inspect What You Expect Verification Tool

**Key Action Item**

**TOOL C: LEADER Rounding ON PATIENT LOG (Page 2)**

<table>
<thead>
<tr>
<th>Patient / Room</th>
<th>Staff or Physicians to Recognize (who and what)</th>
<th>Issues/Follow up</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Tips:**
1. Talk to your staff before and after rounding.
2. Knock before entering and ask patient for a few minutes of their time.
3. Always look for opportunities to Manage Up staff and other departments.
4. Review white board information.
5. Dig deeper when needed, ask follow-up questions.
6. Capture the wins and recognize staff and physicians immediately when possible.
7. Look for opportunities to address issues for immediate service recovery.
8. Thank them before leaving.

---

### Rounding logs: Hardwiring

- **Complete STAFF, PATIENT and/or AREA SERVED Rounds**
- **Complete LOG capturing Staff to be recognized, areas working well, opportunities & actions/dates To be taken**
- **Review logs with supervisor or summarize them during monthly one to one meetings**
- **Supervisor provides feedback**
- **Supervisor summarizes for Executive Team**
- **Executive team follows Up when necessary**
- **Executive team writes thank you notes based on Log information**
- **Executive team uses Log information During own rounds To connect the dots**
**Lessons Learned About Rounding on Patients**

- Nurse leader or appropriate delegate to see every patient, every day
- Creates overall impression of the unit and organization
- Keeps patients and family informed and is opportunity for service recovery
- Verifies behaviors and links to trends on survey, example pain control
- Documentation on rounding tool is critical – not optional

**Rounding for Outcomes – Employees Top Priority for Leaders**

<table>
<thead>
<tr>
<th>Rounding with Employees</th>
<th>Concern and Care – relationship connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/day x 5 minutes</td>
<td>What is Working Well – focus on positive</td>
</tr>
<tr>
<td>15 minute F/U</td>
<td>People to Recognize – specific actions</td>
</tr>
<tr>
<td></td>
<td>Systems to Improve – seek input</td>
</tr>
<tr>
<td></td>
<td>Tools and Equipment – barriers to efficiency</td>
</tr>
<tr>
<td></td>
<td>Follow-up – take notes</td>
</tr>
</tbody>
</table>

What’s Right in Health Care™ | Evidence to Outcomes

Studergroup
Lessons Learned About Senior Leader Rounding

- Must use scouting report
- Managers should not wait - “Invite” the senior team to round on their unit
- All leaders included – CFO that means you
- Make a priority by setting schedule in advance
- MBWA is not sufficient
- Take notes and Follow-Up

Inspect What You Expect Verification Tool

<table>
<thead>
<tr>
<th>Unit</th>
<th>Leader Name</th>
<th>What is working well with regards to EVS?</th>
<th>Where are the opportunities for improvement?</th>
<th>Is there anyone special I can reward and recognize?</th>
<th>Specific areas to address?</th>
<th>ACTIONS TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th floor</td>
<td>Mike Smith</td>
<td>The bathroom kept clean question has shown an upward trend</td>
<td>When guests get off the elevator, there is trash, boxes, pallets and other clutter in the hallways. It is a poor first impression</td>
<td>Veronica is wonderful - she is very helpful to the nurses and kind to the patients</td>
<td>Bathroom grout is very stained</td>
<td>Develop a discharge cleaning protocol with checklist to be done between every patient</td>
</tr>
<tr>
<td>Med Surg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor</td>
<td>Judy Beam</td>
<td>Bathroom kept clean has improved over last three months</td>
<td>The patients complain the trash is overflowing in the evenings</td>
<td>The housekeeping staff has terrific ownership of the scores and participates in all team meetings</td>
<td>Overflowing trash</td>
<td>Implement second shift &quot;Trash Run&quot;</td>
</tr>
<tr>
<td>telemetry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Jane Doe</td>
<td>Room kept clean is highest in system</td>
<td>Floors look scuffed and marred</td>
<td>Jeanne always asks the parents if they are comfortable or if they need anything</td>
<td>Floor mops</td>
<td>Schedule floor wax at most unobtrusive time</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

What’s Right in Health Care™ | Evidence to Outcomes
### Rounding for Outcomes - Physician

