Follow Up on Bedside Reporting

The call content prompted us to:
• Make concrete plans to move shift report to the bedside
• Actually run a test of doing shift report at the bedside
• Make revisions to the way we currently do shift report at the bedside
• Try out unit leadership rounds
Hackensack University Medical Center
is the fourth busiest hospital in the nation exceeding 70,000 inpatient admissions annually.

Hackensack University Medical Center

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

“With this recognition, we pledge to continue our mission to improve the delivery of healthcare here and in other institutions nationwide.”
-Robert C. Garrett
President & CEO

Driven by Quality

Occupancy Rate
(% Med/Surg Occupancy)

2003 2004 2005 2006 2007 2008 2009

94.3% 92.2% 93.3% 93.7% 95.4% 91.5% 88.3%

94.8% 92.7% 93.3% 93.9% 95.2% 94.3% 89.5%

What our patients were telling us:

• “I was told very little. I was not told how to take care of myself when I left nor did I have a full understanding of what happened & what was on my discharge papers.”

• “Don’t think I was told enough about taking care post surgery at home.”

• “I was not given complete instructions regarding the care of my wound. I just learned how to dress my wound when I called up my physician & reviewing the instructions given upon discharge.”

• “Needed more advice on home care.”

• “I was back at Dr.’s office a few days later w/problems and questions, was given little to no info on discharge.”

• “It took several hours to be discharged but I was okay w/ it. I felt the home instructions part could have been a little more informative.”

• “There was no warning to my family before I was discharged & no advice as to what should happen afterwards.”

• “The last nurse I had was very rushed and didn’t have time to explain anything.”

Length of Stay
What they were really telling us:

- High Occupancy
- Decreasing Length of Stay

Patient's perception of feeling ready for discharge

Patient Satisfaction: Inpatient 4Q05

<table>
<thead>
<tr>
<th>Metric</th>
<th>Mean Score</th>
<th>Nat1 %tile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent felt ready for discharge</td>
<td>86.1</td>
<td>22nd</td>
</tr>
<tr>
<td>Instructions for care at home</td>
<td>86.8</td>
<td>78th</td>
</tr>
<tr>
<td>Instructions given about baby</td>
<td>82.9</td>
<td>49th</td>
</tr>
<tr>
<td>care*</td>
<td>89.3</td>
<td>72nd</td>
</tr>
</tbody>
</table>

Patient Satisfaction: ED 4Q05

<table>
<thead>
<tr>
<th>Metric</th>
<th>Mean Score</th>
<th>Nat1 %tile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about home care</td>
<td>80.4</td>
<td>26th</td>
</tr>
<tr>
<td>Staff cared about you as a person</td>
<td>77.2</td>
<td>26th</td>
</tr>
<tr>
<td>Likelihood of recommending</td>
<td>80.8</td>
<td>42nd</td>
</tr>
</tbody>
</table>

Rolling Out Discharge Calls

CEO Directive:
- Implement discharge phone calls to increase patient satisfaction

Response:
- Plan was developed and adopted by the Satisfaction Advisory Council (committee of Satisfaction Teams Chairs)
  - Developed customized discharge follow up phone calls logs (based on form from Studer group toolkits)
  - To be rolled out through Satisfaction Teams

Strategy

Discharge Phone Call Protocol

<table>
<thead>
<tr>
<th>Segment</th>
<th>Discharge Call Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Non-Recruiting</td>
</tr>
<tr>
<td>Patient</td>
<td>Call at patient 1 day after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 4 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 7 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 10 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 14 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 21 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 28 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 35 days after</td>
</tr>
<tr>
<td></td>
<td>Call at patient 42 days after</td>
</tr>
</tbody>
</table>

Discharge Call Form

1. Is there anything else we can do for you at this time? (Yes / No)
2. Are you able to manage any medical issues at home? (Yes / No)
3. Are you able to manage medication at home? (Yes / No)
4. Are you able to manage your own care? (Yes / No)
5. Do you have any question regarding your medical condition? (Yes / No)
6. Do you have any concerns regarding your medical condition? (Yes / No)
7. Are you satisfied with the care you received while in the hospital? (Yes / No)
8. Were you able to communicate effectively with the staff while in the hospital? (Yes / No)
9. Would you recommend this hospital to a friend or family member? (Yes / No)
10. Do you have any additional comments or suggestions? (Yes / No)

**Note:** *Patient's name* and *Phone number* should be included at the end of each call. The call should be recorded and transcribed for future reference.
Discharge Call Practice
Who makes the calls?

