Engaging Leaders in Transformation: The Power of Leadership Rounding to Enhance Patient Experience and Employee Engagement Outcomes

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Senior Vice President, Hospital Operations

Jennifer Jasmine Arfaa, Ph.D.
Chief Patient Experience Officer

Kristi Caldararo, MHA
Associate Administrator, Clinical Services
Polling Instructions

• Pull out your smart phone or mobile device
• Text “JEFFERSON AYS” one time to 22333 to join
• Answer multiple choice questions by texting letter to 22333 for each question
Polling Question # 1

As a healthcare leader do you round regularly with patients and staff?

A - Yes
B - No
Agenda

I. Why Round?
II. Our Model: At Your Service Rounds
III. Challenges & Lessons Learned
IV. Results & Internal Assessment
Jefferson Health: Who We Are

JEFFERSON | ABINGTON | ARIA

BETTER TOGETHER

Our newly formed organization, Jefferson, encompasses Jefferson Health, the umbrella name for the combined clinical services of Abington, Aria and Jefferson (our hospitals, outpatient and urgent care centers and physician practices), and Thomas Jefferson University, our parent organization and the academic arm of our institution.

Jefferson now includes: (2015 data)

23,000
EMPLOYEES
• 2,217 inpatient beds
• 96,634 admissions
• 363,104 ED visits
• 1.9 million outpatient visits

5,000
PHYSICIANS/PRACTITIONERS
• 9 hospitals
• 32 outpatient and urgent care locations

5,770
NURSES
• 3,463 full/part-time faculty
• 4,120 students
• $230 million in charitable care and community benefit
• $108.5 million in public/private research funding
I. Why Round?
Patient Experience

At Jefferson, we will reimagine health, health education and discovery to create unparalleled value and to be the most trusted healthcare partner.
Employee Engagement

GALLUP®

Nurse Engagement Key to Reducing Medical Errors
by Rick Blizzard, D.B.A.
Health and Healthcare Editor

People more important than technology

The issue of medical errors isn't going away anytime soon. Tens of thousands of patients die each year because of them, and that continues to erode the credibility of the U.S. healthcare system. Consequently, reducing the error rate has become a major public policy focus. But what are the most important factors that need to be addressed?
Operational Excellence

EXCELLENCE IN NURSING AWARDS 2017
Front-line nurses lead charge to standardize inpatient care

RAPID REDESIGN OF INPATIENT CARE MODEL TEAM
It's Friday morning at Jefferson, time for our leadership rounding! #AYS125strong
Pay for Performance FY17

- **Patients given information on their recovery at home**: $1,243,914 or 52.9%
- **Doctors always communicated well**: $379,195 or 16.1%
- **Patient’s rooms and bathrooms kept clean**: $200,271 or 8.5%
- **Pain always controlled**: $147,220 or 6.3%
- **Rate hospital 9 or 10**: $109,164 or 4.7%
- **Staff always explained medication**: $109,164 or 4.7%
- **Always received staff help quickly**: $66,083 or 2.8%
- **Nurses always communicated well**: $71,108 or 3.0%

Note: All values are estimated based upon the information available at of September 30, 2016.
II. Our Model
Polling Question # 2

Have you ever had a formal leadership rounding program at your institution?

A - Yes
B - No
Polling Question # 3

How long have you sustained the rounding program?

A - Discontinued program
B - Longer than one year
C - 1 - 3 years
D - More than 3 years
Examine Industry Best Practice

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

UCLA Health
Create New Operating Model

Leadership Excellence
- Model Values
- Coaching & Accountability
- Open Communication
- Embrace Change

Employee Engagement
- Communication
- Listening
- Recognition
- Professional development
- Remove Barriers

Operational Excellence
- Safety Standards
- Quality Outcomes
- Consistent Processes
- High Reliability

Patient Experience
- AIDET
- Patient Centric Processes
- Patient/family Communication

Financial Results
- Operating Margin
- Pay for Performance
- Jefferson Reputation