<table>
<thead>
<tr>
<th>Rounding with Physicians</th>
<th>Concern and Care – builds relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is Working Well – focuses on positive</td>
</tr>
<tr>
<td>At least quarterly with top admitters</td>
<td>People to Recognize – coordination of care</td>
</tr>
<tr>
<td></td>
<td>Systems to Improve – efficiency and quality</td>
</tr>
<tr>
<td></td>
<td>Tools and Equipment – seeks input</td>
</tr>
<tr>
<td></td>
<td>Follow-up – demonstrates appreciation</td>
</tr>
</tbody>
</table>

**Steps to Hardwire Rounding on Physicians**

- Senior team identifies physicians to be rounded on
- Senior team identifies top concerns from physician satisfaction survey
- Schedule for physician convenience
  - On the unit
  - In the OR
  - In the physician lounge
  - In the physician office
- Ask for number one priority
- Follow-up
Lessons Learned About Rounding on Physicians

- Ask for the one thing that is of greatest importance
- Don’t be defensive – Just fix it
- Round back and ask for next priority
- Listen carefully for the “real” issue
- Assure that the rounding time and location is convenient to the physician
- Help them focus on what is “right”

Why Key Words at Key Times is a Must Have

- **Key words** reflect a communication style that improves the quality of information provided.

- **Key times** are defining moments that:
  - Occur during times of vulnerability like needing help to the bathroom or pain management
  - Are what patients remember
  - Affect the perception of the total hospital experience
  - Every person can impact
## Why are Key Words Important?

...*because patients are afraid.*

- Afraid of their disease or injury
- Afraid of what might happen
- Afraid of being treated impersonally
- Afraid of pain
- Afraid of the unknown
- Afraid of us!

---

### Why are Key Words Important?

- Reduce patient anxiety
- Improve patient perception of care
- Improve coordination of care
- Decrease law suits

---

"**Being Kept Informed** was the MOST important characteristic when "returning to a hospital for future visits."

2007 McKinsey Survey of >2,000 patients with commercial insurance or Medicaid
What Patients Want from their Provider

Communication, Empathy, Time

- To be treated with dignity and respect
- Listens carefully to health concerns
- Easy to talk to
- Takes concerns seriously
- Willing to spend enough time with you
- Truly cares about you and your health

Patient Loyalty

“People place more importance on doctors’ interpersonal skills than their medical judgment or experience, and doctors failings in these areas are the overwhelming factor that drives patients to switch doctors.”

Source: The Wall Street Journal 2004
Reducing Potential for Litigation Through Better Patient Communication

In this Article…
“The most common cause of malpractice suits is failed communication with the patients and their families. Explore ways that better communication could lead to fewer malpractice claims and allow health care organizations to reduce litigation costs.”

1. Focus on Issues: Rounding, AIDET, Key Words
2. Educate the Patient: Rounding, AIDET, Managing Up
3. Enlist the Patient: Rounding, Key Words
4. Share Decisions: AIDET, Key Words

Source: The Physician Executive, June 2004

Key Words at Key Times Bundle: AIDET

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Decreased Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>Increased Compliance</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Explanation</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>Thank You</td>
<td></td>
</tr>
</tbody>
</table>

Improved clinical outcomes and increased patient and physician satisfaction
AIDET Reduces Anxiety by Communicating Skill and Training

Patient Satisfaction

Source: Sacred Heart Hospital, Pensacola, FL

Outcomes - AIDET Training for Physicians

Memorial Regional Doctor Section Questions

Memorial Regional ED, Hollywood, FL, as measured by Press Ganey and Associates, 80,000/yr volume - Level I Trauma Center
## Five Fundamentals of Consistent Communication

<table>
<thead>
<tr>
<th>Safety</th>
<th>Acknowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease Anxiety</td>
<td>Introduce</td>
</tr>
<tr>
<td>Increase Compliance</td>
<td>Duration</td>
</tr>
<tr>
<td>Quality</td>
<td>Explanation</td>
</tr>
<tr>
<td>Patient Loyalty</td>
<td>Thank You</td>
</tr>
</tbody>
</table>

