

The HCAHPS

Breakthrough Series™ Webinars

 Custom Learning Systems

#11 Overall Rating

High-Performance Overall Hospitals™

A strategic blueprint to engage all staff in creating a compassionate experience for patient and family throughout their hospital stay.



The **HCAHPS** Breakthrough Series™ Webinars Sponsors:



High-Performance Overall Hospitals™

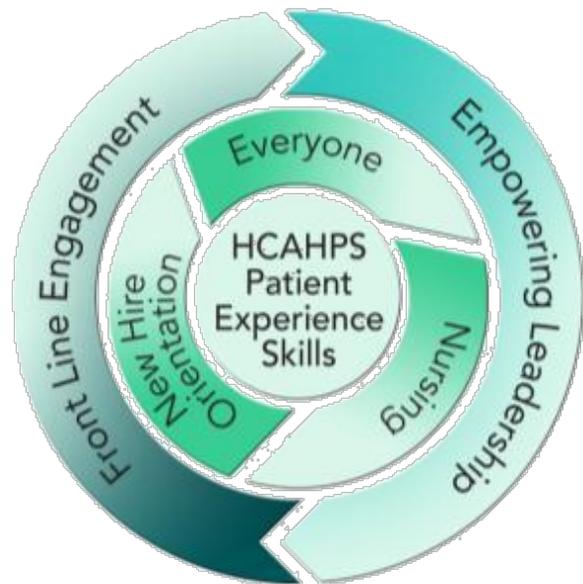
A strategic blueprint to engage all staff in creating a compassionate experience for patient and family throughout their hospital stay.

The HBS #11 Overall Rating Webinar is our feature presentation. It has been designed with a bonus hour of content. You can view the webinar all at one, or in two parts. The break (PAUSE) is identified both on this workbook, as well as in the webinar.

Agenda

- Defining the Overall Question
- Why Overall Matters BIG TIME
- A Quick Reality Check
- The Five Imperatives of a High Performing HCAHPS Overall Hospital
 - Imperative #1: Create a High-Performing Patient and Staff Driven Culture... *or be doomed to repeat the past*
 - Imperative #2: Create High-Performing Leadership Engagement
- Break 
 - Imperative #3: Create High-Performing Frontline Engagement
 - Imperative #4: Create High-Performing Patient Engagement
 - Imperative #5: Create High-Performing Total Hospital Engagement
- To Summarize: Create High-Performing Sustainability
- The Overall: The High-Performing HCAHPS Hospital Scorecard

The Custom Learning Systems HCAHPS Transformation Model



Defining the Overall Question

Let's Define "Overall":

- It's a **summary judgment** from patients of the care they received
- It's their **perception** of the **sum total of the coordination of services and close attention** afforded them during their stay, **compared to what they expected**, based upon **your promises**, and those of your **competitors**
- It's the **patient's opinion** of the hospital they are most **likely to share** with friends and family

There's only one survey question for "Overall"

Using any number from Zero to 10, where Zero is the worst hospital possible and 10 is the best hospital possible, what number would you use to **rate this hospital's performance** during your stay?

(A "10" is the response you seek.)

Domain Leader Owners

The **CEO & Senior Leadership Team**, All directors, managers and supervisors (both clinical and non-clinical)

Domain Staff Owners

Everyone!

Current National Threshold is:

(Rated a 4 – "Always")

70%

What's yours? _____%

Putting Hospital "Overall" in perspective:

*"Every patient's interaction with healthcare is judged by **expectations set by the best players in the hospitality industry** (hotels, restaurants, Disneyworld) and by the financial services industry (**American Express**, for example) and other areas where major players have made a **science of customer service...**"*

– Micah Solomon, "College of the Customer" Author

Putting Costs into Perspective:

- Average cost of a one day stay at an American **hotel**: \$110⁰⁰ plus tax
- Average cost of a one day stay at an American **hospital**: \$1,625⁰⁰

Question:

- If your bill at checkout for a one day stay at a hotel was \$1,625⁰⁰
What kind of an experience would **you have expected**?

-Statistics from Kaiser State Health Facts, April 2012

What Top Hospital Leaders Thought Were Necessary to Improve the Patient Experience

- | | |
|-------------------|-------------------------------------|
| 1. New facilities | 4. Bedside interactive computers, |
| 2. Private rooms | 5. Unrestricted visiting hours |
| 3. Food on demand | 6. More time so patients could rest |

– Understanding the Drivers of the Patient Experience by James I Merlino and Ananth Raman, Sept 17, 2013

What HCAHPS Domain Driver-Based Research Tells Us:

Real drivers of Patient Satisfaction:

- Pain Control (and meds well-explained)
- Responsiveness of Staff (to my fears, emotional needs)
- Communication with Physicians (shared decisions)
- Communications with Nurses (keep me informed)

Research tells us the Overall Experience is based upon:

1. Culture
 - A solid culture based on Patient- Centered Care
 - Owned by a staff engaged at all levels
2. Leadership Engagement
 - Knowledgeable, committed, actively engaged leadership. Visible!
3. Frontline Engagement
 - A workforce totally “bought in” to delivering patient-centered care
4. Patient Engagement
 - Patients and families are in effective partnerships with MD’s & clinicians
5. Total High-Performing Hospital Experience
 - Maintained by diligent performance measurement, reporting, & improvement

Recommendation:

Think of the HCAHPS “Overall” Question as a **great reason** to become a truly **High-Performing Hospital**

Why Overall Matters **BIG TIME**

Got Low “Overall” Scores? Here’s Why You Need to Move Them Up!

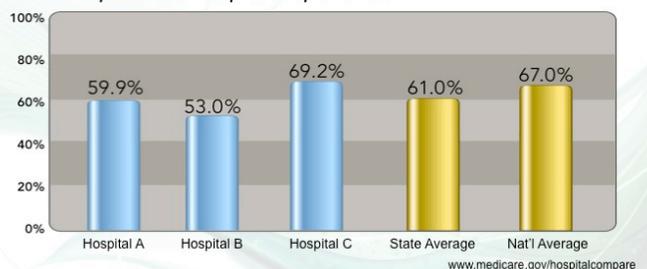
The two “Global” questions (“Overall” and “Would You Recommend?”) **are generally the first scores patients consult** when visiting the HCAHPS Website

They are the **clearest indicators** of your patients’ over-riding impressions of your hospital’s value

Soggy Overall Scores are publicly visible on the ‘net!

“Overall” Ratings Are Public

Patients who ranked their stay as a 9 or a 10, signifying *a best possible hospital experience.*

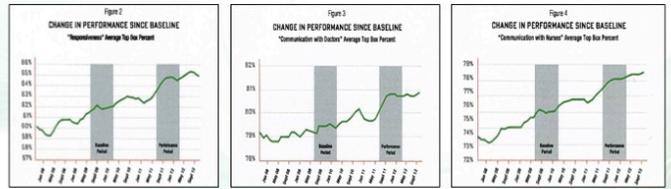


Stakes are High when Scores are Low:

- Poor word-of-mouth in your community
- Medicare penalties/VBP
- An indicator that lawsuits may loom
- No hospital growth without committed staff, on the other hand...
- You get a huge upside when Overall improves

HCAHPS Ratings are Not Static

Even as you improve – **so is every other hospital!**



*Source Press Ganey



30% May Go Elsewhere:

Even as you score at the national average (70%) there are **30% of your patients who are critical** of their overall care and **likely to go elsewhere** for medical services. *(but not before telling 500 of their closest friends on Facebook.)*

Question:

Why is the Overall domain important to you and your team?

“It’s easy to say what you do. It’s harder to do what you say you do”
– Ron Webb

A Quick Reality Check

Reality Check Question 

- 1 – Never
- 2 – Sometimes
- 3 – Usually
- 4 - Always**

How **effectively** have you **utilized the tools** provided from your HBS™ webinar series?

