Improving the Patient Experience through Key Nursing Practices and Authentic Patient Connections

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Objectives

- Assess organizational readiness for change

- Identify the components of a practice bundle developed to improve patient’s perception of care in a sustainable way

- Discuss the value of operational changes to care practices to emphasize meaningful connections with patients

- Implement the structures required to sustain practices and achieve sustained gains in the patient experience
The University of Pennsylvania Health System was created in 1993 and consists of five hospitals (Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital, Chester County Hospital, Lancaster General Hospital), a faculty practice plan, a primary care provider network, multi-specialty satellite facilities, home care, hospice and a nursing home.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Beds</td>
<td>1,893</td>
</tr>
<tr>
<td>Total Employees</td>
<td>24,293</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$4.9 Billion</td>
</tr>
<tr>
<td>Admissions</td>
<td>83,994</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>2,837,864</td>
</tr>
<tr>
<td>Physicians</td>
<td>2,846</td>
</tr>
<tr>
<td>Nurses</td>
<td>5,563</td>
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</table>
Pennsylvania Hospital - The Nation’s First

- The Nation’s first hospital founded by Benjamin Franklin and Dr. Thomas Bond.

- 520-bed acute care facility that provides a full range of diagnostic and therapeutic medical services.

- 2,633 Total Employees

- 980 Registered Nurses

- Over 29,000 inpatient admissions and 115,000 outpatient visits each year, including over 4,708 births.

- Expanding programs for cancer, cardiac care, bloodless medicine and surgery.
Assessment of Organizational Readiness

The Burning Platform

HCAHPS - Communication with Nurses
Percentile Rank

Penn Medicine
Assessment of Organizational Readiness: The Culture

- Fearful
  - Suspicious
  - Secure/trusting of leadership
- Unprofessional
  - Professionalism
- No shared Vision
  - Integrated and defined process to vision
- Disengaged/lack of accountability
  - Fully engaged and empowered and accountable for Practice.
- Hierarchical
- Shared Governance
- Unstructured
  - Defined Culture Personal vs. professional Identity
- Self Centric
  - Patient Centric
- Silos
  - Multi-professional integration
- Stagnant/Status quo/ resist change
  - Progressive/open to change
- Penn Medicine
Assessment of Organization Readiness:

- Based on an 8 quarter average:
  - **82%** (9 out of 11 units) were underperforming in HPPD (**Staffing**) as compared to the national benchmark
  - **70%** (7 out of 10 units) were underperforming in **Falls** as compared to the national benchmark
  - **75%** (6 out of 8 units) were underperforming in **CAUTI** as compared to the national benchmark
Assessment of Organizational Readiness: Review of The Literature


- Each one patient increase in the patient to nurse ratio is associated with decreases in the percentage of patients’ giving a highly overall rating (1%), recommending the hospital to others (1.44%), and satisfaction with receiving discharge information.

Cimiotti et al. (2012). Nurse staffing, burnout, and health care associated infection. *American Journal of Infection Control*

- Higher rates of infections in hospitals in which nurses care for more patients is related, in part, to high nurse burnout associated with heavier patient caseloads.

McHugh et al. (2013). Hospitals with higher nurse staffing had lower odds of readmission penalties than hospitals with lower staffing. *Health Affairs.*

- Hospitals with higher nurse staffing had 25% lower odds of being penalized compared to similar hospitals with lower staffing; hospitals with the worst staffing were 40% more likely to get the maximum penalty.
Foster the Talent...Build the Structure
# Keep the Main Thing the MAIN THING!

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Cultural Transformation</th>
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<tbody>
<tr>
<td>Delivery of Care System</td>
<td>Self Centric ► Patient Centric</td>
</tr>
<tr>
<td></td>
<td>No Shared Vision ► Defined shared vision</td>
</tr>
<tr>
<td>Shared Governance</td>
<td>Hierarchical- ► Shared Governance</td>
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<tr>
<td></td>
<td>Disengaged- ► Engaged</td>
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<tr>
<td></td>
<td>Fearful /suspicious ► Trusting Leadership</td>
</tr>
<tr>
<td>The Patient Care Network</td>
<td>Self Centric- ► Patient Centric</td>
</tr>
<tr>
<td>Multidisciplinary Rounds</td>
<td>Silos ► Colleagiality/collaboration</td>
</tr>
<tr>
<td>Satisfaction and Engagement:</td>
<td>ALL ► ALL</td>
</tr>
<tr>
<td>The Patient-The Staff-The Physician</td>
<td><strong>ALL</strong> ► <strong>ALL</strong></td>
</tr>
<tr>
<td>Strengthen UBCL Structure</td>
<td>Silos ► Colleagiality/collaboration</td>
</tr>
<tr>
<td></td>
<td>Self Centric ► Patient Centric</td>
</tr>
<tr>
<td>Professional Image</td>
<td>Unstructured- ► Personal vs. professional</td>
</tr>
<tr>
<td>Leadership Development/ Succession Planning</td>
<td>Stagnant, status quos, resistant to change ►</td>
</tr>
<tr>
<td></td>
<td>Progressive &amp; open to change</td>
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</tbody>
</table>
Foundation of Our Work