### Physician Key Words – Communication of New Medication

<table>
<thead>
<tr>
<th>A</th>
<th>Mrs. Johns, we are changing your medication based on your lab tests.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>This medication is called Altace and it is to treat high blood pressure.</td>
</tr>
<tr>
<td>D</td>
<td>You will take one of these pills twice a day. I want you to take this medication until your next appointment.</td>
</tr>
<tr>
<td>E</td>
<td>Some of the common side effects are cough and dizziness. I want you to call me right away if you have chest pain or extreme dizziness though.</td>
</tr>
<tr>
<td>T</td>
<td>Do you have any questions about this medicine? Thanks for your attention and let me know if you have any problems.</td>
</tr>
</tbody>
</table>
Sample - Engineering AIDET\textsuperscript{SM}

**A**
Knock before entering room – ask permission to enter

**I**
Hi, I'm Joe from Clinical Engineering. Your nurse told me the faucet was leaking in your bathroom. I have worked here for over five years and will certainly get that fixed for you right away. I know that can be frustrating.

**D**
This will take me about 30 minutes to complete – is now a good time for you?

**E**
I will replace the valve and stop that leak. Is there anything else I can do for you while I am here?

**T**
Thanks for providing me with the opportunity to help you. Please call me if you have any additional questions or problems with the faucet.

What's Right in Health Care\textsuperscript{TM} | Evidence to Outcomes

---

Inspect What You Expect Verification Tool

**TOOL G: AIDET INTERACTION ASSESSMENT**

<table>
<thead>
<tr>
<th>Physcian/Employee Name:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDET Auditor Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Observation:</td>
<td></td>
</tr>
</tbody>
</table>

Y N Knocked before entering patient room
Y N Called patient by his/her name
Y N Introduced him/herself by name
Y N Mentioned years of experience, certification or training
Y N Checked and confirmed patient ID (lab, x-ray, respiratory)
Y N Used key words “safety”, “comfortable”, “personal needs”
Y N Explained any pain or discomfort expected
Y N Gave a time expectation of how long a test or procedure would take
Y N Or how long they would be in the room interacting with the patient
Y N Managed up others (staff, physicians, depts, hospital)
Y N Asked patient if there was anything they could do before leaving
Y N Assessed room for any irritants and offered assistance (temp, noise)
Y N Thanked patient for cooperation
Y N Displayed good eye contact and listening skills

What's Right in Health Care\textsuperscript{TM} | Evidence to Outcomes

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Lessons Learned About Key Words

- Should be created with staff and reflect the goal of providing quality care rather than “speak to score”
- According to CMS guidelines, key words should not:
  - Encourage patients to answer questions in a particular way
  - Imply they will be rewarded for positive feedback
  - Ask for a response or indicate the goal is to receive a particular rating on a survey such as a “10” or an “Always”
  - Ask them to explain why they did not rate a hospital with the most favorable rating
  - Tell patients there are incentives for participation

Key Words

White Boards customized to reinforce initiatives such as:
- Individualized Patient Care
- Rounding for pain goals
- Managing Up
- Aligned with other initiatives like Time Out
### Key Words – Cleanliness of Environment

"When I saw the bathroom, I immediately wondered how clean the operating room was..."

**Sample Key Words:**

- Knock, greet the patient and ask if it is a good time to clean the room and bathroom.
- We want to make sure you feel your room and bathroom are always clean.
- I have cleaned your room and sanitized your bathroom, have I missed anything?
- To co-workers - We are all responsible for cleanliness so remember to pick up trash.

### Key Words: Communication about Medications

- “I am giving you some medication for your pain. You might have some nausea – that is a common side effect of this medicine.”
- “Here is a printed card about your new medication. Let’s review what it is for and some of the common side effects together.”
WELCOME TO OUR CRITICAL CARE UNITS (ICU & CCU)

Our healthcare team is committed to making your experience as comfortable and satisfying as possible. We are proud of the professionalism, skill and kindness of each of our staff members. They will do everything possible to address your needs in a timely manner, answer any questions and keep you informed regarding your plan of care.

