HRET HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

ORGANIZATION AND TEAM

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SETTING THE STAGE

>> Many small, rural hospitals are struggling to keep Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores above their respective state and national averages in comparison to other hospitals.

>> With Value-Based Purchasing (VBP), reimbursement rates are dependent on quality. The consequences of penalties being assessed to many facilities will be devastating and cripple their ability to maintain financial stability.

>> Hospitals will be forced to have staff reductions, reduce services, seek cost-savings to counter the loss of revenue, or potentially close.

ROJECT DESIGN

>> Inpatient Leadership Rounding Program Started
- Team members appointed
- Members were taught how to approach patients, to use key terminology, and the details of HCAHPS surveys
- Weekly assignments made
- Leadership rounding hours set for 1:00 p.m. and 3:00 p.m.
- Handling of complaints, praises, or variances
- Experiential data was gathered from leadership rounding team members through individual interviews
- Text were recorded of each individual’s interview
- Leadership team members instructed not to disclose any personal health information
- Interview limited to basic demographic information and responses to the nine questions
- Qualitative analysis was performed to look for common themes among responses
- Constant comparative method

>> Investigation of changes in HCAHPS scores before and after initiation of leadership rounding at BMCA
- N of one design
- The unit of analysis for this project is BMCA
- Collected by third party
- Survey instrument is the HCAHPS survey
- Administered over the phone

RESULTS

>> Our Mississippi Hospital Association and HIIN program provided HCAHPS and Quality Improvement training essential to starting a Inpatient Leadership Rounding Program.

>> In the analysis of the staff interviews, overarching themes and concepts were identified:
- Job responsibilities
- Census driven
- Lessons learned
- Patient satisfaction
- Knowledge of occupancy/acyuity
- Patients’ concern valued
- Presentation
- Target for action
- Accountability for engagement

>> In reviewing the HCAHPS scores, significant double digit improvements were seen in “would you recommend this hospital to family and friends, room quietness, and room cleanliness”. “Would you recommend this hospital to family” increased 16.16 points with a p-value of 0.0649, and the new six-month average exceeded both the state and national averages. Slight jumps in before and after intervention were observed in overall rating, communication with doctors, communication with nurses, and pain management. Overall rating had an increase of 5.73 points and a p-value of 0.5013.

LESSONS LEARNED

>> Leaders felt that rounding was an important aspect of improved patient satisfaction and allowed the hospital to identify and address targets for action that may improve patient outcomes. Preparation for rounding and engaging all levels of the hospital staff were identified as important components of a rounding program.

>> Interview participants presented a clear theme that leadership rounding showcased our concern about the patients’ wellbeing and making sure they receive the appropriate care.

>> This provides a foundation for an inpatient hospital leadership rounding program that could be used by other rural CAs as a model.

>> Many observations can be used by other facilities to successfully start a leadership rounding program.

>> Systematic attention to patients’ concerns through leadership rounding can influence HCAHPS scores.

SPREAD AND SUSTAINABILITY

>> The intent of this quality improvement project was to provide a starting point for other facilities seeking to launch an inpatient leadership rounding program.

>> The target facilities would be comparable in size to BMCA or from similar geographic locations. The target organization should have beliefs and vested value in the importance of leadership rounding starting with senior executives.

>> Education for leadership rounding should not only be for the leadership team but communicated to all hospital employees.

>> The knowledge gained from the study of leader’s experiences will serve as a guide of lessons learned and obstacles to avoid.

>> This project would be easily sustainable within the target facility. Obtaining positive patient experiences and the increasing HCAHPS scores will be achievable from the proper implementation and success of a leadership rounding program.

ADDRESSING THE CHALLENGE

>> CMS has changed from pay-for-reporting to pay-for-performance. Performance is tied to readmissions, hospital acquired conditions, meaningful use, HCAHPS scores, outcomes, process of care measures, and efficiency. Due to limited resources, rural hospitals in Mississippi are struggling to survive in this environment.

>> With the increased use of leadership rounding, there is a need to establish an inpatient rounding program capable of producing a positive impact on HCAHPS scores. The central hypothesis is leadership rounding will increase the patient experience as evidenced in HCAHPS survey results.

HIINPROVEMENT

>> This quality improvement project offers suggestive evidence that leadership rounding can positively affect HCAHPS scores if a similar pattern is followed. Leadership team members’ testimonials of patient responses corroborates the need for organizations to conduct leadership rounds.

>> The patient, staff, leaders, and organization benefit from the promotion of a welcoming inpatient stay that is focused on providing the best inpatient experience possible. Commit to making inpatient stays and outcomes the best possible! This process supports the use of Patient and Family Engagement (PFE), by increasing communication between family and staff with efforts to reduce overall harm.

>> “Will you/hospital join me in supporting Leadership Rounding on Inpatients to promote better inpatient stays and outcomes?”

To view more projects and resources like this visit www.hret-hiin.org

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