

The HCAHPS

Breakthrough Series™ Webinars

 Custom Learning Systems

#2 Quiet at Night

The Quiet Revolution™

Create a restful healing environment that patients perceive to be “Quiet”

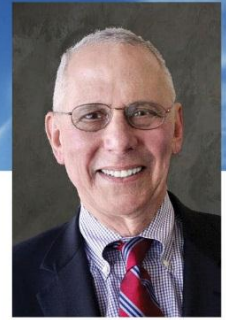


The **HCAHPS** Breakthrough Series™ Webinars **Sponsors:**





Brian Lee csp
Founder & CEO,
Custom Learning
Systems Group Ltd.



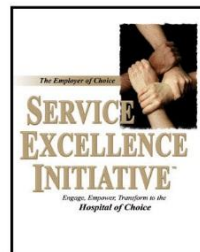
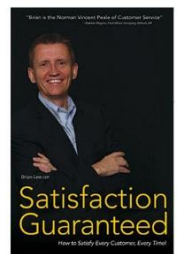
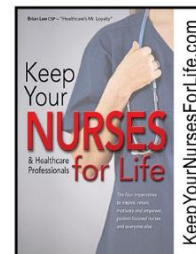
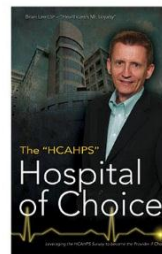
David Dworski MA
Sr. Implementation
Specialist

Company Overview

- 27 healthcare clients are recipients of many Regional and National Awards for Patient and Employee Satisfaction
- 6,000 clients since 1984
- World-Class Implementation Specialists deliver:
 - The Hospital of Choice Initiative™
 - On-site seminars and workshops
 - Strategic Planning Retreats
 - Conference Keynotes
 - Implementation Coaching
- Our Mission:
 - Creating World-Class Patient, Employee, and Physician Satisfaction.
- Our Creed:
 - We make a difference in the lives of people who make a difference in the lives of people.

“Helping Organizations
Become an **Employer &
Provider of Choice**”

 @BrianLeeCSP




HCSEC HealthCare Service Excellence Conference
February 2015 www.healthcareserviceexcellence.com

RECAP - Mastering the Patient Experience & Healthcare Reform, HCAHPS & Value Based Purchasing

The Hospital Consumer Assessment of Healthcare Providers and Systems

- 32 questions. Must** submit 75 per quarter.
- HCAHPS Rating System**
“Always” - 4 out of 4, or a 9 & 10 out of 10.



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

Example: HCAHPS Domain 5- Pain Control

13. How often was your pain well controlled?

14. How often did hospital staff do everything they could to help you with your pain?

VALUE BASED PURCHASING – The New Game Changer

In Year 1, Hospitals lost **\$850,000,000...** and that's will double in the next four years.

Current HCAHPS Domains: (showing top box % floor minimums)

- | | |
|-------------------------------------|--|
| ◆ Communication re Nurses (75.18%) | ◆ Communications re Medicines (59.28%) |
| ◆ Communication re Doctors (79.42%) | ◆ Cleanliness & Quiet (62.8%) |
| ◆ Responsiveness of Staff (61.82%) | ◆ Discharge (81.93%) |
| ◆ Pain Management (68.75%) | ◆ Transition of Cares (TBA) |
| | ◆ Overall (66.02%) |

Expect a Bandwagon Effect

- Private **insurers and payers** have adopted HCAHPS based incentives.
- **Maine State Employees** must make co-payments to hospitals below M.H.M.C. standards.

Expect CAHPS/VBP eventually for all Medicare Payment Categories

- **Home Health Care CAHPS®** Survey mandatory
- **CGCAHPS** – Developed for Clinics and Groups
- **Surgery (Ambulatory) CAHPS** - Pending
- **Long Term Care CAHPS Survey** developed for Residents and Families
- **HCAHPS for Critical Access Hospitals** – planned

Recommendations:

- Make HCAHPS improvement a top priority by setting goals to;
 - Leverage these winds of change as a **great excuse** to become **great!**
 - Treat **every** employee as a caregiver.
 - **Goal #1** – Engage **absolutely** everyone **NOW!**
 - **Goal #2** – To be **well above** the national average **in every domain** within one year.
 - **Goal #3** – To be in the **top quartile** within three years.

The Quiet Revolution™ Webinar #2, *Quiet at Night*

Create a restful healing environment that patients perceive to be “Quiet”.