• Mostly RN’s
• Most Nurse Managers participate
• Varies by unit
  — Per diems (if under budget)
  — Based on staffing ratio’s and # of discharges per day
  — Assigned RN to discharge calls
  — Each RN on unit making a few calls each, per day
• No method of reports other than patient satisfaction

Initiative: Discharge Calls

Patient’s perception of feeling ready for discharge

Healthcare Research:
• "Not understanding discharge instructions" is one of the top 8 ‘dissatisfiers’ to patients
• How the patient manages their recovery post discharge is vital to maximizing clinical outcomes

Need for measurement of this initiative

Measuring Discharge Phone Calls:
Added Question to the ED Survey

87 80 88th 99th 27th 46th
0 20 30 40 50 60 70 80 90 100
"Information about home care"
National % tile Rank 60K+ Visit Peer Group

Quality of calls...

Impacts overall perception of care...

...and success increases
Enhancing the practice of Discharge Phone Calls

- Show patients we cared about them and their well-being even after discharge
- Improve patient compliance with discharge instructions
- Involve leadership in making the calls
- Provide real time feedback
- Involve attending physicians in making the calls

Patient Comments: Physicians Making Discharge Phone Calls

- "Special thanks go out to Dr. Feldman for his concern about me after discharge. Dr. Feldman called me early in the morning about my well being. Thanks again."
- "The ER doctor took the time needed to explain everything and order necessary tests. Even took the time to make a follow-up call the next day!"
- "Dr. Hewitt - Follow-up call to my home was detailed, informative, answered all my questions and gave me valuable recommendations for follow-up care. Patient and professional."
- "Not only did Dr. Nierenberg treat me with top notch medical attention - he called my internist at my bedside to update him AND called after my visit to check up on me. Amazing!"

Reinforce Practice Through Results

ED "Information about your care at home"

Reinforce Practice Through Results

ED "Likelihood of recommending"
Results: 4th Quarter 2006

**PATIENT REPORT**

- After discharge from hosp/med stay: YES

- After discharge from hosp/med stay: NO

<table>
<thead>
<tr>
<th>Question Analysis - After discharge from hosp/med stay: YES</th>
<th>All Respondents</th>
<th>All Hosp/med stay</th>
<th>Overall Perception of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>patients who received an after discharge call</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>patients who received a follow-up phone call</td>
<td>75%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>patients who received a follow-up phone call inquiring if all was well!!!</td>
<td>50%</td>
<td>45%</td>
<td>50%</td>
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<tr>
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<td>25%</td>
<td>20%</td>
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**Question Analysis - After discharge from hosp/med stay: NO**

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<td>20%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Quality vs. Quantity**

- Individual coaching opportunities through unit-based report cards
- Goal: stay on track with intended purpose of initiative

**Reinforce Practice through Results**

*Patient Perception of Care Inpatient “Likelihood of Recommending”*

- **4Q06**
  - 48
  - 50
  - 52
  - 54
  - 56
  - 57
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- **1Q07**
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  - 98
  - 99

**Patient Comments**

- “FYI: I also rec’d. a follow up phone call after discharge the next day - that was truly appreciated.”
- “I even received a follow-up phone call inquiring if all was well!!”
- “I really appreciate the follow up phone call I received from the nurses after I was home, ‘great service!!’
- “I was very taken by the follow up call to my home the following day.”
- “Impressed by the follow up call to see how I was doing.”

**Next Steps**

- Accelerate practice through discharge call manager software
  - Simplifies the process
  - Get real-time feedback
  - Evaluate attempt and reach rates
- Evaluate impact of other initiative(s)
  - Hourly Rounding
  - Nurse Leader rounding on patients
- Apply bundle science concept to practices
- Implement measurement coaching track to increase awareness and accountability
- Implement peer coaching and validation tools to ensure alignment of knowledge and to reduce variance in practices
Clinical Call

Auto fill's name of caller

Evaluates Hourly Rounding

Did your discharge vehicle arrive at your location?