We want you to feel like we always:

- Treat you and your family with courtesy and respect
- Listen carefully to you
- Explain things in a way you can understand
- Work together as a team to provide your care
- Help you to manage your pain
- Are sensitive to your family and their needs
- Provide very safe patient care
- Are responsive to your needs and concerns
- Respect your privacy
- Provide written discharge instructions
- Help you to understand your medications and any potential side effects

We are very respectful of your time and will do everything possible to allow your family to be with you. Please forgive us if at times we ask you to step out of the unit due to an emergency or a new patient coming in.

You or your family members are welcome to speak with our management team at any time, especially if you have suggestions on how we might serve you better. We want you to be able to recommend our facility to your family and friends - should they ever need us.

Our ultimate goal is for you to believe we are the best medical center!

During my rounds please let me know how we are doing.

[Insert Nurse name], RN
Nurse Manager Critical Care (ICU, CCU)

(XXX) XXX-XXXX
Key Words: Tent and Business Cards

Sierra Providence Health Network and San Ramon

Key Words for Incorporating Safety

1. Were you able to care for your patients this week as safely as possible? If not, why not?

2. Can you describe how communication between caregivers either enhances or inhibits safe care on your unit?

3. Do you know how to report an adverse incident?

4. Can you describe the unit’s ability to work as a team?

5. Have there been any “near misses” that almost caused patient harm but didn’t?
## Key Words to Build Trust

- At our hospital, nothing is more important than your safety.
- During your stay it is important that each caregiver washes or disinfects their hands before contact with you. This will help decrease the spread of infections and keep you safe. Please do not hesitate to remind us if we forget to clean our hands.
- I am putting up this side rail for your safety.
- I am checking your armband for your safety.

**How to: Coach Key Words to Frontline staff and Managers. Have staff and Managers do a Key Words Exercise**

<table>
<thead>
<tr>
<th>Key Words for Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I am washing my hands for your SAFETY.”</td>
</tr>
<tr>
<td>“I have TIME to answer your questions.”</td>
</tr>
<tr>
<td>“I want you to be INVOLVED in your treatment plan.”</td>
</tr>
<tr>
<td>“I want to be sure I EXPLAIN things to you.”</td>
</tr>
<tr>
<td>“Let me close the curtain for your PRIVACY.”</td>
</tr>
<tr>
<td>“For your COMFORT, I ordered pain medicine…”</td>
</tr>
<tr>
<td>“I want to keep you INFORMED…”</td>
</tr>
<tr>
<td>“I want to make sure we are THOROUGH”</td>
</tr>
<tr>
<td>“You are in good hands with these nurses.”</td>
</tr>
</tbody>
</table>
Develop Key Words for All Employees to use for Common Complaints

- Courtesy of Caregivers
- Waiting Times
- Privacy
- Explanations of Tests
- Courtesy towards Family
- Arrangements for Home Care
- Personal Needs
- Patient Safety

Key Words to Communicate with Empathy

Definition of empathy: the action of being aware of, understanding and compassionately experiencing the feelings and concerns of another.

- To demonstrate respect: “I’m closing the door to protect your privacy.”
- To help an irate doctor or complaining person: “I want to help you.”
- With an annoying coworker: “I want a good relationship with you.”
- To show you are “listening carefully: “I’m jotting this down because I want to be sure to remember what you’re saying.”
- To reduce anxiety: “I want to ease your mind about this.”
Objectives for Annual Training
All staff must attend and demonstrate competency

- Learn how to integrate service standards into daily processes
  - AIDET
  - Service Recovery
  - Managing Up

- Identify communication strategies and process improvement ideas to exceed our customers’ high expectations

- Foster a sense of pride in your department and your role as an important part of the care team

- Create a culture of service and better place for you to work

Nothing will be Successful if we Don’t Connect to the Heart

This is all about people . . . so how do we develop pride, motivation, energy and other internal satisfiers?
Why Selection and Retention is a Must Have

• This is all about people
  – Behavioral-based questions
  – Peer Interview
  – 30/90 day meetings
• We cannot “ALWAYS” meet our goals without talented, loyal staff

Evidence Based Leadership (EBL)

STUDER GROUP:

<table>
<thead>
<tr>
<th>Leader Evaluation</th>
<th>Leader Development</th>
<th>Must Haves™</th>
<th>Performance Gap</th>
<th>Standardization</th>
<th>Accelerators</th>
</tr>
</thead>
</table>