Create New Operating Model
Develop Structured Rounding Program

**Introduction**
- Patient Story
- Announcements/IT Updates
- Data Review
- Ipad Pickup
- Recognition

10:30 AM - 10:45 AM

**Rounding**
- Teams disperse throughout hospitals & practices
- Scripts tailored to staff & patients
- Goal: 2 patients & 2 staff
- Send alerts in real time
- Track quick wins & open issues

10:45 AM - 11:45 AM

**Group Debrief**
- Rotating 4 Week Operating Model
- Action Plan Report Out
- Employee Communication
- Brainstorming Session
- Educational Session

11:45 AM - 12:30 PM
# Team & Location Model

<table>
<thead>
<tr>
<th>Center City Teams</th>
<th>Location A</th>
<th>Location B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Stevens</td>
<td>Ryan Pauline</td>
<td>Cardiology/CT surgery</td>
</tr>
<tr>
<td>Rose Fitzpatrick</td>
<td>Barbara Clancy</td>
<td>Neurosurgery ICU</td>
</tr>
<tr>
<td>Rosanne Iacono</td>
<td>Grace Cole</td>
<td>Intermediate Neuro ICU</td>
</tr>
<tr>
<td>Richard Webster</td>
<td>Shiny George</td>
<td>Labor &amp; Delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JUP Teams</th>
<th>Location A</th>
<th>Location B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl King</td>
<td>Marlene Vallett</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>Gail Greenspon</td>
<td>Mary Ehly</td>
<td>Oral/Maxillofacial Surgery</td>
</tr>
<tr>
<td>Victor Sarro</td>
<td>Beverly Kelter</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Celeste Gagliardi</td>
<td>Donna Lesner</td>
<td>Endocrinology</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Methodist Teams</th>
<th>Location A</th>
<th>Location B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Payne</td>
<td>Caryn Karff</td>
<td>Shoulder and Elbow</td>
</tr>
<tr>
<td>Rose Farmer</td>
<td>Cass Wright</td>
<td>Progressive Care Unit</td>
</tr>
<tr>
<td>Teresa Heavens</td>
<td>Michael Curry</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Frank Natale</td>
<td>MaryBeth Edger</td>
<td>Acute Rehab Unit</td>
</tr>
</tbody>
</table>
Let’s take a look back at the impact we’ve had after 11 months of participating in *At Your Service Rounds*.

**AYS ROUNDS**

**BY THE NUMBERS**

April 2016 – February 2017

- **45** Inpatient Units
  - Includes the Center City, JHN, and Methodist Campuses

- **22** Outpatient Practice Sites

- **71** Ancillary Departments

- **5,125+** Rounding Hours

- **3849** Surveys Completed
  - We’ve completed 3849 surveys within 11 months of rounding

- **125** Leaders are rounding on the units and practices

- **1899** Employees Interviewed

- **1355** Patients Interviewed

- **1480+** Employees Recognized

- **955** Issues Identified

- **836** Tickets Resolved

- **18** Active Process Improvement Projects
At Your Service Rounds

Process Improvement Action Plans

1. Ancillary Support Services Communication
2. Care Transitions & Handoffs
3. Insurance Updates
4. Service Excellence Training
5. Communication from Leadership
6. Equipment
7. Courtesy of Front Desk Staff
8. Continued Education
9. Noise on Units
10. Physician Onboarding
11. Surgical Schedule
12. Patient Transport
13. Pharmacy Delays & Missing Medications
14. Food & Nutrition
15. Visitors on Unit
16. Patient Experience Reporting
17. Facilities & Maintenance
18. Service Excellence Training
Ongoing Enhancements

- **APRIL 2016**: AYS Rounds Begin
- **JULY 2016**: 90 Day Review
- **AUGUST 2016**: Nights & Weekends Abington Rounds Begin
- **OCTOBER 2016**: Epic Rounding
- **NOVEMBER 2016**: Action Plan Redesign ‘Pick-A-Ticket’
- **JANUARY 2017**: A&B Weeks

- **AYS Rounds Begin**
- **A&B Weeks**
- **Epic Rounding**
WELCOME TO
AT YOUR SERVICE
ROUNDS
Patient Experience and
Employee Engagement
The nurse said I was going to be discharged today and I am very eager to go home. That was three hours ago and I am still waiting. When is my doctor going to write the final discharge orders for me to leave?
We apologize for the inconvenience this has caused you. Let me see if we can give you an update as to when you will be leaving. Is there anything I can do you while you are waiting to be discharged?
Debrief Ground Rules