Service Recovery &

Monthly Progress Toward Goal:

DCM Stats

Goals

- 100% attempt rate – all services
- 75% complete rate – Inpatient
- 60% complete rate – Emergency Services

Quarterly Progress Toward Goal

Goals
Quarterly Audit

Case Study:
4 St. John Acute Care Elder Unit

- 33 Bed geriatric unit
- RN staffing ratio 1:6
- Discharge phone calls made by all RN’s
- Charge RN ensures that calls are made daily
- Nurse Manager reviews DC phone call comments daily and rewards and recognizes and provides coaching as needed.

Teamwork!

Unit Discharge Call Dashboard (%)

<table>
<thead>
<tr>
<th></th>
<th># Discharges</th>
<th>% attempted</th>
<th>% completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-08</td>
<td>193</td>
<td>(50.8)</td>
<td>40.4</td>
</tr>
<tr>
<td>Nov-08</td>
<td>163</td>
<td>(77.9)</td>
<td>14.1</td>
</tr>
<tr>
<td>Dec-08</td>
<td>198</td>
<td>(99.5)</td>
<td>0.0</td>
</tr>
<tr>
<td>Jan-09</td>
<td>183</td>
<td>(60.1)</td>
<td>54.1</td>
</tr>
<tr>
<td>Feb-09</td>
<td>186</td>
<td>(100)</td>
<td>91.9</td>
</tr>
<tr>
<td>Mar-09</td>
<td>201</td>
<td>(99.5)</td>
<td>93.5</td>
</tr>
<tr>
<td>Apr-09</td>
<td>210</td>
<td>(98.1)</td>
<td>89.1</td>
</tr>
<tr>
<td>May-09</td>
<td>191</td>
<td>(89.5)</td>
<td>78.5</td>
</tr>
<tr>
<td>Jun-09</td>
<td>207</td>
<td>(98.1)</td>
<td>89.2</td>
</tr>
<tr>
<td>Jul-09</td>
<td>183</td>
<td>(99.5)</td>
<td>81.4</td>
</tr>
<tr>
<td>Aug-09</td>
<td>170</td>
<td>(98.2)</td>
<td>90.6</td>
</tr>
<tr>
<td>Sep-09</td>
<td>184</td>
<td>(98.9)</td>
<td>91.8</td>
</tr>
<tr>
<td>Oct-09</td>
<td>175</td>
<td>(97.1)</td>
<td>90.9</td>
</tr>
<tr>
<td>Nov-09</td>
<td>181</td>
<td>(99.5)</td>
<td>93.9</td>
</tr>
<tr>
<td>Dec-09</td>
<td>180</td>
<td>(99.4)</td>
<td>91.7</td>
</tr>
</tbody>
</table>

% of Discharge Calls

Positive comments from our patients...

- “Irene was excellent.”
- “Everyone that took care of my mom was great.”
- “Kerry, Kelly, Ria, and Sherrie were all excellent nurses.”
- “Julia walked my mother each day to see my father who was a patient down hall. She was very nice.”
- “Sonny and Fran were excellent nurses.”
- “Leonor was very attentive.”
- “I loved everyone on 4 St John- the nurses and nursing assistants were wonderful.”
Unit Patient Satisfaction

Mean score 81.9 84.7 85.6 86.3 85.2 87.8 86.8

National Rank w/in Geriatrics specialty 75 52 64 76 74 74 74

2Q08 3Q08 4Q08 1Q09 2Q09 3Q09 4Q09

Added Another Question to the Inpatient Survey

6. Did a nurse manager visit you during your stay?  Yes  No

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

Source: Inpatient surveys received 4Q09  n=996 responses (67%=YES; 33%=NO)

“Did you receive a follow up phone call after your stay?”

Source: Inpatient surveys received 4Q09  n=1105 responses (72%=YES; 28%=NO)

Bundle Approach:

“Did you receive a follow up phone call after your stay?” + “Did a Nurse Manager visit you during your stay?”