Have you **engaged** your leaders, employees and Physicians/ Providers, to **improve your individual HCAHPS domain scores**?



Your HCAHPS Self-Scorecard 

Please rate your team’s Effectiveness;

- 1 – Never
- 2 – Sometimes
- 3 – Usually
- 4 - Always**



The HBS™ HCAHPS Overall Self-Scorecard

#1 Leader’s Role – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
1	HCAHPS – Set Domain Goals for 1-3 Years	✓			
2	Ensure All Leaders are HCAHPS Survey Literate	✓			
3	Every Leader Commit to Taking All 12 HBS Webinars, and Register Online	✓			
4	Assign a Owner/Champion for all HCAHPS Domains	✓			
5	Create a “Push System” to Ensure Timely, Understandable HCAHPS Patient Experience Surveys	✓			
6	Request and Implement the “Accountability Agreement” Tool - Provided by CLS HBS Authors	✓			
7	Schedule a Complimentary Coaching Call with HBS Authors	✓			
8	HCAHPS and Value Based Purchasing Education		✓		
					Average



#2 Quiet – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
1	Daily Intentional Leader Staff Rounding – Best Practice	✓			
2	Manage Patient Noise Expectations		✓		
3	Utilize Noise Alert System - Tools (“Yacker -Tracker”)			✓	
4	Staff Implement “Quiet” Sentence Starters				
5	CEO Issue Frontline “License to Silence”	✓			
6	Never Ending Noise Job Jar		✓		
7	Quiet Revolution – Staff 30 Minute Education	✓			
8	Record a Patient’s Room From 10pm to 6 am - Share CD With Staff	✓			
					Average



#3 Cleanliness– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
1	Hospital Acquired Infections Education and Awareness		✓		
2	Cleanliness Checklist – Housekeeping		✓		
3	Tools Update - Housekeeping		✓		
4	Freedom to Clean: We Are All Housekeepers, We Are All Lifesavers – License		✓		
5	Hand Washing is Job #1		✓		
6	Behavior Labeling		✓		
7	Cleanliness Sentence Starters		✓		
8	30 Minute Role Play Workshop		✓		
9	“Zen” 20 Second C.O.A.C.H.ing	✓			
10	Patient Experience/Service Excellence Council Charter - TOOL	✓			
					Average



#4 Medication Comm– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
1	Empower Nurses as Patient Advocates	✓		✓	
2	Medication Error Education/Awareness			✓	
3	Patient New Medication Education Checklist			✓	
4	Nurse Preceptor Role			✓	
5	Family Engagement			✓	
6	Utilize New Medication Education Tools	✓			
7	Make Patient Medication Education a “Very Big D.E.A.L.”			✓	
8	Medication Education Sentence Starters			✓	
					Average



#4 Medication Comm– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
9	Pharmacist/Case Management Interdepartmental Collaboration	✓			
10	The Leader’s Role as an Effective Communicator	✓			
11	Recognition and Respect – Best Practice	✓			
					Average



#5 Physician Comm– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		Leaders	Everyone	Nursing	Rate 1-4
1	Perception = Deception, Mastering Patient Perceptions	✓			
2	Physician/Provider Skillful Manners		✓		
3	Physician/Provider Skillful Listening			✓	
4	Physician/Provider Skillful Teaching				
5	Utilize Tools, Resources, and Chair	✓			
6	The Empathy “H.E.A.L.” Communication Tool		✓		
7	Physician/Provider Conversation Starters	✓			
8	Three Thoughtful Questions to Guarantee HCAHPS Improvement - TOOL	✓			
					Average



The HBS™ HCAHPS Overall Self-Scorecard (Cont'd)

#6 Nurse Comm – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
1 Inspirational Story Telling – Best Practice	✓			
2 Team Mission Statement		✓		
3 Chat Time			✓	
4 AIDET & SERVE		✓		
5 Bedside Reporting			✓	
6 Utilize Combination Tools, Especially Care Boards – “Very Good Care Means to Me”			✓	
7 The Five Nursing Communication Imperatives			✓	
8 Nursing Conversation Starters			✓	
				Average



#6 Nurse Comm – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
9 Nursing - Three Thoughtful Questions to Guarantee an Improved Patient Experience			✓	
10 30 Minute Nurse Communication Workshop			✓	
11 Appoint a Bedside Reporting TEAM – See Charter	✓			
12 Request and Utilize SERVE mini-poster	✓			
13 Create Customized, Updated Care Boards	✓			
14 Take Certified HCAHP Practicing Professional (CHPP) Certificate Online Test, Following HBS Completion				
				Average



#7 Discharge – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
1 Readmission Issues Penalties Awareness		✓		
2 Checklists, Standard Operating Procedure, and Continuous Improvement		✓		
3 Discharge Starts at Admitting	✓			
4 Daily Coaching for “When You Go Home”			✓	
5 The “Day Prior” Patient Preparation			✓	
6 Medication Reconciliation – Pharmacists	✓		✓	
7 Going Home Day – Checklist		✓		
8 The Post Discharge Phone Call	✓			
				Average



#7 Discharge – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
9 The Invaluable Discharge Packet	✓			
10 Discharge Planning Checklist and Protocol			✓	
11 Mastering Teach-Back			✓	
12 Discharge Conversation Starters			✓	
13 Interdepartmental Collaboration	✓			
14 The Discharge Satisfaction Team – Charter TOOL	✓			
15 Three Questions to Guarantee a Satisfied Discharge			✓	
16 Create a Discharge Mission Statement	✓			
				Average



#7 Discharge – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
17 Conduct a 30 Minute Education Workshop			✓	
18 Phase In a Patient Thank You Card	✓			
				Average



#8 Pain Control – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
1 Inspire and Lead by Example	✓			
2 Pain Myth Awareness			✓	
3 Integrate the Ethics of Pain Management			✓	
4 The Pain Control Mission Statement			✓	
5 Effective Pain Assessment			✓	
6 Managing Patients’ Expectations about Pain	✓			
7 Medicating for Pain Relief			✓	
8 The Power in Alternative Pain Strategies		✓		
				Average



The HBS™ HCAHPS Overall Self-Scorecard (Cont'd)

#8 Pain Control – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
9 Post Discharge Pain Management			✓	
10 Appoint a Unit Pain 'Guru'	✓			
11 Utilize Tools and Resources	✓			
12 Nonverbal Communication and Empathetic Listening			✓	
13 Harness the Power in Questioning			✓	
14 Pain Conversation Starters			✓	
15 Interdepartmental Pain Collaboration	✓			
16 Pain Control Resource Team Charter - TOOL	✓			
				Average



#8 Pain Control – HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
17 Pain Care Angel – Recognition Program TOOL	✓			
18 Schedule a Pain Care In-Service			✓	
19 Update Hospitals Pain Control Policy	✓			
20 Utilize the Compassionate Pain Care Tool Bundle	✓			
				Average



#9 Staff Response– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
1 Frontline Peer-Based Train-the-Trainer		✓		
2 Annual Patient Experience Workshop		✓		
3 Nursing Three One-Hour HCAHPS Webinars			✓	
4 Monthly DO IT Meeting		✓		
5 Weekly Service Huddle			✓	
6 "Make Time" Call Light Response			✓	
7 Purposeful Hourly Rounding			✓	
▶ Bedside Reporting Recap			✓	
				Average



#9 Staff Response– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
8 Service Recovery Policy – Best Practice		✓		
9 The Platinum Rule		✓		
10 No Pass Zone				
11 SERVE/AIDET Recap		✓		
12 Responsiveness Starts at Admitting		✓		
13 Utilize Staff Responsiveness Tools & Resources	✓			
14 Staff Responsiveness Conversation Starters			✓	
15 Create a Care Promise Expectation Management Brochure	✓			
				Average



