SIDNEY HEALTH CENTER

- 25 bed critical access hospital
- Began a journey with Huron (previously Studer) in 2017
- Implemented tactics to improve HCAHPS results in 2018
- Hard-wired tactics in 2022

OBJECTIVES

- Describe effective tactics for improved communication between patients and staff.

COMMUNICATION ABOUT MEDICATIONS

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

COMMUNICATION WITH NURSES	During the hospital stay, how often did nurses treat you with courtesy and respect?
	During this hospital stay, how often did nurses listen carefully to you?
	During this hospital stay, how often did nurses explain things in a way you could understand?

Organizational Goal

6 out of 10 HCAHPS Composites at the 75th percentile

What Gets Focus Gets Attention What Gets Attention Gets Done

Directors have a LEM (Leader evaluation manager) with goals tied to annual performance reviews.

HCAHPS goals are a piece of most managers' planning

Action plans in 90 day cycles are set up to work toward goals

Care Transitions Focus

- Improving the transition-home experience for our patients is important for their safety and continued well-being in their post discharge status.
- Better communication between nurses and patients helps to identify questions and ensures that patients are acting on the prescribed treatment.

Care Transitions Team

Baseline

- Tracking in the all Press Ganey database
- Rolling 12-month average
- Communication with Nurses: 54th percentile
- Communication about Medications: 26th percentile

Tactics

- **Interdisciplinary team rounds at the bedside**
- **Post discharge phone call**
- **Nurse leader rounding**
- **Bedside shift report**

IDT Rounds

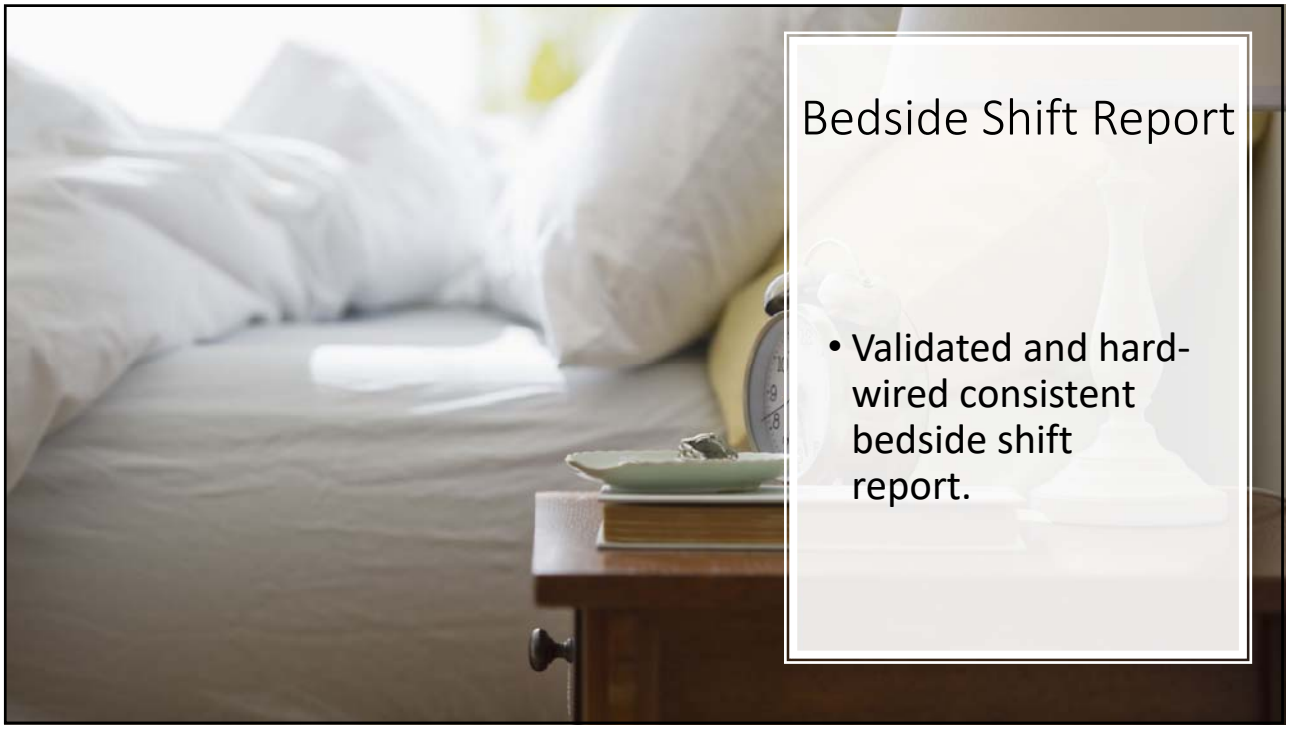
- Rounds led by Nurse Leader
- Developed a script for Interdisciplinary Team Rounding
- Using this script ensures that patients and the health care team cover every aspect of concern for the transition home.
- Discuss plans for discharge twice a week at the bedside. Anticipated discharge on patient's whiteboard.
- Rounding team: Social worker, patient's Nurse, Pharmacist, Physical Therapy, Dietician, Resp. Therapy and Nurse Leader

Post Discharge Phone Call

Developed a script for post discharge phone calls.

Assigned to the assistant director of nurses for consistency.