Source: Inpatient surveys received 4Q09  n=598 responses (76%=YES to both question, 24%=NO to both questions)

Bundle Approach:

“Did you receive a follow up phone call after your stay?” + “Did a Nurse Manager visit you during your stay?”

Source: Inpatient surveys received 4Q09  n=598 responses (76%=YES to both question, 24%=NO to both questions)
Quarterly Tracking Tools by Unit

Internal Coaching Model (as of Oct 2008)

- Ability of nursing professionals within HUMC to serve as peer coaches
  - Proven results
  - Relationship with staff & understanding of the culture
  - Demonstrated competency in key tactics
  - Ability to role model and coach behaviors
  - Pride in the organization and the delivery of quality patient care
- Ability to leverage professionals within HUMC to serve as peer coaches, who were selected based on:
  - Proven results
  - Relationship with staff & understanding of the culture
  - Vested Interest
  - Demonstrated competency in key tactics
  - Ability to role model and coach behaviors
  - Pride in the organization and the delivery of quality patient care
- Implement Internal Peer Coaching model in Nursing
  - Novice to expert coaching model using Expert Coaches as internal Subject Matter Experts
  - 6 internal coaches selected
- To ensure standardization, all nursing leaders have been assigned a peer coach, regardless of their tenure, results or competency
- New tactics will be added in sequential manner to allow time for skills-building and implementation before adding other behaviors

Peer Coaching Model


Those designated as Experts will use the following schedule for coaching or validation of competency on Key Initiatives

- Novice – Meet with Coach every two weeks
  1) Have no experience in the behavior-must follow the “rules”
  2) New manager to HUMC - need to learn culture
  3) Experienced nurse - new to management
- Advanced Beginner – Meet with Coach Monthly
  1) Demonstrates acceptable performance after training
  2) Tends to “think” they are doing it but no measurable results
  3) They do the behavior when they have the time
- Competent – Meet with Coach Quarterly
  1) Begins to see actions connected to goal attainment
  2) Proactively correlate behavior to results (use logs)
  3) Demonstrate skill and cognitive understanding of the concept
- Proficient – Meet with Coach every Six Months
  1) Can adapt to nuances of the concept, are nimble and flexible
  2) Perceive as part of the culture and can role model to others
  3) Achieve measurable and sustained results
- Expert – Meet with Coaching Group Annually
  1) Have an intuitive grasp on the concept, “second nature”
  2) Are firm believers and can coach, influence others
  3) Can teach and verify competence in others

Sample Verification Tool

End Goal/Result:
- Create a model for internal coaching that will hardwire the processes and sustain the behaviors long-term
- Raise the skill and confidence level of middle managers
- Help move a very good organization to a great one

Example: Discharge Call Practice

Who makes the calls?

Past
- Mostly RN’s
- Most Nurse Managers participate
- Varies by unit
  - Per diems (if under budget)
  - Based on staffing ratio’s and # of discharges per day
- Assigned RN to discharge calls
- Each RN on unit making a few calls each, per day
- I.T. running reports

Current & Future
- 6 coaches met with assigned Nurse Manager to identify current practice for efficiency and effectiveness
- Moving towards:
  - Each RN on unit making a few calls each, per day
  - Will identify supplemental staff to assist, i.e. ICU staff
- Nurse Manager runs own unit compliance
In Summary…

“Instructions about your home care”

In Summary…

Overall Satisfaction

In Summary…

“Likelihood of recommending”

A Final Thought

• “It’s interesting to know how patients think when they have had a chance to reflect on their experience with the hospital. If they feel comfortable when they get home about how to manage their care, felt cared about, and knew they were in good hands, they are more likely to perceive their care as better.”

Thank you.

Your Challenge

Before the Next Expedition Call….

• Develop a plan to test post-discharge phone calls for a subgroup of high-risk patients

Reference

Thank you.

Bundling the Value of Discharge Telephone Calls and Leader Rounding

Thank you.
Next Call: February 9th  1:00-2:00pm ET

Transform Care in Six Steps
Delivering Exceptional Care Experiences by using the Patient and Family Centered Care (PFCC) Methodology and Practice

Patty Embree
Sr. Director, PFCC Project Management, Innovation Center
University of Pittsburgh Medical Center