#9 Staff Response– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
16 Conduct an Audit of Your Current Call Light/Phone System and Improve				
17 Use Rapid Cycle Improvement/PDCA to Improve Your Hourly Rounding System				
18 Schedule a 30 Minute In-Service to Educate Everyone on SERVE/AIDET				
19 Utilize the CLS Rapid Cycle Improvement Planner Tool				
				Average



#10 Care Transitions– HBS™ Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	Leaders	Everyone	Nursing	Rate 1-4
1 Master Care Transitions Moments of Truth			✓	
2 Implement a Personalized Care Plan Using the Checklist Provided - TOOL			✓	
3 Create Patient Pain Accountability for Self Management			✓	
4 Implement Medication Self -Mastery			✓	
5 Utilize Care Transition Tools and Resources	✓			
6 Apply the Three Communication Skills: Communicate, Collaborate, and Coordinate			✓	
7 Utilize Care Transition "Words That Win"			✓	
8 Charter a Care Transition Team Utilizing the Charter Provided – TOOL	✓			
9 Create Partnerships with Skilled Nursing Utilizing the Checklist Provided - TOOL	✓			
10 Utilize the "Three Thoughtful Questions" Provided			✓	
				Average

- Your **Reality Check** Must Include Your **Actual** Scores
- How are your current HCAHPS Scores in terms of:
 - **Top Box %**
 - **National %tile** – *you can get this from your vendor*
 - And what is your achievable, individually- negotiated goal?
(*See CLS accountability agreements*)

Example: HCAHPS Inpatient Scores

Measure / Domains	Top Box Percent	%tile	National Top Box % Average	Rate 1-4	
				1	2
Communication with Nurses	68.2	16	78		
Communication with Doctors	81.8	69	81		
Responsiveness of Hospital Staff	61.1	44	67		
Cleanliness of the Hospital Environment	76.2	68	67		
Quietness of the Hospital Environment	76.2	68	67		
Pain Management	35.7	1	71		
Communication about Medicines	30.8	1	64		
Discharge Info	70.0	3	85		
Transition of Care	70.6	89	ø		
Overall Rating/Recommend	51.2	4	70.5		

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Team *DO IT* Recommendations

- Step 1** Your Service Excellence/Patient Experience Council **jointly completes your HBS HCAHPS Scorecards.**
- Step 2** You and your Service Excellence/Patient Experience Council, familiarize yourself with this webinars **HCAHPS Balanced Scorecard**, and make recommendations to Senior Management based upon this and #1 for an annual **HCAHPS Strategic Plan.**
- Step 3** Share with your CEO and Senior Management #1 and #2 and adopt an annual **HCAHPS Strategic Plan**
- Step 4** Adopt a draft **timetable** for steps 1- 3.

**Your “HCAHPS Strategic Plan” and Five Pillars of Excellence
HCAHPS and The Overall Patient Experience Foundation is:**

- Service
 - People
 - Growth
- = **Half of Your Strategic Plan**



Question:

When and how will you do what’s required to get on top of your HCAHPS scores?

Introducing the Custom Learning System HCAHPS Balanced Scorecard™

- Research on ‘Overall’ confirms the need to **focus on five Best Practices**: culture, leadership, front- line, patient, and total hospital engagement
- Therefore, here’s our **Strategic HCAHPS Balanced Scorecard**, to enable you to identify obvious service **gaps** and focus on them
- Be sure **to include** ER, Ambulatory, Outpatient Clinics and other Ancillary & Support Units
- Since there’s little point in doing the work if it isn’t **sustainable**. (See Section #6 coming up)

The Ultimate Reality Check

=

Measure / Domains	Top Box Percent	5-Star %	National Top Box % Average	Rate 1-4
Communication with Nurses	66.2	76	75	
Communication with Doctors	61.6	69	61	
Responsiveness of Hospital Staff	61.1	44	67	
Cleanliness of the Hospital Environment	76.2	66	67	
Quietness of the Hospital Environment	76.2	66	67	
Pain Management	50.7	1	71	
Communication about Medicines	36.6	1	64	
Discharge Info	70.6	3	65	
Transition of Care	70.6	89	8	
Overall Rating/Recommend	61.2	4	70.5	

Total Hospital Survey Scores

- Emergency
- Outpatient
- Ambulatory Surgery
- Ancillary & Support
- Clinics

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The Five Imperatives of a High Performing HCAHPS Overall Hospital

1. Create a High-Performing Patient and Staff Driven Culture *or be doomed to repeat the past*

#1 Culture Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools		HBS Webinar Module #	Rate 1-4
<i>New Skills and Best Practices</i>			
1	Clarify Your Brand Promise	11	
2	The Role of the CEO and Senior Management	11	
3	The Chief Experience Officer	11	
4	Change Your Culture or be Doomed to Repeat the Past	11	
<i>Recap Previous Skills and Best Practices</i>			
5	The Accountability Protocol	1	
			Average



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Best Practice **Clarify Your Brand Promise**

What is your “Brand Promise” as communicated by your:

Promises You Can Control

- Mission Statement
- Vision Statement
- List of Values
- Tag Lines
- Service Standards/Care Promises
- Web Site
- Brochures
- Bus Development Reps
- Social Media (*your messages*)

Promises you Can Not Control

- **Social media** (*patient controls their outgoing messages*)
- **Word of Mouth** – How current & former patients & families share their experience with others
- **Word of Mouth** – Current & former staff, and what they may say about your hospital

Do you live up to your promises?

Question:

Do you **under-promise & over-deliver**? Or... Over-promise & under-deliver?

Here’s the Point

- *Your brand is your unique identity. It’s the shorthand way the public thinks about who you are and what you do*
- This webinar will help you **pinpoint** where you’re **living up** to your brand – and show where you **can still make improvements**

Team DO IT Recommendations:

1. In **your** department, agree on the healthcare **values** your brand represents. What behaviors endorse those values?
2. Decide what you want the people who use your brand to experience. Make that your **department or unit’s Mission Statement**.
3. **Brainstorm** how you can improve by **living your Mission Statement and brand** (improve 1% each day)

...and just DO IT!

Best Practice**Role of the CEO and Senior Leadership****The CEO as “Overall” Domain Owner**

In a high-performing hospital, the job of engaging everyone in the work at hand belongs squarely to the CEO.

If you want to win at “Overall” a CEO needs to:

1. Clearly articulate **the vision** (*tell what you value and your resolve to stay committed to those values*)
2. **Engage** the workforce (*help them align with the same higher purpose and shared values*)
3. Assure they have all necessary **tools/processes**
4. Establish and maintain their **accountability** for achievement
5. Enlist them in sharing your **resolve to sustain** this effort over time
6. Inspire and set the example: **maintain vigilant watch / accountability** – over all service behaviors

Ways to Articulate the Vision:

“Here’s what I believe in....”

“Here’s where we’re going...”

“Here’s how we’re going to get there...”

“Here’s what I’ll hold you responsible for...”

“Here’s how what we’re doing will set us apart from our competition...”

“Here’s why I want you to join me...”