• Communicate patient and employee safety concerns immediately
• Use positive and constructive language, including specific facts
• Focus on issues and processes, not people
• Talk 1:1 privately with your colleague if a sensitive situation arises
• Recognize departments and individuals for great work
• Help each other solve problems and develop solutions, even if it is not your department
• Be honest and transparent
Operations Team

- Inpatient Clinical Operations
- Physician Practice Operations
- Patient Experience
- Human Resources
- Process Improvement
### AYS CALENDAR

<table>
<thead>
<tr>
<th>FRIDAY</th>
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<th>FRIDAY</th>
<th>FRIDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>S33 - Jan 20th (A)</td>
<td>S34 - Jan 27th (B)</td>
<td>S35 - Feb 3rd (A)</td>
<td>S36 - Feb 10th (A)</td>
<td>S37 - Feb 17th (A)</td>
<td>S38 - Feb 24th (B)</td>
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<thead>
<tr>
<th>FRIDAY</th>
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<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>S39 - Mar 3rd (A)</td>
<td>S40 - Mar 10th (A)</td>
<td>S41 - Mar 17th (A)</td>
<td>S42 - Mar 24th (A)</td>
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<tr>
<td>Intro: Monthly Pressganey data</td>
<td>Intro: CMS April 2017 Preview</td>
<td>Intro: Epic Wave 2</td>
<td>Intro: Epic Wave 2</td>
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<th>FRIDAY</th>
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<tbody>
<tr>
<td>S43 - Mar 31st (B)</td>
<td>S44 - Apr 7th (A)</td>
<td>S45 - Apr 14th (A)</td>
</tr>
<tr>
<td>Intro: IBM Smart Rooms</td>
<td>Intro: AYS Overview Stats YTD</td>
<td>Intro: Monthly Pressganey data</td>
</tr>
<tr>
<td>Debrief: Employee Communication</td>
<td>Debrief: Brainstorming Session</td>
<td>Debrief: Educational Session - System Level Thinking</td>
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<td>S46 - Apr 21st (A)</td>
<td>S47 - Apr 28th (B)</td>
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<tr>
<td>Intro: IS&amp;T Updates</td>
<td>Intro: Unit Recognition</td>
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<tr>
<td>S48 - May 5th (A)</td>
<td>S49 - May 12th (A)</td>
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<tr>
<td>Intro: Transport Data</td>
<td>Intro: Announcements</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FRIDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>S50 - May 19th (A)</td>
<td>S51 - May 26th (B)</td>
</tr>
<tr>
<td>Intro: HR Business Partners</td>
<td>Intro: Food &amp; Nutrition Update</td>
</tr>
<tr>
<td>Debrief: Barnstorming Session</td>
<td>Debrief: Employee Communication</td>
</tr>
</tbody>
</table>

### Educational Session Topics Include:

## Attendance

### AYS Rounds Attendance  - April-December 2016

<table>
<thead>
<tr>
<th>Total Sessions: 32</th>
<th>Updated: 1/1/17</th>
</tr>
</thead>
</table>