- Individual initiatives were not effecting the desired impact

- Commitment to align with organizational Professional Practice Model: Relationship Based Care

- Needed consistent structures and processes across all areas of practice in order to enculturate a defined patient experience
Supporting Our Team on Behalf of Our Patients

- Patient Experience
- H.E.A.R.T Bundle
- Therapeutic Relationships
- Culture (Strategic Plan)
PAH Nurses have HEART

- H - Holistic
- E - Evidence Based Practice and Research
- A - Advocating
- R - Resourcefulness
- T - Teamwork
Primary Nursing Bundle

- Safety Huddle
- Bedside Report
- Quality Data
- Patient Concern
Primary Nursing Bundle
Primary Nursing Bundle

- Safety Huddle
- Bedside Report
- Quality Data

Patient Concern

Patient Information:
- Congratulations!
- Last dose of percocet 10am
- Be comfortable reading lab results

Room: 565
Phone #: 829-7853
Doctor: GLASER
Nurse: JESSIE, PCT: FLORRY
Goal: Be comfortable reading lab results

Pennsylvania Hospital

Penn Medicine

TVIPHONE Ext: 8880  
Nutrition Ext: 3285
**Rapid Cycle PDSA: Process and Culture Change**

### HEART BUNDLE TIMELINE

#### Pre-work
- **4/5 Preston, L&D, ICN**
- **ICCU, Critical Care**
- **ED**
- **Peri-Op 1**
- **Peri-Op 2**
- **Skilled Care**
- **4 and 6 Spruce**

#### Design Days
- **4/5 Preston, L&D, ICN**
- **ICCU, Critical Care**
- **ED**
- **Peri-Op 1**
- **Peri-Op 2**
- **Skilled Care**
- **4 and 6 Spruce**

#### Unit Pre-Training
- **Awareness**
- **4/5 Preston, L&D, ICN**
- **ICCU, Critical Care**
- **ED**
- **Peri-Op 1**
- **Peri-Op 2**

#### Formalized Education
- **4CC & 6 Scheidt Training**
- **4/5 Preston, L&D, ICN Training**
- **ICCU Training**
- **ED Training**
- **Critical Care Training**
- **Peri-Op 1 Training**
- **Peri-Op 2 Training**

#### Go Live
- **7CC Go Live**
- **4CC & 6 Scheidt Go Live**
- **4/5 Preston, L&D, ICN Go Live**
- **ICCU Go Live**
- **Critical Care Go Live**
- **ED Go Live**
- **Peri-Op 1 Go Live**

#### Attend Staff Meeting
- **Attend 1 or 2 of 5CC/6CC Staff Meeting - Date TBA**
- **Attend 1 or 2 of 7CC/4CC/6 Scheidt Staff Meeting - Date TBA**
- **Attend 1 or 2 Women's Health Staff Meeting**

#### Already Live Units
- **Debrief/ Make Up Class**
- **Week 11**
- **Week 12**
- **Week 13**
- **Week 14**
- **Week 15**
- **Week 16**
- **Week 17**
- **Week 18**
- **Week 19**
- **Week 20**
- **Week 21**
- **Week 22**
- **Week 23**
- **Week 24**
- **Week 25**
- **Week 26**

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<tr>
<td>12</td>
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<td>13</td>
<td>9-Sep</td>
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<td>16-Sep</td>
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<td>23-Sep</td>
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<td>16</td>
<td>30-Sep</td>
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<td>7-Oct</td>
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<td>25-Nov</td>
</tr>
<tr>
<td>25</td>
<td>2-Dec</td>
</tr>
<tr>
<td>26</td>
<td>9-Dec</td>
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</table>
Patient Satisfaction

HCAHPS-Communication with RN Percentile Rank

Sustainability Plan

Implementation

<table>
<thead>
<tr>
<th></th>
<th>FY13Q4</th>
<th>FY14Q1</th>
<th>FY14Q2</th>
<th>FY14Q3</th>
<th>FY14Q4</th>
<th>FY15Q1</th>
<th>FY15Q2</th>
<th>FY15Q3</th>
<th>FY15Q4</th>
<th>FY16Q1</th>
<th>FY16Q2</th>
<th>FY16Q3 YTD</th>
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<tbody>
<tr>
<td>PAH</td>
<td>72.9</td>
<td>78.5</td>
<td>76.4</td>
<td>76.9</td>
<td>77.4</td>
<td>77.6</td>
<td>78.4</td>
<td>79.8</td>
<td>78.9</td>
<td>82.20</td>
<td>79.8</td>
<td>80.1</td>
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Patient Satisfaction