The CLS High Performing Hospital - HCAHPS Strategic Plan Balanced Scorecard™ at-a-Glance

Patient Experience & Implementation Effectiveness Scorecards		Average Rating	Patient Experience & Implementation Effectiveness Scorecards		Average Rating
I	Patient Experience Scores		IV	HBS™ HCAHPS Domain Scorecards	
1	HCAHPS (1 = 1-25%ile, 2 = 26-50%ile, 3 = 51-75%ile, 4 = 76-99%ile)		1	The Leader’s Role in HCAHPS Transformation	
2	Emergency (1 = 1-25%ile, 2 = 26-50%ile, 3 = 51-75%ile, 4 = 76-99%ile)		2	Quiet at Night	
3	Outpatient (1 = 1-25%ile, 2 = 26-50%ile, 3 = 51-75%ile, 4 = 76-99%ile)		3	Cleanliness of Patient Rooms	
4	Clinics (1 = 1-25%ile, 2 = 26-50%ile, 3 = 51-75%ile, 4 = 76-99%ile)		4	Communication about Medicines	
II	Employee Engagement Scores		5	Communication with Doctors	
1	Staff Overall Satisfaction/Engagement Survey (1 = 1-25%ile, 2 = 26-50%ile, 3 = 51-75%ile, 4 = 76-99%ile)		6	Communication with Nurses	
			7	Discharge Information	
III	Balanced Scorecard Scores		8	Pain Control	
1	High Performing Culture		9	Responsiveness of Staff	
2	Leadership Engagement		10	Transition of Care	
3	Front Line Engagement		11	Overall Rating	
4	Patient Engagement		12	Recommend the Hospital	
5	Total Hospital Engagement				

If You Want to Win at “Overall,” a CEO Needs to:

1. Clearly articulate **the vision** (tell what you value and your resolve to stay committed to those values)
2. With your CNO, **Appoint/Empower 9 HCAHPS Domain Owners/Champions** (*see Planner Checklist*)
3. **Personally participate** in the HBS™ Series

For Example
Assign HCAHPS Domain Owners/
Champions:



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Team “DO IT” Implementation System

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Featured Implementation Tool



The CEO's
Engagement Checklist

The CEO's
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Team DO IT Recommendations

1. **Please share** The CEO's Engagement Checklist with your leaders, if they are not present at this webinar (*see Tool Kit*).
2. At the request of your CEO/Administrator schedule a **coaching call** with HBS authors to clarify, answer questions, and expand upon recommendations.

Best Practice

Recap: The Accountability Protocol (Tool provided in #1, *The C-Suite Role*)

- Accountability is **not** about pointing fingers at who did something wrong
- It's a way of **tracking accomplishments** – or speaking to the need for improvement via coaching, and the practice of new skills
- **Little gets accomplished without accountability.** Negotiated goals are the keys to success. Accountability Agreements and Roundtables count!

How to get Team Members to hold each other accountable:

- Get them to think of it as *watching out for each other*
- We all slip up, we all make errors...
- *Vital Behavior:* Staff gives permission to peers to watch out, speak up when there's a slip

How to help:

- *“How would you like to be reminded if I see you forgetting to wash your hands...?”*
- **Practice** holding each other accountable. (*Talking about holding each other accountable is not as successful as a 15-minute practice!*)

*“I'm 100% accountable for **my own** best practices, and I'm also 100% accountable for **your best** practices.”*

Two Questions:

1. As a manager, are you **held accountable** for an annually negotiated “Overall” goal?
2. As a manager, are you skilled at holding your **staff accountable**?

Team DO IT Recommendation:

1. As a senior leadership team, be sure to implement the two accountability *must haves*
 - Accountability Agreements
 - Quarterly CEO Roundtable

Best Practice**Chief Experience Officer****Recommendation:****Appoint a Chief Experience Officer**

“The CXO affirms and promotes a culture where service and patient satisfaction are defined, measured, evaluated – and continuously improved.”

This does **not need to be a new position**, but should be assigned to a member of the Executive/Senior Leadership Team.

Chief Experience Officer Job Description:

- **Reports** and is accountable directly to **CEO**
- Leads cultural transformation via **house-wide adoption** of a process to improve the experience of patients, families, staff, & MD’s
- Champions, implements/evaluates/tweaks all **processes for continuous improvement** of service excellence
- As job #1, CXO supports the CEO’s goal of **engaging everyone**
- Gives input into **strategic planning** and resource allocation
- Is **spokesperson** for hospital in policy discussions, and in events re: Service Excellence
- Establishes, inspires, **engages managers and frontline** to strive for excellence in service

CXO also responsible for:

- Patient Experience/Service Excellence Council
- Patient Survey reporting and action-planning
- Patient Advocate
- Complaint and Service Recovery

A Cautionary Note:

- Beware allowing this CXO position to become the **dumping ground** for all service experience issues
- Successful excellence in service needs house-wide engagement/ownership
- CXO sets boundaries and goals, **involves** all managers and staff

Team DO IT Recommendation

Appoint a Chief Experience Officer, and consolidate all patient experience administrative and leadership duties under one senior position.

Best Practice**Change Your Culture or be Doomed to Repeat the Past*****A practical test of your culture:***

If you asked every member of your team, from CEO to staffers...

“What’s our Mission?”

Would you get the same answer from all of them?

**The strength of your culture =
the overall uniformity of the response you get**

When you hear everybody giving voice to the same purpose, you know there’s **no gap** between what your hospital **aspires to be** – and how it **acts overall, every day**, as perceived by your customers.

“Culture” Defined

- *“It’s the way we do things around here”*
- *“It’s what people do when no one’s looking”*
- *“Culture is what happens in the white space between the boxes on the org chart”*
- *“It’s the hospital’s character”*
- *“An organization’s unwritten rules”*

Culture is often referred to as a:

“Hospital’s Soul”

Above all, a strong culture honors:

1. **Compassionate**, patient-centric care
2. A staff thoroughly **engaged** in their work
3. Dynamic, **continuous improvement**

Questions:

What unwritten rules does your organization have that are not productive rules?

If your hospital’s culture was king, would there be any split between your brand promise and the overall performance of everyone in the house?

*Improve and “change your culture... or be doomed to **repeat the past.**”*

– Brian Lee, CSP

Recommendation

Conduct a **Focus Group** with your staff to check your current culture. As needed, initiate 2 or 3 actions that will drive change and strengthen your culture.

“A strategy that is at odds with an organization’s culture is doomed. **Culture trumps strategy every time.**”

– Jon R Katzenbach, Ilona Steffen and Caroline Kronley, *Culture Changes that Stick*, Harvard Business Review

Brand Promise Fulfillment Recommendation

Utilize input from everyone to identify your **actual culture** and brainstorm your **preferred culture**.

Team DO IT Recommendation

1. Utilize an outside facilitator to conduct a **focus group** with a cross section of staff to clarify the current culture, and identify issues and opportunities for change.
2. **Share the results** with your entire leadership team.
3. Utilize real time, real life insights and issues as the **foundation for creating your HCAHPS based Patient Experience Strategic Plan.**

Scorecard:

Now **complete rating** your *Culture Bundle Scorecard* to conclude an average rating, ie 3.1

#1 Culture Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Tools	HBS Webinar Module #	Rate 1-4
<i>New Skills and Best Practices</i>		
1 Clarify Your Brand Promise	11	
2 The Role of the CEO and Senior Management	11	
3 The Chief Experience Officer	11	
4 Change Your Culture or be Doomed to Repeat the Past	11	
<i>Recap Previous Skills and Best Practices</i>		
5 The Accountability Protocol	1	
		Average



2. Create High-Performing Leadership Engagement

Leadership Vs. Management

Management: “Administer and maintain the past.”

Leadership: “Create the future with and through others.”

#2 Leadership Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
<i>New Skills and Best Practices</i>		
1 Team Based Leadership Training	11	
2 The Highly Visible Leader	11	
<i>Recap Previous Skills and Best Practices</i>		
3 Daily Intentional Staff Rounding	2	
4 Inspire and Lead by Example	8	
5 Recognize, Acknowledge, & Celebrate	9	
6 Quality 2-Way, Regular, Effective Staff Meetings	12	
		Average



Best Practice

Team Based Leadership Training

On a scale of 1 to 4, how would you rate the quality of Leadership (*executive and staff*) at your hospital?

Recommendation

Target gaps by Measuring employee engagement twice a year. Train and act on what you hear.

**Step #1-
Leadership Empowerment Retention Survey**

“Leadership is the ability to influence and engage team members to take responsibility for successful relationships with their patients.”