Uses a script with focus on medications, filling prescriptions, questions arising after returning home.

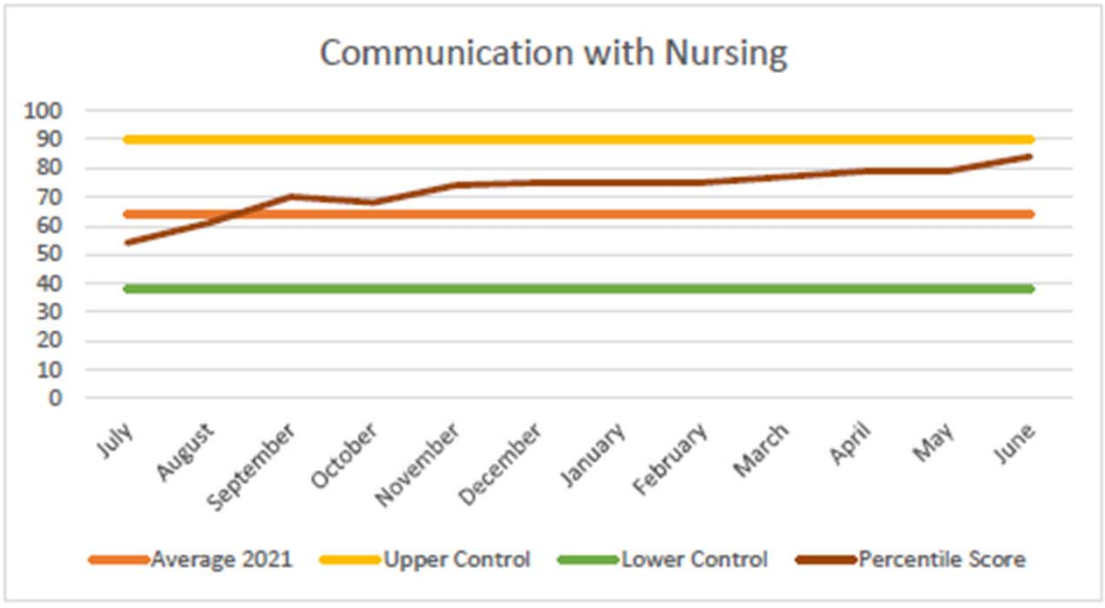


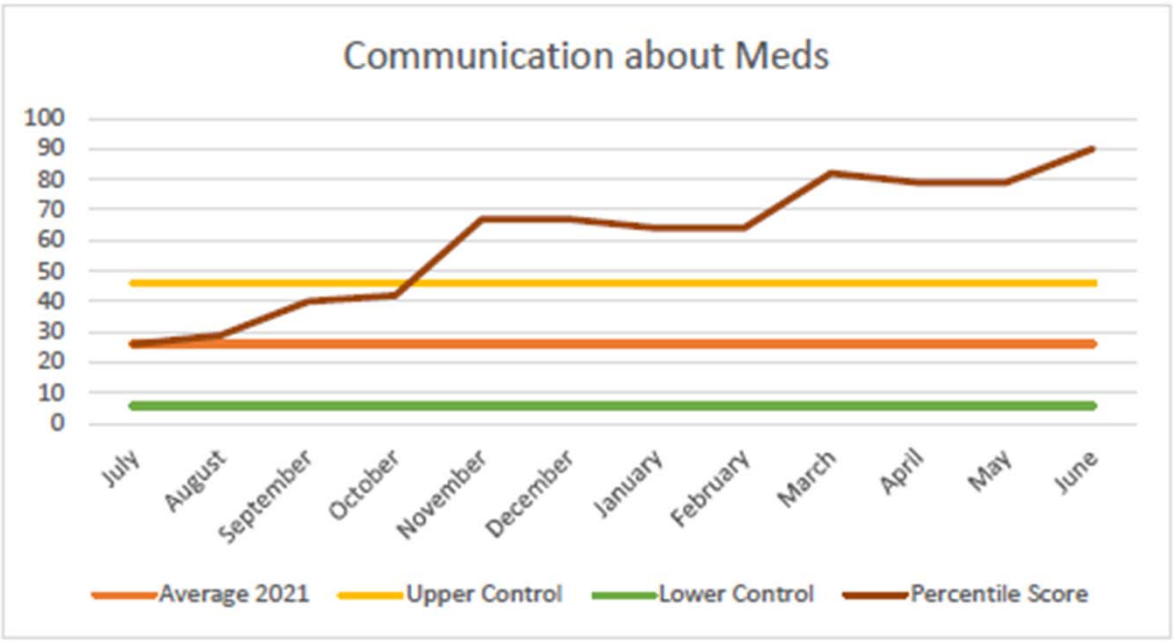
Bedside Shift Report

- Validated and hard-wired consistent bedside shift report.

Nurse Leader Rounding

- Daily nurse leader rounding on patients is used to increase the conversation around concerns, new medications, and patient education about symptoms and disease states management.





June 2022

Communication About Medications – 90th percentile

Communication with Nurses – 84th percentile

Final Outcome Organizational HCAHPS Goal

5 out of 10 composites at the 75th percentile

Next Steps

- Continue our work to maintain these gains.
- Work toward improving our Care Transitions and Discharge Information composites.