HCAHPS - MD Communication
By Received Date

<table>
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<tr>
<th>Quarter</th>
<th>FY13Q4</th>
<th>FY14Q1</th>
<th>FY14Q2</th>
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<th>FY16Q1</th>
<th>FY16Q2</th>
<th>FY16Q3 YTD</th>
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<tbody>
<tr>
<td>Value</td>
<td>79.7</td>
<td>81.3</td>
<td>79.3</td>
<td>79.6</td>
<td>78</td>
<td>79.2</td>
<td>82</td>
<td>82.5</td>
<td>83.5</td>
<td>82.2</td>
<td>83.8</td>
<td>82.3</td>
</tr>
</tbody>
</table>

PAH
“Just as it would never be thought acceptable that a clinician fail to be technically proficient, it can never be thought acceptable that a clinician be permitted to lack relational proficiency”

Quality vs. Quantity

- **Methodology for Analysis**
  - Focus Groups
  - Patient Surveys
  - Nurse Surveys
  - Nurse Manager Surveys

- **Findings - Commitment and Enculturation**
  - HEART Bundle is being done, but deeper connection could be attained

- **Opportunities**
  - Embed Therapeutic Relationships
Patient Survey

How well did the nurses on this unit:

<table>
<thead>
<tr>
<th>Include you in discussions during shift report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Very Good</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Fair</td>
</tr>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Don't Know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>73.8%</td>
<td>12.8%</td>
<td>4.3%</td>
<td>2.1%</td>
<td>0.7%</td>
<td>6.4%</td>
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</table>
Investment in Sustainability

- **Champion Model**
  - HEART Bundle Champions to develop clinical leaders at bedside
    - Developed Revitalization structure and process to improve outcomes
    - Collaborated with Nurse Executive Board (NEB) to create education

- **2 Hour Educational Sessions**
  - Co-led by Champion and NEB member
  - Discussed barriers and strategies to eliminate them
  - Standardized Role play to address barriers
Investment in Sustainability

♦ Introducing the Therapeutic Night
  • Establish a therapeutic relationship with their patients
  • Prioritize the needs of the patient by honoring nighttime routines
  • Bring back the backrub

♦ Implementing the therapeutic night helps the care provider:
  • Establish a therapeutic relationship with their patients
  • Prioritize the needs of the patient by honoring nighttime routines
  • Create a sense of security and safety through the night
  • Ensure that our patients feel held by our team, knowing that we will be there… that we will watch over them while they sleep.
See Me as a Person

Presence Through Attunement

- Intentionally connecting with people exactly where they are and remembering that what might be routine for you is often life altering for the person receiving care

Koloroutis, M., & Trout, M. (2012). *See me as a person: Creating therapeutic relationships with patients and their families*. Minneapolis, MN: CHCM
As a nursing professional at Pennsylvania Hospital, I commit to:

1) Upholding the principle of “nothing about me without me”.

2) Encourage my patients to participate in the bedside report as a patient safety strategy.

3) Partner with my patient to establish and/or review a meaningful, patient-oriented goal or concern each day.

4) Promote health and rest by offering nighttime care.

Name (Print): ___________________________ Unit: ____________

Signature: _____________________________ Date: ____________
Patient and Clinical Nurse Feedback

- **Patient**
  - “Nurses discussed my needs, and care with me being present”
  - “I enjoy that the nurses talk about the patient while the patient is present. We like being included in report”
  - “I like the nurse to nurse report because it makes me feel involved in my care and be familiar with the nurse that is going to take care of me”

- **Clinical Nurse**
  - “An Opportunity to collaborate during transitions of care and catch potential errors”
  - “Bedside report and the establishment a concern allows me to be an advocate for my patient”
  - “As a new nurse, bedside report and the HEART Bundle is just the way we do things. It is the culture at PAH”
Patient Survey - Post Revitalization

How well did the nurses on this unit:

Include you in discussions during shift report

<table>
<thead>
<tr>
<th>Quality Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>77%</td>
</tr>
<tr>
<td>Very Good</td>
<td>15%</td>
</tr>
<tr>
<td>Good</td>
<td>2%</td>
</tr>
<tr>
<td>Fair</td>
<td>6%</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0%</td>
</tr>
</tbody>
</table>
Next Steps

♦ Expand Therapeutic Relationships and the HEART Bundle
  • Patient Experience prioritized in Hospital Strategic Plan
  • Key imperative for Physicians and Nurses

♦ Role model for Patient Experience Initiatives
  • Health system to replicate processes

♦ Patient and Family Advisory Council