– Brian Lee, CSP

Twelve Core Leadership Empowerment Competencies

- 1 Visionary and Change Agent
- 2 Builder of Trust and Personal Effectiveness
- 3 Communicator
- 4 Customer Service and Survey Literate
- 5 Team Leader
- 6 Meeting Leader
- 7 Project and Time Manager
- 8 Creative Problem Involver
- 9 Empowering Delegator
- 10 Employee Developer and Coach
- 11 Performance and Conflict Manager
- 12 Hardwired

The Semi-Annual Leadership Empowerment Survey
Please complete all questions clearly and mark each question only once.

Confidential

Leader's Name: _____

	Does Not Apply 0	Never 1	Sometimes 2	Usually 3	Always 4
1. This Leader helps me understand change and to see the "Big Picture". <i>(Visionary & Change Agent)</i>					
2. This Leader practices what he/she preaches, is a good role model, and treats me with courtesy and respect. <i>(Builder of Trust & Personal Effectiveness)</i>					
3. This Leader keeps me informed so that I truly feel like a knowledgeable "insider". <i>(Communicator)</i>					
4. This Leader does a good job of inspiring patient-centered service in my department and is always aware of feedback from our satisfaction surveys. <i>(Customer Service & Survey Literate)</i>					
5. This Leader promotes teamwork within our department and with other departments/units. <i>(Team Leader)</i>					
6. This Leader runs meetings/huddles that inspire me and encourage me to speak up. <i>(Meeting Leader)</i>					
7. This Leader ensures that I have the tools and training to do my job in a timely and effective way. <i>(Project & Time Manager)</i>					
8. This Leader encourages open and creative problem-solving in my department. <i>(Creative Problem Involver)</i>					
9. This Leader gives me clear assignments and empowers me to do my best. <i>(Empowering Delegator)</i>					
10. This Leader is effective at coaching me, developing my skills and keeping me on track. <i>(Employee Developer & Coach.)</i>					
11. This Leader is timely and appropriate with both positive feedback and corrective action. <i>(Performance & Conflict Manager)</i>					
12. This Leader is actively engaged in the Service Excellence Initiative process (Starting Year II). <i>(Hardwired)</i>					
	Does Not Apply 0	Poor 1	Satisfactory 2	Very Good 3	Excellent 4
13. Overall, I rate my working relationship with this Leader as:					

Return to: _____ No later than: _____

Step #2

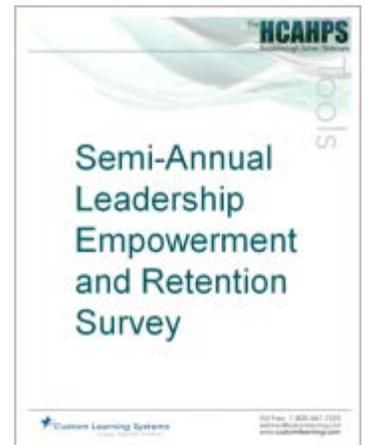
Train all your leaders to lead. Focus on leadership skills that engage and empower the frontline to deliver highest quality care to their patients.

Step #3

Engage every leader to apply what they've learned, by serving on a LEAN-based, performance improvement team to Hardwire a Priority Best Practice

- 6 – 10 leaders
- Hardwire one best practice project per year

Feature Implementation Tool: *Custom Learning Systems'* Semi-Annual Leadership Empowerment & Retention Survey



Team DO IT Recommendations

- Step #1** Target gaps by measuring employee engagement twice a year and train & act on what you hear.
- Step #2** Train all your Leaders to lead.
- Step #3** Assign every Leader to serve on a LEAN-Based, performance improvement team.

Best Practice

The Highly Visible Leader

Inspire: *To cause others to take action by example*

“Our CEO and senior leadership have no idea who we are or what we do”
 – Anonymous

The High-Performing Leader’s Rounding Bundle

1. Administrator **New Patient** Welcome Visits
2. Daily Intentional Leader **Staff Rounding** (HBS™ #2 – *The Quiet Revolution*™)
3. Nurse-**Leader Patient** Rounding
4. Purposeful **Hourly** (Nurse) Rounding (HBS™ #9 – *Staff Responsiveness*™)

Beware the Leader who had just returned from a leadership program...

*“Staff have built in skunk detectors. They know when they are being **techniqued**.”*
 – Anonymous

Team DO IT Recommendation

Senior management conduct a gap analysis on its visibility/rounding practices, and implement a long-term sustainable **leader’s rounding policy**.

Scorecard

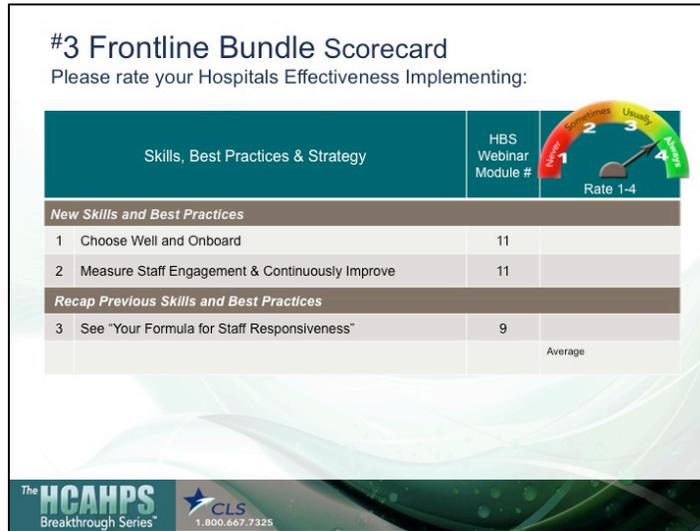
Now **complete rating** your *Leadership Bundle Scorecard* to conclude an average rating, ie 3.6

#2 Leadership Bundle Scorecard
 Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
<i>New Skills and Best Practices</i>		
1 Team Based Leadership Training	11	
2 The Highly Visible Leader	11	
<i>Recap Previous Skills and Best Practices</i>		
3 Daily Intentional Staff Rounding	2	
4 Inspire and Lead by Example	8	
5 Recognize, Acknowledge, & Celebrate	9	
6 Quality 2-Way, Regular, Effective Staff Meetings	12	
		Average




3. Create High-Performing Frontline Engagement



Best Practice

Choose Well and Onboard Effectively

Question

In the absence of a **structured, new team member** onboarding process, who informally orients your new employee: your **winners or whiners**?

Recommendation

*Replace a one-time Orientation program with a **10-step Onboarding** process, and implement “**peer interviewing**” as an essential step.*

Question

Which Onboarding Best Practice do you want to get started NOW?

1. Behavioral Interviewing
2. Peer Interviewing
3. New Employee Profile
4. High-Impact Orientation
5. New Employee Name Badge
6. Buddy System
7. Patient Experience Peer-Based Training
8. Welcome Events
9. Recognition /Introductions
10. New Employee year-long “check-in” meetings

Team **DO IT** Recommendation

Appoint a performance improvement team to hardwire an effective Onboarding and Retention System

Best Practice

Measure Staff Engagement and Continuously Improve

Are you making best use of your annual staff survey? It’s a huge, empty exercise if you don’t follow-up. (And your staff will sense it immediately)

Do this:

- Schedule a senior leadership **debrief**, to address ‘big picture’ staff dissatisfiers
- Set **in-person focus groups** with staff to agree on ‘fixes’
- **Implement the changes.** Assure they are hard-wired. (*Only way to build trust.*)
- Talk with staff about the **meaning** of the work you and they do
- Schedule Seek out ‘**low hanging fruit**’. Show evidence of your responsiveness
- Challenge managers to **take action within six weeks** of receiving their report
- Schedule a Manager’s debrief, where each leader **reports on the specifics** of their intervention
- Make staff feel **Understood, Strengthened, Renewed**
- *The CEO spot checks staff’s reaction to survey improvements during rounding and town hall meetings*
- **Supplement** your formal survey with the **Semi-Annual Empowerment Survey** tool provided, earlier in this webinar

Team DO IT Recommendation

1. On a scale of 1-4, **rate your team’s effectiveness** in using feedback from your most recent staff engagement/environment survey.
2. Agree upon a Staff Engagement Plan to capitalize on staff input from future surveys.
3. Request a copy the CLS/HBS™ **Semi-Annual Empowerment Survey** tool, on your webinar evaluation form.

