# The HCAHPS

Breakthrough Series Webinars



#2 Quiet at Night

# The Quiet Revolution



Kentucky Hospital

Foundation, Inc.

Research and Education

























Dakota<sup>\*</sup>

Conference





















North Idaho Rural Health

Consortium



















Engage. Empower. Transform.

## **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.



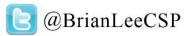


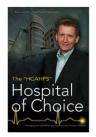
Brian Lee CSP Founder & CEO, Custom Learning Systems Group Ltd.

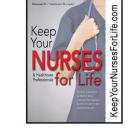


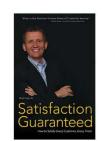
David
Dworski MA
Sr. Implementation
Specialist

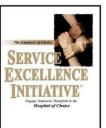
"Helping Organizations
Become an Employer &
Provider of Choice"





















## 1

# **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%)
- Communication re Doctors (79.42%)
- Responsiveness of Staff (61.82%)
- Pain Management (68.75%)

- Communications re Medicines (59.28%)
- Cleanliness & Quiet (62.8%)
- Discharge (81.93%)
- 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 $^{^{TM}}$

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: Step #2:

Check in personally 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 $^{^{TM}}$

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, RNs, CNAs, 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?



## **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



## **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







#### **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.



## **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."



## 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!





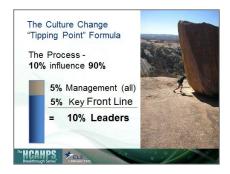


## **Leadership Competencies**

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

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

The Culture Change "Tipping Point" Formula





## **Frontline Engagement Imperatives**

#### Ask Your CEO...

To issue an empowering "License to Silence!"

"No blame for being a Revolutionary for Quiet!"



The A	Account	tability	y 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 <b>Daily Leader Intentional Rounding</b> 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.		
	<ul> <li>Consult with a broad range of staffers to improve, edit, and adopt these "Words that Work."</li> </ul>		
	<ul> <li>Train staff on this "Language for Quiet" in a 30 minute workshop (or incorporate into a 3 hour HCAHPS Patient Experience" seminar).</li> </ul>		
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, clopping or popping noisesanything 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.

One Hour (Free) Coaching Call Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
The Everyone's a Caregiver <sup>™</sup> App  A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.
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 <sup>™</sup> - Implementation System A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.
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.
Transforming the Patient Experiences™ - Self Study System A turnkey, interactive, and engaging cost effective skills based learning system.
<ul> <li>The 17<sup>th</sup> Annual HealthCare Service Excellence - www.HealthCareServiceExcellenceConference.com</li> <li>February 6 - 8, 2017, Hilton Long Beach, Long Beach, CA</li> <li>National Symposium on HCAHPS Success – February 6, 2017</li> </ul>
Brian Lee, CSP, Onsite Keynote Presentation  • The Magic of Engagement™  • The Six Secrets of a World Class Patient Experience™  • The HCAHPS Hospital of Choice™



V1-R7



# 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/jdihlja262/ 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/hbs7/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 the 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 <a href="mailto:support@telenect.com">support@telenect.com</a>.

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<b>Participant</b>	Satis	faction	Report

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