**Aligned Goals**
Implement an organization-wide leadership evaluation system to hardwire objective accountability (Principle 7)

**Aligned Behavior**
Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results (Principle 4)

**Aligned Process**
• Re-recruit high and middle performers
• Move low performers up or out (Principle 4)
• Agendas by Pillar
• Peer Interviewing
• 30/90 day sessions
• Pillar Goals (Principle 1 & 2)

www.studergroup.com
## What’s Right in Health Care

- Selection and Retention
  - Using staff performance evals to drive pillar outcomes (Blue Ridge)
    - Thursday, 10:15 in Marquis C
  - High, middle, low conversations (Centegra Health)
    - Thursday, 11:30 in Marquis A
  - Get on board with new employee onboarding (Saint Joseph)
    - Thursday, 11:30 in Marquis C
  - Selecting Talent (Jewish Hospital and St. Mary’s)
    - Thursday, 2:00 in Marquis C

---

## HCAHPS Aligns with Hardwiring Excellence

“It isn’t hard to be good from time to time, what’s tough is being good every day.”

- Willie Mays
Presentation Objectives

- Reinforce the link between Hardwiring Excellence and HCAHPS
- Learn how one organization rolled out and impacts HCAHPS results
- Understand priority initiatives and tools that will improve the patient perception of quality care
- Identify “cool tools and ideas” to implement after the priority initiatives are hardwired

Q-How best to link the data to action? Coool Tool: Create a Measurement Team

The Characteristics of a Successful Measurement Team

1. Develop an internal report card that provides regular feedback to your organization in an easy to understand “scorecard” format. The report should reflect overall service performance, areas of high performance, positive trends and opportunities for improvement. Keep the report limited in size and easy to understand.

2. Use a stop light approach to identify “What’s Working Well” and “Opportunities for Improvement.” Also, consider graphs to display results over time.

3. Ensure reports are site to provide unit specific information, as well as, key drivers and priorities for improvement.

4. Develop data in a timely manner. Be sure to inform the information in a timely manner. It should be developed so that it is available to all staff. Depending on the size of the organization, it should be reviewed at least weekly.

5. Hold educational measurement classes for all leaders so that they can have meaningful conversations with their staff about the patient’s experiences. The greater understanding and appreciation for patient feedback, the better the buy-in.

6. Maximize the services of your satisfaction vendor’s contract. Are you utilizing all the services they provide within your contract? How do you review your survey data and integrate it with staff feedback?

7. Ensure the team’s ability to produce useful information by interpreting both the data and comments. Using only the data or only the comments tells only half the story.

8. State the perception of the patient in your vendor’s contract. The key to utilizing the comments the patients make is to incorporate practices that address their needs.

9. Identify areas for reward and recognition based on specific criteria (i.e., maintaining a percentile ranking for 2 quarters or more, increase in mean scores over time, 80% of your patients are rating you as “very good”). See the tools to build on the strengths.

Please access our website at:

www.studergroup.com
Q-How to communicate/track results?
Cool Tool: Regional, State Comparisons

Patients reported how often their nurses communicated well with them during their hospital stay. “Communicated well” means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect.

Q-How to communicate/track results?
Cool Tool: Patient Satisfaction Report Card
### Department Name: CCU Satisfaction Ratings (Hospital Wide)

<table>
<thead>
<tr>
<th>Cost Center: 6010</th>
<th>Physician</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
<th>75.90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator: XX</td>
<td>Patient</td>
<td>78.70</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
<td>73.90</td>
</tr>
</tbody>
</table>

**Studying Care to Outcomes**

- **Jan-07**
  - **Feb-07**
  - **Mar-07**
  - **Apr-07**
  - **May-07**
  - **Jun-07**
  - **Jul-07**
  - **Aug-07**
  - **Sep-07**
  - **Oct-07**
  - **Nov-07**
  - **Dec-07**
  - **2007 YTD**
  - **2007 Goal**

**Quality (EBM/Infection Control)**

- **AMI**
  - **91.60**
  - **93.50**
  - **95.70**
  - **93.70**
  - **96.10**
  - **93.40**
  - **94.20**
  - **96.90**
  - **97.10**
  - **94.90**
  - **94.30**