Here’s How Your Webinar Series Works

1. Keep to the Schedule

- One HCAHPS Domain at a time;
 - One a month for 12 months

2. Engage 10%

The Goal – 10% Staff Participation

- 5% Management (all)
- 5 % Key Frontline Leaders

3. Utilize the Tools

Every webinar will include;

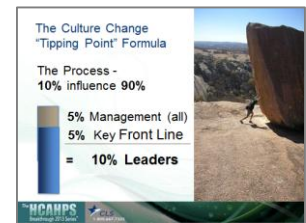
- A downloadable Learning Guide
- A Feature Implementation Tool
- A Post “Just *DO IT*” Checklist

4. Schedule a Coaching Call

Every team can schedule a free one hour coaching call from one of the Series Authors

5. Use the Series Library Access

Registrants can access the Series Library for free for one year



Crucial Leadership Best Practice

“50% of workforce satisfaction comes from employees relating with their boss.”
- Beverly Kay, *Love ‘em or Lose ‘em*

Communication

“To prevent your people’s mood from turning blue, give them a chance to let you know what they do.”
-Brian Lee, CSP

Recommendation

M. _____ B. _____ W. _____ A. _____

Or you could call it; “**Daily Leader Intentional Rounding**”

The Rounding Two Step

Step #1:

Check in personally

Step #2:

Check in professionally

The Goals of Intentional Rounding:

1. Your people feel listened to.
2. You are supporting them to serve their patients.

By the way, if you are on the frontline...

“You may not be a manager, but you are a leader!”

The Quiet Revolution™

HCAHPS Quiet at Night

Survey Question:

“During this hospital stay, how often was the area around your room quiet at night?”

Quiet at Night Domain Owners:

CEO, CNO, Chief Plant Engineer, all Nurse Managers, Supervising Nurses, RN’s, CNA’s, Housekeepers, Dietary, and everyone who passes by or enters the patient’s room

Current National Threshold (combined with clean) is;

(Rated a 4 – “Always”)

62.8%

What’s Yours? _____ %

1

Specific Best Practices

Traditional Approach to Quiet

Step #1: Stop Needless Mechanical Noises

Step #2: Start a “Hush” Campaign

Here’s the Reality

Most staff don’t understand... The only reference a patient has for “*Quiet at Night*” is the **solitude of how quiet it is at home.**

Manage Patient Expectations

- About “quiet” by asking them to judge the sounds that disturb them as “**sounds of care.**”
- Instead of issuing a blanket “*It’s too noisy!*” complaint.

Staff need to Define Quiet in the Hospital Setting as:

- Help patients relate to ‘quiet’ in terms of rest and well-being, not in terms of extraneous noise levels.
- Educate patients to the fact that many of the sounds they hear are due to *the efficient delivery of care in our hospital.*

Key Best Practices for Quiet at Night:

- Establish an agreed-upon non-verbal signal that sends the message from one associate to another, “*Please lower your voice.*”

Set Rest & Evening Quiet Times:

- **Lower the lights on the floor at 9:00pm.** This declares the end of visiting Hours and the beginning of Evening Quiet
- Establish a **Rest Period each afternoon**, when hall lights are lowered and a special effort is made to allow patients to nap (ie. OB – “Snooze & Snuggle”)

Quiet Down at Shift Change:

- Surveys show maximum decibel level is recorded during shift change. Make every effort to reduce human noise at that time

2

Tools, Equipment and Resources

Tasteful Visual Reminders:

Signs, placards and other devices to remind staff to be aware of noise levels.



Example: Yacker Tracker

The electronic “ear”: a wall device that changes color (moving to deep red)

The Key – Collaborate with Maintenance and Engineering!

- *Your most important resource: since the majority of hospital noise comes from mechanical sources, your ability to enlist the cooperation of your facility’s Engineers and Maintenance staff is crucial.*

Attack the Noise Offenders:

- Create a **list of the major mechanical noise-offenders** on your floor, and join maintenance in a plan to fix them, in an orderly fashion

Examples of ‘Sound Fixers’

- Find ways to reduce **trays ‘rattling’** in dietary carts
- **High traffic doors checked** for noise; bumpers installed
- **Removal of outdoor trash compactors** and bins to other locations reduced noise impact on patients

Create a never ending “Job-Jar” of Noise Offenders – to Ensure Continuous Quiet Improvement

“Learn one idea every day, to make things quiet in a better way.”

- Brian Lee, CSP

3

Staff Skills and Behaviors

Expectation Management is a Skill:

- The ability to consistently **re-educate patients** to the fact that **every effort is being made** to eliminate any noise that interferes with their rest and recuperation.
- **Certain activities must** happen to return everyone to **good health**.

4

Staff Scripting Recommended “Sentence Starters” - Examples

Your Rest is Our Priority:

“We are making every effort to perform those activities with the minimum amount of noise.”

Our Goal is to always provide you with the **most restful environment possible**.