#### Center City
- Jennifer C Arfai: 31 (97%)
- Kristi Cikararo: 28 (88%)
- Michael J Devenney: 27 (84%)
- Thomas J Louden: 26 (81%)
- Kelly Zabriske: 25 (78%)
- Carol Kelly-Lehman: 24 (75%)
- Brian E Sweeney: 24 (75%)
- Richard Kwei: 24 (75%)
- Francis A Daly: 24 (75%)
- Colleen R Powell: 23 (72%)
- Dane Caffrey: 23 (72%)
- Monica Young: 22 (69%)
- Sabrina Harris: 22 (69%)
- Edward Sampay: 22 (69%)
- Sharon Millinghausen: 22 (69%)
- Ksandrah Garnes: 22 (69%)
- Carol Lynn Halines: 22 (69%)
- Patrice A Miller-Ferko: 21 (66%)
- Christine Namee-Smith: 21 (66%)
- Rebecca O'Shea: 21 (66%)
- Christopher M Fontana: 21 (66%)
- Victor A Sarro: 21 (66%)
- Juan Vinhlinila: 20 (63%)
- Scott Dunbar: 20 (63%)
- Jeanne Dougherty: 20 (63%)
- Dennis G Caiguri: 20 (63%)
- Susan H Miller: 19 (59%)
- Paul S O'Connor: 19 (59%)
- Eleonor Gates: 19 (59%)
- Tim Sullivan: 19 (59%)
- Pamela Koli: 19 (59%)
- Madeleine P Albanese: 19 (59%)
- Ann D Clark: 18 (56%)
- Rose Fitzpatrick-Nelson: 18 (56%)
- Ronald E Bowian: 13 (56%)
- Mary C McCall: 13 (56%)
- Marie I Mendez: 13 (56%)
- Grace T Cole: 13 (56%)
- Robin D Brown-Stoall: 13 (53%)

#### Center City Cont'd
- Barbara A Clancy-Sweeney: 11 (34% - Missed Swipe)
- Kristine C Schade: 11 (34% - PSO - Staff Needed)
- Linda J Pizzo: 10 (31% - Missed Swipe)
- Thomas D Brown: 10 (31% - Missed Swipe)
- Ellen B Reuben: 10 (31% - Missed Swipe)
- Jeffrey Stevens: 9 (28% - Presidential Duties)
- Richard J Webster: 6 (19%)
- Robert Tavella: 3 (9%)
- Patrick Cockey: 3 (9%)
- Joshua Shannon: 2 (6% - Missed Swipe)
- Joseph Legziemi: 2 (6%)
- Allison Wozniak: 1 (3%)
- Elizabeth M Fahmcke: 1 (3%)
- Mitchell S Harris: 1 (3%)
- Matthew Swaback: 1 (3%)

#### JUP
- Marion J Warchol: 24 (75%)
- Alex Khariton: 19 (59%)
- Cheryl King: 17 (53%)
- Marlene S Vaillett: 17 (53%)
- Denise Montgomery: 16 (50%)
- Shiny B George: 15 (47%)
- Gall R Greenspoon: 15 (47%)
- Sharon Anne Curran: 8 (25%)
- Donna C Lesner: 8 (25%)
- Scott A Guttridge: 13 (41%)

#### Potential Reasoning
- CC: 9 (75%), 35 (50%), 23 (25%), 15 (&gt;25%), 12 (N/A)
- JUP: 4 (75%), 5 (50%), 3 (25%), &lt;25%, 8 (N/A)

---

### CC & JUP - AYS Attendance YTD

![Bar chart showing attendance comparison between CC and JUP](chart.png)
### Application Development

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>PATIENT</th>
<th>CENTER CITY - INPATIENT</th>
<th>LOGOUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status: Closed</td>
<td>Entered: 10 months ago (4/8/16 11:37 AM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ICU BED FALLS**

- **9 Southeast - NICU**
- **Nursing**
- **Kristi Calderaro**

- Status: Closed
- Entered: 10 months ago (4/22/16 11:00 AM)

**STROKE UNIT SHOULD BE LOCKED**

- **JHN 6 South**
- **Security**
- **Kristi Calderaro**

- Status: Long Term
- Entered: 10 months ago (4/29/16 12:30 PM)

**NEED TO CHECK STOCK MORE OFTEN**

- **9 Southeast - NICU**
- **Supply Chain**
- **Kristi Calderaro**

- Status: Closed
- Entered: 9 months ago (5/13/16 10:53 AM)

**VISITOR POLICY NOT BEING ENFORCED**

- **9 Southeast - NICU**
- **Nursing**
- **Kristi Calderaro**

- Status: Long Term
- Entered: 9 months ago (5/13/16 10:53 AM)

**DIRTY TRAYS TAKE WAY TOO LONG TO GET PICKED UP**

- **9 Southeast - NICU**
- **Nutrition and Dietetics**
- **Kristi Calderaro**

- Status: Closed
- Entered: 9 months ago (5/20/16 11:23 AM)
HAND RAILING IS DIRTY AND CHIPPED. NEEDS TO BE PAINTED.