- **CABG**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**

- **PN**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**

- **CHF**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**

- **SIP**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**

- **CVL**
  - **3.92**
  - **16.57**
  - **4.29**
  - **3.95**
  - **4.55**
  - **0.00**
  - **0.00**
  - **1.00**
  - **2.00**
  - **0.00**
  - **5.18**

- **Urinary Caths**
  - **3.51**
  - **3.70**
  - **4.27**
  - **N/A**
  - **N/A**
  - **2.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **3.37**

- **VAPs**
  - **6.67**
  - **16.39**
  - **8.77**
  - **N/A**
  - **N/A**
  - **1.00**
  - **1.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **6.77**

**Service (PSMS Ratings)**

- **Overall Rating**
  - **74.50**
  - **65.60**
  - **69.60**
  - **67.60**
  - **69.80**
  - **72.60**
  - **74.40**
  - **74.30**
  - **78.50**
  - **89.50**
  - **69.00**

- **Pain Control**
  - **69.40**
  - **72.00**
  - **73.50**
  - **71.00**
  - **78.30**
  - **78.40**
  - **68.90**
  - **82.40**
  - **80.00**
  - **86.20**
  - **67.60**

- **Discharge Information**
  - **81.50**
  - **72.20**
  - **78.50**
  - **69.80**
  - **79.50**
  - **83.60**
  - **78.70**
  - **81.60**
  - **86.40**
  - **87.70**
  - **81.90**

- **Communication of Medications**
  - **72.90**
  - **57.40**
  - **52.60**
  - **53.80**
  - **58.50**
  - **65.20**
  - **75.20**
  - **61.10**
  - **71.80**
  - **75.30**
  - **66.90**

**People**

- **RN Turnover Rate - Annualized**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **16.00**
  - **20.00**
  - **17.10**
  - **15.40**
  - **2.60**
  - **2.60**
  - **2.60**

- **No. RN Terminations**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**
  - **0.00**

**Retention**

- **80.21**
  - **80.2**
  - **100**
  - **100**
  - **100**
  - **100**
  - **100**
  - **100**
  - **100**
  - **100**
  - **100**

**Employee Satisfaction**

- **75.00**

**Q-How to hold individual leaders accountable?**

**Cool Tool: Unit Specific Leader Report Card**

Brookwood Medical Center, Birmingham, AL

**Q-How to control different pain perceptions?**

**Cool Tool: Pain Education Brochures**

St. Christopher’s Hospital for Children – Philadelphia, PA

Studying Care to Outcomes

What’s Right in Health Care℠ | Evidence to Outcomes
Q-How to communicate on a system level to support a change in behaviors?

Cool Tool: Tri-Fold for Public Places

Houston NW, Houston, TX

Q-How do we engage staff?

Cool Tool: PCA Leadership Skills Day

- Annual “off-site retreat” for nurse aides
  - Staffed up by RN and LPN
  - Led by CNO
  - Nice lunch with CEO present

- Team building exercise to develop key words around specific “Moments of Truth”

- Planned by PCA Advisory Council

Houston NW, Houston, TX

What’s Right in Health Care™ | Evidence to Outcomes

What’s Right in Health Care™ | Evidence to Outcomes

GROUP EXERCISE

Building leadership skills together!

SERVICE
PEOPLE
COST
QUALITY
GROWTH

Group Exercise

SKILLS: Managing Moments of Truth

Moments of Truth are events, observations, and interactions that either create perceptions of value or create perceptions of failure in the eyes of patients. The Moments of Truth are exchanges, the quality of service is immediately obvious. We have worked at identifying service behaviors and developing skills in delivering high-quality care. Now we will assimilate some of this learning into specific actions we will be taking to exceed our patient expectations at key times.

Objectives:

- To identify specific Moments of Truth where service behaviors can be improved.
- To develop specific skills to manage Moments of Truth.
- To improve the overall quality of service.

Instructions:

1. Break into groups of 5-8
2. Appoint a facilitator, record keeper, and time keeper
3. Each team will receive a specific Moment of Truth to manage.
4. Identify key words or specific behaviors that could impact the patient’s perception of our service quality.
5. Create a plan for managing the Moment of Truth.
6. Write in your group Moment of Truth:

Houston NW Medical Center

What’s Right in Health Care™ | Evidence to Outcomes
Q-How to engage ancillary staff?
Cool Tool: EVS Business Cards

Your room has been cleaned by
Catherine
Environmentalist

It is my pleasure to have you as our guest.
For any additional housekeeping or linen needs, please call me at extension 5759. If no answer, press 0 and ask the switchboard attendant to page beeper 581.

