Leader/Staff Dyads Advance the Patient Experience at Monmouth Medical Center Southern Campus

By Audrey Doyle

When leaders at Monmouth Medical Center Southern Campus were considering ways to improve, they set their sights on their workforce. Specifically, they focused on leader/staff relationships.

Through an initiative called “Dyad: Partners in Caring,” they established and nurtured leadership- and staff-level dyadic partnerships centered on best practices that are essential for effective teamwork, such as mutual respect, a willingness to work together toward organizational goals and values, and clear and transparent communication.

As the partnerships evolved, patients’ perceptions of their care experience improved—and the organization’s national percentile rankings in several key metrics on the HCAHPS survey skyrocketed. Most notably, major gains were realized in the Responsiveness of Staff item, which rose from the 2nd percentile in 2015 to the 48th percentile in 2018, and the Likelihood to Recommend the Facility item, which rose from the 4th to the 43rd percentile in the same period.

According to Judy Colorado, RN, Chief Nursing Officer and Vice President of Patient Care Services, the success of the “Dyad: Partners in Caring” initiative supports analyses indicating that caregivers’ ability to work well together can influence patients’ care experience and is a powerful driver of their likelihood of recommending a hospital to family and friends.

“We learned through our work and a review of published literature that you can have initiatives in place that focus on the patient, but they won’t have a significant impact if your doctors, nurses, other members of the health care team, and ancillary staff don’t treat one another as partners in the delivery of care. When patients feel there’s no sense of teamwork among care providers, their perceptions of their care can be poor, and those perceptions can be reflected in your survey scores,” Colorado said.

“We’re not a low-percentile organization. There are great things happening here, and we take great care of our patients,” she added. “This became our burning platform, and our reason for this strategic change.”

Recasting the Vision for Patient Experience

An affiliate of RWJBarnabas Health, Monmouth Medical Center Southern Campus (MMCSC) is a fully accredited acute care community hospital located in Lakewood, New Jersey. According to Donna Salin, Director of Patient Satisfaction and Volunteer Services, MMCSC had been struggling with low patient experience rankings as far back as 2010. “We were in the single digits: 4th percentile for nurse communication, 5th for recommend the facility,” she said.

In an effort to improve MMCSC’s rankings, leaders rolled out a number of patient-focused initiatives through a systemwide patient experience strategic plan that provided a structure and format dedicated to culture-changing actions and best-practice tactics; for example, purposeful patient rounding every hour, bedside shift reports, and a program focused on

AT A GLANCE
- Struggling with low patient experience rankings, Monmouth Medical Center Southern Campus (MMCSC) implemented a teamwork model called “Dyad: Partners in Caring” to improve caregivers’ ability to work well together and advance the patient experience.
- Dyadic partnerships between the CEO and CNO, CMO and CNO, clinical nurse leaders and administrative director, nurses and PCAs, and PCAs and EVS staff were developed and implemented on the Medical-Surgical/Telemetry inpatient units hospital-wide.
- As a result of the program, the facility’s patient experience scores rose substantially from 2015 to 2018 and workforce engagement was robust. Most notably, Responsiveness of Staff rose from the 2nd to the 48th percentile, and Likelihood to Recommend the Facility rose from the 4th to the 43rd percentile. In addition, on its first Employee Engagement survey the inpatient Medical-Surgical/Telemetry service received a Tier 1 ranking, an engagement score of 4.27 out of 5 and an action planning readiness score of 93%.
enhancing medication side effects education were implemented. The facility also underwent significant renovations in the beginning of 2015 that included a conversion of all inpatient rooms to private rooms. Despite these efforts, MMCSC’s rankings showed only minor improvements.

In 2016, Dr. Frank Vozos joined the organization as CEO of MMCSC and Executive Vice President of RWJBarnabas Health. “He looked at our scores and said, ‘We’re better than this. I want to go out there and find out why we’re not providing a positive patient experience,’” Colorado said. “I thought it was powerful that he personally wanted to get involved at that level, and I wanted to leverage that—I wanted to go out there with him.”