High patient traffic in this area.

Last Updated By: Kristi Caldararo a few seconds ago
Entered: 7 months ago (7/29/16 11:40 AM)

Status: Closed at 10/4/16 5:28 PM 5 months ago

Reported By: DANE CAFFREY

3 NORTHEAST
Alcove between elevators 300BP and 300BQ

ENVIRONMENT / FACILITIES AND MAINTENANCE

FS-219299 FINISHED 9/15/16
Follow Up - “Closing the Loop”

- Departmental meetings with key personnel receiving alerts
- Accountability for ticket items
- Feedback to employees via intranet and email
- Engage employees in process improvement
- Distribute monthly reports
- Robust communication model
# Employee Communication

## At Your Service Rounds | January Employee Communication

**REFLECTS DECEMBER MONTHLY ROUNDING STATISTICS**

<table>
<thead>
<tr>
<th>Trends We Heard from Staff and Patients</th>
<th>What We Are Doing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Medication Delays</td>
<td>(CC) Pharmacy department metrics show the average time to verify a medication order is 16 minutes in the 1st Quarter FY17 - a considerable improvement. Over the last 30 days, Pharmacy has optimized 85 PYXIS machines adding 597 medications to those machines (Average of 9.2 medications/machine). With these additions, Nursing has more medications available to them once they are verified to administer to their patients.</td>
</tr>
<tr>
<td>Facilities &amp; Maintenance</td>
<td>(CC, MHD) Completed refurbishment efforts in Thompson 5th floor PACU, JHH OR corridor, and 7 Gibson sub-chute corridors. Painting and ceiling replacement in progress at Pavilion elevator lobbies (12, 13 and 14). Artwork installed in 8 Gibson corridor. Renovation of basement Morgan hallway area at MHD and associated infrastructure along with the OR reheat leak repair. Concrete repairs are in progress on MHD campus.</td>
</tr>
<tr>
<td>Food &amp; Nutrition</td>
<td>(CC, MHD) Total of 632 tray accuracy audits completed with a food accuracy percentage of 98%. A total of 505 patient rounds were conducted with patients and family members to verify satisfaction. 227 meal audits completed.</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>(CC) Transport times over 60 minutes continue to be under 10% of volume. Focus on discharge and diagnostic return patients to improve patient experience. Discharge response time was less than 30 minutes and diagnostic return response time was 23.2 minutes in December.</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>(CC, MHD) HCAHPS “Cleanliness of hospital environment” scores for CY Q4 ranked as highest in 12 months for both campuses. (CC) Infection Control partnering with EHS to inspect discharge rooms weekly. Adjusted evening schedulers to increase patient room trash pull on Nursing Units. Tru-D ultraviolet usage increased by 23% in CY Q4 to assist with management of ClOII.</td>
</tr>
<tr>
<td>Hospital Wayfinding</td>
<td>(CC) Wayfinding Guide now available for patient and family usage at the Center City campus. Campus maps and brochures include a department directory and a variety of patient services, such as Atrium Café hours, Gift Shop location, Wi-Fi service areas for JeffGuest Access, and all ATM locations.</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS OF EMPLOYEE RECOGNITION | 98 employees were recognized through rounding in January!**

- Sheila Downing, nurse in 9 NICU was a tremendous emotional support to our family. She truly went above and beyond.
- Nursing Supervisor, David Eagan, is a real team player and a leader. He is always helpful to others.
- Michelle Lewandowski has transformed the unit over the past few years.
- Marlene Malac, JHH NICU nurse, was outstanding. The entire nursing team on the floor was great.
- Charge Nurse, Patricia Dalmer and Tanya Jones do a good job making sure things function smoothly.
- Stephanie Casey is an excellent nurse. She makes people want to be better. Very competent and sensitive with families.
- Bridget Kelly in THFIE is always on top of everything for us.
- Congratulations to our entire care team! Jefferson received the 2017 Distinguished Hospital Award for Clinical Excellence from Healthgrades. We are one of only 258 hospitals in the country to be recognized for excellent clinical outcomes.
III. Challenges/Lessons Learned
Poll Question # 4

What do you believe is the biggest challenge with implementing effective leadership rounding?