Back of Card
Environmental Services is dedicated to making your stay pleasant and ensuring that your room and bathroom are kept clean.

Frye Regional Medical Center, Hickory, NC

Q-How to engage ancillary staff in PI?
Cool Tool: EVS “Cleanical” Ladder

Frye Regional Medical Center, Hickory, NC

What’s Right in Health Care™ | Evidence to Outcomes
Q-How to minimize “old” facilities?
Cool Tool: EVS Communication

Targeted for Improvement

“This is on Target for repair soon”

Placed where obvious repairs were needed and had been requested such as torn wallpaper, hole in the wall, missing grout.

Q-How can we improve our Overall score?
Cool Tool: Coordinated, compassionate care
Q-How do we recruit people with service skills?  
**Cool Tool: Recruitment Cards**

“Thank you for providing excellent customer service!”

At _____ Medical Center, we Value our Employees.  
We are always looking for excellent people.  
If you are looking for an opportunity to make a difference in healthcare, our Human Resources number is _____.  
Our job hotline number is _______.  
My name is _______. Tell them I sent you.

---

Q-How do we reward and recognize?  
**Cool Tool: Thank you notes**

Thanks for being committed, caring and accountable to our team.  
Insert Housekeeper’s Name  
Your efforts make us shine.

Administrative Director  
XXX

Customized Scratch-off reward cards with $5.00 maximum items.  
www.trainerswarehouse.com
Q-How to keep staff mindful of their impact?

Cool Tool: Individual Commitment Statement

Delray Medical Center, FL

Add . . .

Q-How do we reduce Noise at Night?

Cool Tool: Noise Reduction Campaign

Atlanta Medical Center – Atlanta, GA

What’s Right in Health Care™ | Evidence to Outcomes
Q-How to organize Discharge Information?
Cool Tool: Home Instruction Summary Sheets

Each patient is given a colorful folder upon admission. Prior to discharge, contents are reviewed with patient and caregivers to review Micromedix medication sheets, physician order sheet, Smoking cessation and other core measures.

Creighton University Medical Center, Omaha, NE

Q-How to set expectations about discharge?
Cool Tool: A prescribed DC process

Sacred Heart Health System – Pensacola, FL
Q-How to communicate with patients about DC?  
Cool Tool: Expectations Around Discharge

Saint Francis Hospital Bartlett, TN

Q-How do we educate nurses on side effects?  
Cool Tool: Nursing Quick Reference Sheet

<table>
<thead>
<tr>
<th>Medication Side Effect Quick Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Class &amp; Indications</td>
</tr>
<tr>
<td>ACE INHIBITORS</td>
</tr>
<tr>
<td>Angiotensin II-AT1 Receptor-Blocking Agents</td>
</tr>
<tr>
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<tr>
<td></td>
</tr>
</tbody>
</table>

- Created by interdisciplinary team of pharmacy, nursing and physicians
- Single sheet (front and back) reference

South Fulton Medical Center, Atlanta, GA
**Q-**How do we educate nurses on side effects?  
**Cool Tool:** Color-Coded Reference Sheet

**Q-**How to address language barriers?  
**Cool Tool:** Pre-Printed Instructions

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**Discharge Instructions: Caring for Your Abdominal Incision**

*Your nurse and doctor will explain what it is like to go home. It may take more time to eat or drink fluids and foods. Use of these items can lead to side effects, help keep nausea, and speed healing.* Follow the steps below to help you recover faster:

**HOME CARE**

- Clean your incision area.
- Put pats in snacks and food is eaten from nearby.
- Keep napkin in hand if you’re not feeling well.
- Wash your hands frequently.
- Wash the outer layer of the dressing package. Not any irrigation solution into colon will.
- Remove the cell dressing.
- Pin on diphenhydramine.
- Store to prevent the dressing by putting it to the dressing.
- Remove the dressing and wear it as a towel. Heat in the plastic bag immediately.
- Store the plastic bag and place it in the plastic bag. Wash your hands.
- Check dressing daily.
- Clean the dressing and put it in the plastic bag.
- For all used bandages, put the plastic bag. Remove the cells and put them in the plastic bag. Gently and carefully touch the towel.
- No need to wash your hands again.