*“I know you are used to **the quiet solitude of sleeping in your home** – but the hospital is a little different.”*

Managing Expectations at Admission:

*“Because we work to provide excellent care for patients **at all hours**, you may hear us **moving a patient through the halls**, or hear us **working at the nurse’s desk**...”*

Managing Expectations around Interruptions:

*“We work very hard to **minimize all noise** so our patients can rest. I will need to **wake you up at 11:00 pm** to check your vitals, but I’ll do my best to **minimize interruptions** to your sleep...”*

Managing Expectations at Bedtime:

*“I’m placing your **remote control for your television and call bell right here**, within easy reach, so you can be comfortable.”*

*“I’m going to **dim your lights** now, and close your door so you can rest.”*

5

Collaboration from/with other Leaders/Departments

Empower Everyone

- **All colleagues** across all departments are empowered to remind each other of noise levels.
- All staff **empowered** to immediately **fix if they can** – or **report to Engineering if they can’t** – any mechanical noise interfering with patient comfort and tranquility.

The Point: A Domain as obvious as “**Quiet**,” isn’t quite so **obvious**...

Everything is Possible!

What could you achieve if your team actually knew **what to do**, and **wanted to do it**?

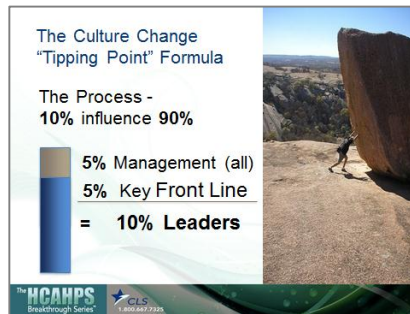
Start a Quiet Revolution at Your Hospital Today!

6 Leadership Competencies

Coach: Ability to coach/teach how to manage patient expectations and concerns regarding “Quiet” in hospital.

Hardwired: Leader holds staff accountable for honoring the vision of a quiet, healing environment.

The Culture Change “Tipping Point” Formula



7 Frontline Engagement Imperatives

Ask Your CEO...

To issue an empowering “License to Silence!”

“No blame for being a Revolutionary for Quiet!”



The Accountability First Step:

Who will do **What** by **When** and **How**?

Please Clarify

The best idea you’ve heard, and how soon you plan to use it:

Team DO IT Plan

- 1. **Post-Webinar Rapid Action Team** Schedule a “Quiet Revolution” Rapid - Action Meeting of fellow “Domain Owners,” to adopt a “Quiet DO IT Plan”.
- 2. **Who’s Missing...** Conduct a quick review of key formal and informal leaders who would benefit from the HCAHPS Breakthrough Webinar Series, but have not yet registered. Email: webinars@customlearning.com and request a registration link.
- 3. Make **Daily Leader Intentional Rounding** job #1 at the beginning of your shift. Don't forget evening and nighttime shifts.
- 4. Appoint a “Quiet Revolution” Education Task Force to:
 - Draft a set of “Sentence Starters” that address ways to manage patient expectations for a quiet healing environment.
 - Consult with a broad range of staffers to improve, edit, and adopt these “Words that Work.”
 - Train staff on this “Language for Quiet” in a 30 minute workshop (or incorporate into a 3 hour HCAHPS Patient Experience” seminar).
- 5. Agree upon a continuous “**Noise Alert System**” for monitoring noise and install (ie: Yacker Tracker).
- 6. Challenge maintenance/engineering management to meet with Nursing Unit Managers to implement a “**Never-ending Noise Offenders Job Jar**” system, to monitor, reduce, and eliminate needless offending mechanical sounds.
- 7. Request the CEO issue a “**License-to-Silence**” empowerment card to everyone, that “assigns the bearer the authority to take immediate action to minimize or eliminate needless clanging, banging, humming, thrumming, ringing, pinging, clapping or popping noises---anything that prevents patient rest and recovery.”
- 8. “Quiet at Night” - Featured Implementation Tool Download your free copy of Brian Lee’s e-book “Satisfaction Guaranteed.”
- 9. **Act with Urgency** – Remember, 93% of what you learn is forgotten within 14 days. Use it, or Lose it!
- 10. If you are struggling with education, engagement or implementation, be sure to schedule a **Free 1 hour Coaching Call** with webinar series authors Brian or David by contacting us at 800-667-7325, or emailing webinars@customlearning.com.

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.

TOOLS

- 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™

Participant Satisfaction Report

PLEASE PRINT

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 Tools:**

Yes A. Free Copy of Brian Lee's e-Book, "*Satisfaction Guaranteed*"

Yes B. Interested in Scheduling Our Team Coaching Call

6. **P.S. – My/Our Best Quiet Practice is:** _____

_____ More on Reverse

PLEASE PRINT

First/Last Name: _____

Organization: _____ Position: _____

Address: _____ Zip: _____

Bus. Phone:(_____) _____ Extension: _____ Cell: (_____) _____

*Email: _____

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