A - Sustainability
B - Leadership engagement
C - Data collection
D - Time commitment
E - Resources
AYS Challenges

- Leadership engagement
- Attendance
- Resource constraints
- Information technology
- Ownership and accountability
- Time commitment
- Correlation to increase in scores
- Ticket closure validation
- Sustainability
This is Very Hard Work
Intense Project Management Required
Long Term Vision Essential
**Noise On Units**  
*Terri Heavens, Carol Haines*

**BACKGROUND**
- FYTD17 Jefferson HCAHPS Hospital Environment Quietness (Noise at Night): 52.2/21%
- Goal: 59.8/75%

**PROBLEM STATEMENT**
- FY16 HCAHPS Data: Out of 180 complaints, the majority were related to personal conversations outside the patients’ rooms.
- FY16: Jefferson lost $170,000 in HCAHPS reimbursement due to noise.

**DATA/MILESTONE METRICS**
- Improvement in HCAHPS Noise on Unit Score from 21st to 75th percentile.
- Reduce number of patient written complaints on HCAHPS survey by 20% in Q1.
- Educate all 44 inpatient units on noise curriculum.

**COUNTERMEASURES**
- Continue “Quiet Time” Announcements by Staff/Noise screen savers.
- Discuss topic of Noise on units in all Staff meetings, especially nursing, support services and physician related.
- Develop “conversation” script for leaders to use during nightshift rounds to make staff aware of conversations while most patients are sleeping.
- Develop use of noise video to be shown Jefferson-wide to all staff (like previous Jefferson’s Hand washing video).
- Create a real-time reporting and remediation system (Noise Hotline).

**RESULTS**

**CURRENT STATE- how do things stand today?**
52.2/21%

**FUTURE STATE:** Begin with general awareness to all staff on noise in hospitals and then move to address noise with night shift nursing/interns/fellows.

**NEXT STEPS**
- Who will be responsible for implementation and by when?
  - Physician and Nursing Leadership and Shared Governance Champions on all units

- What other issues/barriers need to be addressed?
  - Jefferson acknowledgement that noise, like hand-washing, is an ongoing educational process for staff
  - Some units are semi-private and with two patients, noise control is more of a challenge, depending on the patients in the semi-private room.
<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Center City Leader</th>
<th>Methodist Leader</th>
<th>Report Out Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors on Unit</td>
<td>Joseph Byham</td>
<td>Jim Kerrigan</td>
<td>2/24/2017</td>
</tr>
<tr>
<td>Insurance Updates/Communication</td>
<td>Kasandrah Garnes</td>
<td>Barbara Rubino</td>
<td>2/24/2017</td>
</tr>
<tr>
<td>Courtesy of Front Desk Staff</td>
<td>Scott Guttridge</td>
<td>Terri Heavens</td>
<td>2/24/2017</td>
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<tr>
<td>Support Services Communication</td>
<td>Tushar Somani</td>
<td>Tushar Somani</td>
<td>2/24/2017</td>
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<tr>
<td>Food &amp; Nutrition</td>
<td>Bill LaSalle</td>
<td>Donna Milanovich</td>
<td>3/10/2017</td>
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<tr>
<td>Facilities &amp; Maintenance</td>
<td>Ed Sampey</td>
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<td>Service Excellence Training</td>
<td>Jasmine Arfaa</td>
<td>Terri Heavens</td>
<td>3/10/2017</td>
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<td>Patient Transport</td>
<td>Tushar Somani</td>
<td>Neena DiNunzio</td>
<td>3/24/2017</td>
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<tr>
<td>Care transitions/Hand-offs</td>
<td>Patrice Miller</td>
<td>Patrice Miller</td>
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<td>Communication from Leadership</td>
<td>Barbara Henderson</td>
<td>Jim Robinson</td>
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<td>Manager patient experience reporting</td>
<td>Jasmine Arfaa</td>
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<td>Leadership Development</td>
<td>Brian Sweeney</td>
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<td>Pharmacy Delays/ Missing Meds</td>
<td>Brian Swift</td>
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</tr>
<tr>
<td>Surgical Schedule</td>
<td>Rebecca Barnett</td>
<td>Maritza Sanchez</td>
<td>4/21/2017</td>
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<tr>
<td>Continuing Education</td>
<td>Josh Shannon</td>
<td>MaryBeth Edger</td>
<td>4/21/2017</td>
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<td>Physician Onboarding</td>
<td>Tim Sullivan</td>
<td>Andrew Miller</td>
<td>4/21/2017</td>
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<tr>
<td>Equipment</td>
<td>Paul O'Connor</td>
<td>James Small</td>
<td>5/5/2017</td>
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<tr>
<td>Staffing</td>
<td>Rebecca O'Shea</td>
<td>Jim Robinson</td>
<td>5/5/2017</td>
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<tr>
<td>Noise on Units</td>
<td>Carol Haines</td>
<td>Terri Heavens</td>
<td>5/5/2017</td>
</tr>
</tbody>
</table>
What’s something people would be surprised to find out about you?