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**What’s Right in Health Care™ | Evidence to Outcomes**

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Q-How do we engage physicians?
Cool Tool: “You Said – We Did”

The diagnostic imaging scheduling process is efficient.

- Improved “Scheduling Service Level” to 99%
- Reduced call “on-hold time” to 24 seconds
- Staffing - Have added three full-time positions and filled all full-time and part-time positions, which will provide staffing for further reductions in “on-hold time”

Brookwood Medical Center, Birmingham, AL

Q-How do we engage the Board in HCAHPS?
Cool Tool: Board Member Scouting Report

- Board members take turns rounding with CEO and CNO
- Targeted specific departments in advance so scouting report can be prepared by Director
- Focus on HCAHPS, PI and other pertinent metrics
- Plan to Expand to Chief of Medical Staff rounds monthly with CEO

Community of Los Gatos Hospital, CA
Q-How do we build culture?
Cool Tool: 1:1 Manager meetings (CEO pledge)

A Pledge

Over the last few months, I have met with each of you individually and asked you two questions:

---What do you need from me to be successful in 2006?
---If I exceed your expectations, what will I have done by the end of the year?

There were three themes that ran through every conversation I had. They are:

1. Support from the CEO in terms of capital needs, policy changes, medical staff issues, etc.
2. Consistent communication about both what is happening and what my expectations are.
3. Build a collegial environment where people want to work.

I’d like you to keep this pledge in your possession so that you can evaluate my success related to these three objectives at the end of 2006. There will also be a framed copy in my office.

I am very clear about your needs and hereby pledge to do my very best to meet them. Thank you for your honesty through this process and for helping me to prioritize.

[Signature]

Deborah C. Keel

Date

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Q-How do we build culture?
Cool Tool: “Walk a Mile” Programs

Gary Sloan, CEO

“walking a mile” in the burn unit staff’s shoes
Q-How to get buy-in for Behavior Standards?
Cool Tool: What’s Right Monthly Standard

- Signature Service Standard Spies
- Pin your pride contest with each standard of the month
- Signature Service Party for employees with all 7 pins

USC University Hospital - CA

Q-How to address diversity and build team?
Cool Tool: Book Reviews and Leader Training

<table>
<thead>
<tr>
<th>Movie / Book</th>
<th>Hospital Comparison / Desired Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did diversity issues impact the team?</td>
<td>How do diversity issues impact our team?</td>
</tr>
<tr>
<td>How did “Attitude Reflect Leadership” on the team?</td>
<td>How does “Attitude Reflect Leadership” on our team?</td>
</tr>
<tr>
<td>How did “having fun” motivate the team?</td>
<td>How do we have fun as a team?</td>
</tr>
<tr>
<td>How did the coaches hold the players accountable for actions?</td>
<td>How do we hold each other accountable for our actions?</td>
</tr>
<tr>
<td>How did the coach develop leadership skills in the players?</td>
<td>How do we develop leadership skills in managers and staff?</td>
</tr>
</tbody>
</table>

Fountain Valley Medical Center - CA
Q-How to engage other departments?
Cool Tool: Weekly Roving Rewards

Helmsman Award: At the helm of every great ship is a wheel to guide the vessel in the right direction. In order to keep the craft on course, someone must be there to take a hold of the wheel at all times. Crew members, will take turns, each one playing an important role in making sure the ship is always moving forward. When it was your shift at the wheel, your mighty dedication helped us reach our destination of service excellence with great success.

Wright Medical Center, Clarion, IA
Fountain Valley Medical Center - CA

What’s Right in Health Care™ | Evidence to Outcomes

It is not about scores, financial indicators, or public reporting . . . it’s about saving lives.
Questions?

Please visit our booth for individualized questions or a demo of www.hospitalcompare.hhs.gov

Thank you!

Please be sure to visit our website at www.studergroup.com for additional information, including articles, upcoming events, free toolkits, and other resources from the Studer Group.