Best Practice

The Frontline Engagement Bundle

Revisit “Your Formula for Staff Responsiveness” in Webinar #9. The **answers** are all there!

Now **complete rating** your *Frontline Bundle Scorecard* to conclude an average rating, ie 2.9

Team DO IT Recommendation 

The Frontline Engagement Bundle

Revisit “Your Formula for Staff Responsiveness” in Webinar #9. The **answers** are all there!



Your Formula for Staff Responsiveness

- 1 Front Line Engagement, Education & Ownership
- 2 Admitting Care Promises, & Expectations Management

Nursing Bundle:

- 3 Make Time: Call Light Response
- 4 Purposeful Hourly Rounding
- 5 Bedside Reporting

Everyone’s a Caregiver:

- 6 Service Recovery
- 7 The Platinum Rule
- 8 No Pass Zone
- 9 SERVE/AIDET

#3 Frontline Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:



Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
New Skills and Best Practices		
1 Choose Well and Onboard	11	
2 Measure Staff Engagement & Continuously Improve	11	
Recap Previous Skills and Best Practices		
3 See “Your Formula for Staff Responsiveness”	9	
		Average

4. Create High-Performing Patient Engagement

#4 Patient Bundle Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
New Skills and Best Practices		
1 Nothing About Me Without Me	11	
2 The Patient and Family Advisory Council	11	
3 Patient and Family Listening Posts	11	
Recap Previous Skills and Best Practices		
4 Chat Time	6	
5 Hourly Rounding	9	
6 Bedside Reporting	6	
		Average

#4 Patient Bundle Scorecard

Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
Recap Previous Skills and Best Practices		
7 SERVE/AIDET	6	
8 Make patient medication education a 'Very Big D.E.A.L.'	4	
9 Physician/Provider skillful listening	5	
10 The Empathy 'H.E.A.L.' communication tool	5	
11 The Five Nursing Communication Imperatives	6	
12 Managing patients expectations about pain	9	
13 Apply the Three Communication Skills, "Communicate, Collaborate and Coordinate"	10	
		Average

Best Practice

The Engaged Patient Motto:
"Nothing about me without me."
 -Diane Pampling, UK Healthcare Sociologist

"The needs of the patient come first."

-The Mayo Clinic

How well do you engage patients in assisting their own healing process?

- **Bedside report** at shift-change?
- **MD** makes patient an **active** participant?
- MD and RN **involve family** in plan of care?
- How well are patient/family trained and **prepared for life post-hospital**?

Patient Engagement: Do you know your blind spots?

- Recognize the **busiest groups** of your patient population
- Don't be **blind**
- If you want greater patient involvement, identify your **key patient segments**

Identify key patient 'segments'

Examples:

- Orthopedic patients
- New Mom's whose kids have asthma or high fever
- Medicare patients with chronic conditions
- Especially in your centers of excellence and the service lines you want to grow

Understand expectations of these groups:

- Their problems/challenges
- The things they appreciate
- Their unique preferences
- and how the segments vary... *so you can better serve them!*

Question:

Is “segmenting” a disservice to others?

No.

- You’re not leaving anyone out
- You’re just being aware of places where you have the most traffic and where things are most likely to go awry

Recommendation

- Use your financial and IT departments to help you segment your market – and thus **understand it better**
- Knowing detailed patient preferences makes for **world-class service**
Know your key constituencies!

Social Media: The Cutting Edge of ‘Overall’ Patient Satisfaction**Two truths:**

1. Dissatisfied patients will **tell their friends they’re unhappy** – *before* telling caregivers.
2. This “telling” will include the **entire list** of their online social contacts.

Therefore, Listening Posts are Most Important

- Be “**elephant-eared**” for complaints from your patients and families
- You need **faster feedback** than surveys!
- One **unhappy post** on social media can spread a bad report of your hospital with the speed of summer lightning

How many of these “Listening Posts” are at work in your hospital?

- Patient comments during Administrator visits (verbal or written)
- Patient and Family Focus Groups
- In-hospital suggestion boxes
- Hospital web-portal and/or your own smart phone app
- 24-hour complaint hotline
- A staff attuned to patients’ well-being
- Bedside reporting

Question:**Which patient listening post do you need to shape up, make more effective?**

- Patient verbatim comments
 - Administrator Welcome Visits
 - Patient & Family Advisory Council
 - Patient & Family focus groups
 - 24 hour hotline
 - Formal complaint process
 - In-hospital Suggestion Boxes
 - Purposeful Hourly rounding
 - Nurse Leader Patient Rounding
 - Bedside reporting
 - Digital visitor Kiosk
 - Hospital Portal
 - Hospital app
 - Social Media, ie Facebook, Twitter. Youtube
- How soon will you make it happen?

Team DO IT Recommendations:

1. Identify and **clarify the unique needs** of the busiest segments of your patient population.
2. As needed, revisit the **key patient engagement/communication competencies** provided in previous webinars. *(They're identified in the patient bundle at the beginning of this section.)*
3. Adopt a **social media strategy**, as a way of tuning in to timely patient and family feedback. Use the information to shape your HCAHPS Strategic Plan.
4. Focus on improving **three (maximum)** patient **listening posts**.
5. **Assign owners** to take action on patient, family, and marketplace feedback from the multiple listening posts identified in this section.

Best Practice**Patient & Family Advisory Council****Question**

How well are you doing with your patients? How do you know?

Recommendation**Charter a Patient/Family Advisory Council**

- With **long-term patients**, gather a representative group and get continuous feedback for kudos – and improvements
- Alternatively: Use your **existing Patient Safety Council** also as your Advisory group

Council Structure (“Creating Patient and Family Advisory Councils” Institute For Patient And Family-centered Care)

- Size: 12 to 18 patient/family members
- Staff members: no more than 3-4 staff
- Terms: serve 2-3 year term for consistency
- Compensation: for time and expenses
- **Charter:** Is an advisory resource to admin and staff
- **Improves relationships** – patients, families, staff
- **Avenue for communication** – patients and staff
- **Format for input** – policy and program development
- **Helps drive implementation** of necessary change
- **Suggests** needed educational topics for staff
- **Provides Staff** a chance to hear directly from their public
- **Is a coordinating device** for patient/family concerns

Benefits of a Patient/Family Advisory Council

- More **efficient planning** for services that meet patient needs and priorities
- A forum for **creative, cost-effective solutions** to problems faced by hospital
- A **powerful connection** between patient experience program and the community
- Gives **emotional support** and information access to patient and families

Team DO IT Recommendation

1. **Review the effectiveness** of your current council, with the goal of enhancing its role as an effective voice for the customer.
2. If you do not currently have your Council **schedule a discussion with senior leadership** on the merits of chartering one.
3. **Download a copy** of the complete charter outline from: www.ipfcc.org “Creating Patient and Family Advisory Councils” INSTITUTE FOR PATIENT AND FAMILY-CENTERED CARE.