I have an artistic side. I am a songwriter, a scrapbook artist, I knit and design gift baskets. In addition, I am the director of women's ministry at my church. I enjoy travel both state side and abroad.
Promote Leadership Development

- Change management
- Thinking like a system
- Service recovery
- Diversity and inclusion
- Recognition
- Design thinking
- Leading a multigenerational workforce
## Connect Rounders to Facts

| Hiring senior leaders but not providing front line staffing support. | Bed capacity is a major ongoing issue. |
| Better IS&T support for existing systems. | My back hurts at the end of the day. We are understaffed. |
| Patient transport needs improvement. | Par levels for supplies are too low. |
| Timing between staff leaving and replaced feels long. | Facility is tired and needs renovation. |
Model Must Be Refined
“It is great to get to know the staff by interacting with them on a weekly basis”

“The response from staff to us doing this has exceeded my expectations”

“Visibility of leadership is so important to staff”

“It is great to meet other hospital staff that I have never met before in my years at TJUH. It is interesting to hear others perceptions and needs”

“Need to speak to non RN staff on the unit (CNA's, EVS, nutrition, therapy, pharmacy, etc.)”

“Some of the front line staff are skeptical to be truthful in answering the questions to leaders who are rounding”
“The interactions that are typically not part of my work day - both patient / families and caregivers and support staff. Extraordinarily rewarding”

“Patients and families are quite impressed that we take the time to gather their input and seek their suggestions”

“I enjoy being an active participant in improving our patient satisfaction scores”

“I enjoy people helping in any way I can to make a difference every day”
AYS Platform Can Be Used for Other Purposes
IV. Results
Poll Question # 5

Leadership rounding alone will lead to improved outcomes:

A - Agree
B - Disagree
Measures of Success

- Press Ganey scores
- Reduction in patient complaints
- Number of Jefferson Honors completed
- Number of patients and employees surveyed
- Number of process improvement projects identified and completed
- Enhanced leadership participation and presence
- Improved turnaround time for issue resolution
- Ability to create a “unit narrative”
HCAHPS December 2015 - January 2017

Displayed Mean Score (%)

Inpatient - All Sites
HCAHPS: Rate Hospital 0-10

Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17

Discharge Date
Linear (Discharge Date)

Displayed Mean Score (%)

Press Ganey Associates, Inc.
HCAHPS December 2015 - January 2017

Inpatient - All Sites
Top Box - Domain HCAHPS: Response of Hospital Staff

Displayed Mean Score (%)  Press Ganey Associates, Inc.
Medical Practice Top Box Trends - Overall February 2016 - 2017

Displayed by Received Date and Adjusted Sample
Inpatient Top Box Trends - Overall February 2016 - 2017

AYS Start Date

All My Sites

Displayed by Received Date
Inpatient Mean Trends - Meals
February 2016 - 2017

All My Sites

Displayed by Received Date
Inpatient Top Box Trends
Communication with Nurses
February 2016 - 2017
<table>
<thead>
<tr>
<th>Service</th>
<th>FY17 Service Metrics</th>
<th>As of</th>
<th>Current</th>
<th>FYTD</th>
<th>Goal</th>
<th>FYTD</th>
<th>Variance</th>
<th>FYTD</th>
<th>FY16 YE</th>
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<tbody>
<tr>
<td>HCAHPS Overall Rating of Hospital</td>
<td>Dec-16</td>
<td></td>
<td>75.0%</td>
<td>73.9%</td>
<td></td>
<td>1.1%</td>
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<td>HCAHPS Communication with Physicians</td>
<td>Dec-16</td>
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<td>81.9%</td>
<td>81.9%</td>
<td></td>
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<td>HCAHPS Communication with Nurses</td>
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<td>83.7%</td>
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<td>74.8%</td>
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<td>-0.1%</td>
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<td>PG Emergency Department Overall Rating</td>
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<td>61.0%</td>
<td>59.3%</td>
<td></td>
<td>1.7%</td>
<td>58.3%</td>
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</tbody>
</table>

1.0 Physician Service Excellence
2.0 At Your Service Rounds
Employee Engagement Survey Results

Overall Engagement

- Content: Current 42.7, 2015 39.8, 2014 42.2, 2013 41.6
- Ambivalent: Current 18, 2015 15.7, 2014 18, 2013 19.4

Engagement Benchmark: 40.5%
CMS Star Rating Data - January 2017

-0.38

<table>
<thead>
<tr>
<th>Group Score</th>
<th>Average</th>
<th>% wt</th>
<th>Change since last time</th>
<th>National Average Score</th>
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<tbody>
<tr>
<td>Mortality Group Score</td>
<td>1.16</td>
<td>22%</td>
<td>No Change</td>
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<tr>
<td>Safety Group Score</td>
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<td>22%</td>
<td>No Change</td>
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<td>Readmissions Group Score</td>
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<tr>
<td>Patient Experience Group Score</td>
<td>0.12</td>
<td>22%</td>
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<td>Effectiveness Group Score</td>
<td>1.05</td>
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<td>Timeliness Group Score</td>
<td>-1.29</td>
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<td>0.05</td>
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<tr>
<td>Imaging Group Score</td>
<td>-0.75</td>
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Range:
- 1 Star: -1.98 -1.05
- 2 Star: -1.05 -0.38
- 3 Star: -0.38 0.21
- 4 Star: 0.21 0.81
- 5 Star: 0.81 2.02

Rating Range Data:
- CMS Star Rating Data – January 2017

No Change
Inpatient Employee Scores

A.Y.S. Rounds – Employee Responses
Date Range: 07/01/16 – 12/31/16 Responses: 334

- Communication
  - N/A
  - Negative
  - Positive

- Equipment
  - N/A
  - Negative
  - Positive

- Recognition
  - N/A
  - Negative
  - Positive

- Safety
  - N/A
  - Negative
  - Positive

# of Responses
Inpatient Patient Scores

A.Y.S. Rounds – Patient Responses
Date Range: 07/01/16 – 12/31/16 Responses: 308

- Environmental Services
- Listening and Respect
- Medications
- Pain Management
- Patient Safety
- Plan of Care
- Quiet Environment
- White Board

Average Response

Patient Answers
Inpatient Employee Issues

A.Y.S. Rounds – Center City – Inpatient Issues
Issues: 143
(New: 24 Closed: 99 Long Term: 20)

Date Range: 07/01/16 – 12/31/16

- Ancillary Services
- Clinical Lab
- EVS
- Facilities and Maintenance
- Hardware
- Infection Control
- Nursing
- Parking
- Patient and Family Experience
- Security
- Supply Chain
- Transportation

# of Issues

- Long Term
- Closed
- Open
Post Beryl Rounding Assessment

- Is your senior leadership team committed to rounding?
- Is your organization willing to dedicate “protected time?”
- Are you willing to allocate project management resources?
- Will you earmark IT resources to data collection and analytics?
- Are you committed to engaging leaders in action plans?
- Will you consistently communicate results to employees?
- Will your organization commit to the long term vision to assure sustainability?
Questions?