Now **complete rating** your *Patient Bundle Scorecard* to conclude an average rating, ie 3.4

#4 Patient Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
New Skills and Best Practices		
1 Nothing About Me Without Me	11	
2 The Patient and Family Advisory Council	11	
3 Patient and Family Listening Posts	11	
Recap Previous Skills and Best Practices		
4 Chat Time	6	
5 Hourly Rounding	9	
6 Bedside Reporting	6	
		Average



5. Create High-Performing Total Hospital Engagement

#5 Total Hospital Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		HBS Webinar Module #	Rate 1-4
New Skills and Best Practices			
1	Culture of Continuous Quality Improvement	11	
2	Active Physician Engagement	11	
3	The High Performing Emergency Department	11	
4	Integration With Ancillary & Support Departments	11	
Recap Previous Skills and Best Practices			
5	Checklists, Standard Operating Procedure and Continuous Improvement	7	
6	Skillful Physician Communication	5	
		Average	





#5 Total Hospital Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy		HBS Webinar Module #	Rate 1-4
Recap Previous Skills and Best Practices			
7	Monthly DOIT Meetings	9	
8	Weekly Service Huddles	9	
9	Master Care Transition Moments of Truth	9	
		Average	





Best Practice Culture of Continuous Quality Improvement

“If you have a problem, make it a procedure, and it won’t be a problem anymore.”
-Wayne Cotton

*“The secret of personal and professional excellence is to learn **one new idea** every day and **do it in a better way.**”*
-Brian Lee, CSP

Team DO IT Recommendation
Culture of Continuous Quality Improvement

To create a **permanent, sustainable culture** of continuous quality improvement, where patients and families will recommend your hospital, we will share **20 proven best practices, tools & SOPs in HCAHPS Breakthrough Series #12.**

Best Practice Active Physician Engagement

*“The good physician treats the **disease**; the great physician **treats the patient** who has the disease.”*
-William Osler, MD, 1849 – 1919

- | | |
|--|---|
| <ul style="list-style-type: none"> 1 CMO Champion 2 Physician Satisfaction Survey 3 Service Excellence/Patient Experience Council – Physician Advisor 4 Physician HCAHPS Patient Experience Goal Setting 5 Comparative Ranking of Physician/Patient Satisfaction Scores | <ul style="list-style-type: none"> 6 Physician HCAHPS Education 7 Hospitalist HCAHPS Certification Course 8 Physician Office Staff Training 9 Physician Citizenship Policy (Option) 10 Pay for Performance (Option) 11 Skillful Physician Communication Webinar DO IT Plan (HBS #5) |
|--|---|

Team DO IT Recommendation

1. **Please share** The Active Physician Engagement Checklist with your CEO, CMO/Chief of Staff, and CNO.
2. At their request, schedule a **coaching call** with HBS authors to clarify, answer questions, and expand upon recommendations.

Best Practice**The High Performing Emergency Department****Question**

If 50% of hospital admissions come through the ED:

- a. Isn't that your other **front door**?
- b. How **important is the patient's ED experience** when they assess **overall satisfaction with their stay**?

"In an emergency, what treatment is given by ear? Words of comfort."

-Abraham Verghese, MD

Featured Implementation Tool

The High-Performing Emergency Department – Tool Kit

- 20 Must Haves for Your ED
- ED Best Practice Gap Analysis

Team DO IT Recommendations

1. Charter an **ED Patient Experience Performance Team** (*if you don't already have one, or need one*) to contribute to your HCAHPS Strategic Plan, and utilize the following tool Kit:
 - 20 Must Haves for your ED
 - The ED Best Practice Gap Analysis

Best Practice**Integration with Ancillary & Support Departments****There are no Lone Rangers in a Hospital**

*"There is **no unimportant position** or department in a hospital. **No service** is provided **independent of others**. **Everyone** who serves the patient or internal customer, **depends on multiple others**. Therefore, a High-Performing Overall Hospital, desperately **depends on high-performing ancillary and support departments**."*

– Brian and David

A Big Reason why...The HCAHPS Survey **doesn't even ask about** such inpatient services as:

- | | |
|-----------------------|----------------------------|
| ▪ Admitting | ▪ Visitor's Experience |
| ▪ Housekeeping | ▪ Tests and Treatments |
| ▪ Courtesy | ▪ Facility & Waiting Areas |
| ▪ Critical Care Unit | ▪ Lab |
| ▪ Room Environment | ▪ Engineering/Maintenance |
| ▪ Meals | ▪ Security |
| ▪ Pharmacy | ▪ Front Desk/Volunteers |
| ▪ Surgery | ▪ OR their ED experience, |
| ▪ Therapies (PT / OT) | ▪ prior to being admitted |

Team DO IT Recommendations

“Act as if” Ancillary & support Department questions are being asked!

How Every Ancillary Department Contributes to High “Overall” Ratings

- **Admitting:** “Reduce anxiety. Instill hope”
- **Lab:** “Collaborate for quickest lab reports”
- **CCU’s:** “Listening and empathy come first”
- **Pharmacy:** “Med Rec and Med Ed = Job#1”
- **Imaging:** “De-mystify radiology services”
- **PT/OT/Speech:** “Re-educators!”
- **EVS:** “Everyone’s a Housekeeper!”
- **Dietary:** “Your special relationship with patients”

Team DO IT Recommendations

1. Expect every Ancillary & Support Department Manager to have an **HCAHPS Support Plan**.
2. If you **don’t have a plan** (or need to jump-start one) contact us via your Evaluation Form, and we’ll send you information.

Now **complete rating** your *Total Hospital Bundle Scorecard* to conclude an average rating, ie 3.1

#5 Total Hospital Bundle Scorecard
Please rate your Hospitals Effectiveness Implementing:

Skills, Best Practices & Strategy	HBS Webinar Module #	Rate 1-4
<i>New Skills and Best Practices</i>		
1 Culture of Continuous Quality Improvement	11	
2 Active Physician Engagement	11	
3 The High Performing Emergency Department	11	
4 Integration With Ancillary & Support Departments	11	
<i>Recap Previous Skills and Best Practices</i>		
5 Checklists, Standard Operating Procedure and Continuous Improvement	7	
6 Skillful Physician Communication	5	
		Average



Create High Performing Sustainability

The Challenge is, has, and will always be about **Sustainability**. Here are **10 ways** to create **long term sustainability**:

1. Provide on-going, **high-impact team, competency-based education** for Managers, Physicians & **the Frontline**.
2. Your CEO conducts a **Quarterly Accountability Roundtable** to systematically review patient experience and internal survey scores.
3. Your CEO and senior leadership continuously champion, **track and monitor progress** using a relevant **scorecard/dashboard**.
4. Keep the patient experience top-of-mind, via **Weekly 15 minute department Service Huddles** to resolve challenges and celebrate wins.
5. Organize consistent, monthly, all-staff **DO IT meetings to engage everyone in eliminating priority dissatisfiers**.
6. Conduct an annual **‘Progress Audit’** by an external expert, to insure your efforts are **focused and effective**.
7. Schedule a Semi-annual **‘Service Summit’** for all senior and frontline leaders, to review and brag about achievements, celebrate and hardwire new service skills and best practices.
8. Continuously energize and update your efforts by attending **relevant health care conferences** focused on **improving the patient experience**.
9. Unleash the power of **frontline enthusiasm, energy and idealism** that results from a **peer-based Train-the Trainer program**.
10. **CEO and senior leadership** are positive, highly **visible champions** for the patient experience, humbly **walk the talk**, and make their mission to **engage everyone!**

Team **DO IT** Recommendation

Schedule a senior leadership meeting to prioritize when to phase in sustainability initiatives

1. High Impact Education for all
2. CEO Quarterly Accountability Roundtable
3. HCAHPS Scorecard
4. Weekly Service Huddles
5. Monthly DOIT Meetings
6. Annual Progress Audit
7. Semi-annual Service Summit
8. Health Care Service Excellence Conference
9. Frontline Train-the-Trainer
10. CEO & Senior Leadership are Highly Visible Champions

Team DO IT Plan

- 1. Familiarize yourself with this webinar's HCAHPS Balanced Scorecard
- 2. Ask your Service Excellence/Patient Experience Council to jointly complete your HBS HCAHPS Scorecards
 - Carry recommendations from Scorecard to Senior Management. Suggest they create an annual HCAHPS Strategic Plan – and a timetable to make its elements actionable
- 3. Decide what the people who use your brand need to experience. Make that your department or unit's **Mission Statement**
 - In your department, agree on the healthcare values your brand represents. What behaviors endorse those values?
 - Brainstorm how you can improve by living your Mission Statement and brand... and just DO IT!
- 4. As a senior leadership team, be sure to implement the two **accountability 'essentials'** ...
 - Accountability Agreements
 - Quarterly CEO Roundtable
- 5. Urge your CEO to appoint a **Chief Experience Officer**, and consolidate all patient experience administrative and leadership duties under one senior position
- 6. Target leadership training gaps by measuring **employee engagement** twice a year. Train and act on what you hear
- 7. On a scale of 1-4, **rate your team's diligence** in putting to work the feedback from your most recent employee engagement / work environment survey
 - Agree upon a Staff Engagement Plan to capitalize on staff input from future surveys
 - Request a copy of CLS' Semi-Annual Staff Empowerment Survey tool, on your webinar evaluation form
- 8. Senior management to conduct a **gap analysis** on its visibility/rounding practices
 - Implement a long-term, sustainable leader's rounding policy based on findings
 - Use the High-Performing Leader's Rounding Bundle as a guide
 - Administrator New Patient Welcome Visits
 - Daily Intentional Leader Staff Rounding (HBS™ #2 – *The Quiet Revolution*™)
 - Nurse-Leader Patient Rounding
 - Purposeful Hourly (Nurse) Rounding (HBS™ #9 – *Staff Responsiveness*™)
- 9. Appoint a performance improvement team to hardwire an effective **Onboarding & Retention System**

Team DO IT Plan

- 10. Identify and clarify the **unique needs** of the busiest segments of your patient population
 - As needed, revisit the key patient engagement/communication competencies provided in previous webinars (*they're identified in the 'patient bundle' in this webinar*)
- 11. Assign HCAHPS domain owners to take action on patient, family, and marketplace feedback from the multiple **Listening Posts** identified in this webinar
 - as Focus on improving three (*maximum*) patient Listening Posts
- 12. Adopt a social media strategy, as a way of tuning in to timely patient and family feedback. Use the information to shape your **HCAHPS Strategic Plan**
- 13. Review the effectiveness of your current **Patient & Family Advisory Council**, with the goal of enhancing its role as an effective voice for the customer
 - If you don't have a Patient's Council, schedule a discussion with senior leadership on the merits of chartering one
 - Download a copy of the complete charter outline from: www.ipfcc.org "Creating Patient and Family Advisory Councils" Institute For Patient and Family-Centered Care
- 14. Create a permanent, sustainable culture of continuous quality improvement; adopt a common **improvement model**
 - Suggestions: Use PDCA, or LEAN Strategies, or even Cycle of Service
 - Assign every Leader to serve on a LEAN or PDCA-based, performance improvement team
- 15. Create an **ED Patient Experience Performance Team** (*if you don't already have one*). It will contribute to your HCAHPS Strategic Plan. To jump-start the process, use the these two tools:
 - "Twenty 'Must Haves' for your ED"
 - The ED Best Practice Gap Analysis
- 16. Lead the understanding that every **Ancillary & Support Department Manager** needs to have a plan of support for the HCAHPS Survey
 - If anyone doesn't have a plan (*and needs a format for one*) contact us via your Evaluation Form, and we'll send you information

Tools & Resources

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email webinars@customlearning.com.

- One Hour (Free) Coaching Call
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The CEO's Service Excellence Initiative™ - (no charge – travel expenses only)
A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar
- HCAHPS HOPE Plan™ - Implementation System
A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.
- The HCAHPS 60 Day Quickstart™
High impact training, coaching and best practices to get HCAHPS scores moving quickly.
- HCAHPS Performance Improvement E-learning Series
10 Module Online Interactive Education Series that enables all staff be HCAHPS competent.
- The Frontline Culture of Engagement Initiative™
Create a sustainable culture of employee empowerment as an Employer of Choice
- The DO IT Implementation Meeting™ – Train-the-Trainer Course
A “How-To” System to engage everyone in continuously improving HCAHPS and the Patient Experience.
- HCAHPS based Patient Experience Skills for Everyone
- Relationship based HCAHPS Skills for Nursing
- The Annual HealthCare Service Excellence - www.HealthCareServiceExcellenceConference.com
 - National Symposium on HCAHPS Success
- Brian Lee, CSP, Onsite Keynote Presentation
 - The Magic of Engagement™
 - The Six Secrets of a World Class Patient Experience™
 - The HCAHPS Hospital of Choice™

TOOLS

Frequently Asked Questions (and Answers)

1. How Do I Log-in?

If you have already registered for the series, please go to: www.telenect.com/u/145als79p6/ and at the bottom of the screen you will see an 'Already Registered' button. Login using your email address and the password you previously created. If you have forgotten your password please click 'I forgot my password' and you will receive an email from Telenect asking you to reset your password.

If you haven't registered for the webinar series please go to the same link above and enter all of your information to register.

If you have additional challenges logging into the webinar please contact support@telenect.com.

2. I don't know my Sponsor Code so what do I put in the field?

If you do not know your Sponsor Code please contact the individual who invited you to the webinar series. This will typically be the organization and/or your hospital who invited you to participate on the series. If you still cannot find out your Sponsor Code please insert 'Unknown' in the Sponsor Code field.

3. It is the day before a webinar and I have not received the Learning Guide. How do I get it?

We will be sending out the Learning Guide 24 hours prior to each webinar. The email will come from webinars@customlearning.com. Please check your Spam/Junk mail to see if the email has landed there. If you still have not received the email containing the Learning Guide, please go to: www.customlearning.com/hbs5/lg.html to download it. This is the same link for each webinar. We will be adding the new Learning Guide 24 hours in advance of each webinar.

Once you log-in to the webinar there will also be a link under the 'Description' containing the document download.

4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

(If you are having troubles with the log-in page, please close all browser windows and try again with a fresh browser.)

The second way to access the tools is to complete the paper copy of the evaluation form and fax it into our office.

Our office will be in contact with you via email with the link to the tools.

7. How do I add/invite others to watch the webinar series?

Once you are logged in, on the right side of the screen you will see a 'Register Others' icon. Enter their email address and they will be invited to register for the Webinar Series.

8. Is there a phone number for me to call in to hear the webinar?

No. There is no phone number or conference line for you to call in to. You will need speakers on your computer.

If the video is playing, you should also be hearing the audio since they are part of the same stream.

First double check the basics:

1. Make sure you have speakers.
2. Verify that the speakers are plugged in.
3. Check to see if the speakers are working in another application. Try playing a CD.
4. Make sure the speakers are not "muted".
5. Make certain the volume of the speakers is turned up.
6. Check that the system volume in your operating system is turned up.
7. Some sound cards are only able to play audio from one source at a time, so make sure no other applications are using your sound card.
8. If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support.

If the audio is working in other applications, you may be having a problem with your *flash player*. Run the system test to see if you are using a current version of flash. For additional sound issues please contact support@telenect.com.

V1-R5

Participant Satisfaction Report

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This Evaluation Page can also be found at: www.lads.customlearning.com/feedback.php
Email: feedback@customlearning.com **Password:** 123456
Or, Email/Fax this form: webinars@customlearning.com, / 403-228-6776

You've just heard from us, now we'd like to hear from you. Thank you.

We **totally employ** about # _____ full and part time staff, at _____ facilities.

1. **For me, the most valuable idea I learned and intend to use is:** _____

2. **What I would tell others about the quality of the speakers and value of the content:** _____

_____ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest:** _____

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)

5. **Featured Implementation Tool:**

- Yes A. The CEO's Engagement Checklist
- Yes B. Semi-Annual Leadership Empowerment and Retention Survey
- Yes C. The Patient and Family Advisory Council Charter
- Yes D. Active Physician Engagement Checklist
- Yes E. The High-Performing Emergency Department Tool Kit

6. **P.S. – My Best Tip:** _____

_____ More on Reverse

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