Prior to joining MMCSC, Colorado had studied the benefits of dyadic partnerships and how they can help health care organizations embrace a culture of teamwork and collaboration. “When I came here I wanted to look at the dyad model again, because we had a patient experience problem and I knew patients’ perceptions can be influenced by teamwork,” she said.

Colorado saw Dr. Vozos’s interest in what was driving the hospital’s low patient experience outcomes as an opportunity to formalize and put into practice a teamwork-focused care model she was working on to see whether improving the quality of interaction, communication and work ethic exhibited at all levels of the organization would transform patients’ perceptions of their care. So she and Dr. Vozos formed the first of several dyads in MMCSC’s “Partners in Caring” model and got to work.

First they met with the management team to discuss the rankings. According to Colorado, this meeting was a critical factor in MMCSC’s culture transformation. “It’s when Dr. Vozos announced he was recasting the vision for patient experience so it focused on teamwork, and he was going to work with all of us to get us there,” Colorado said. “A culture transformation must begin at the executive level, so it was important that, as our CEO, Dr. Vozos let managers know he was a partner in this.”

Then Colorado and Dr. Vozos began rounding on patient care units, asking the nurses and patient care assistants (PCAs) what was and wasn’t working, whether they had the tools they needed to do their jobs, and what barriers were impeding their ability to deliver an exceptional patient experience.

Colorado was aware that patients’ perceptions of staff teamwork can influence their likelihood to recommend a hospital. She also had deduced that a breakdown in teamwork at the bedside was negatively impacting patients’ perceptions of their care, and she knew a change in culture required that staff perceive hospital leadership as their partners in transformation. So she and the inpatient nursing leadership team met with the inpatient nurses and PCA staffs and asked them what was preventing them from working effectively as a team, what their vision of teamwork was, and what “partners in caring” meant to them.

From this groundwork, they learned that the staffing model of one PCA to every two to three nurses was causing immense frustration for the nurses and PCAs and was affecting their ability to provide a positive care experience. For instance, the nurses had to spend too much time performing tasks that could have been performed by PCAs; tasks assigned to PCAs that required two staff members to complete had to wait until a nurse was available to help; and PCAs were unable to satisfy simultaneous patient care requests from multiple nurses.

In addition, the PCAs felt the nurses undervalued their work. “As an example, they told us that nurses would walk the entire unit looking for a PCA to help a patient with toileting, spending more time searching for the PCA than it would have taken if they had helped the patient themselves,” Colorado said.

Citing the lack of effective teamwork, Colorado proposed a new staffing model in which each nurse would partner with one PCA for the entire shift for a cohort of patients. In each nurse-PCA dyad the nurse would be the leader of care, and at the start of each shift the nurse and PCA would review their patient assignment and discuss the tasks that would need to be accomplished and by whom.

With support from Dr. Vozos and the rest of the executive team, Colorado pilot-tested this dyad in two 18-bed units for six months in 2016. Throughout the pilot stage, Colorado and the inpatient nursing leadership team conducted team-building sessions focusing on how the dyad model supports clinical goals. Also at this time, Colorado introduced a clinical nurse leader (CNL) role responsible for supporting the administrative director of inpatient care services, as well as serving as a clinical resource for the nurse-PCA dyad, a mentor for teamwork, and a leader who would validate the execution of best practices.

At the end of the trial period, Colorado and the inpatient nursing leadership team asked the nurses and PCAs for feedback. The nurses reported improvements in communication and clarity of role responsibilities, and noted that partnering with a PCA allowed them to spend more time at the bedside providing individual patient care and education. Meanwhile, the PCAs said they felt like they were true partners with the nurses in the delivery of patient care, and that working with one nurse per shift gave PCAs a clearer understanding of the demands of nursing and gave nurses a better appreciation for the value PCAs brought to the unit.
According to Colorado, the CNL-administrative director dyads and the nurse-PCA dyads positively influenced patients’ perceptions of their care experience, as evidenced by the following metrics, which compare MMCSC’s 2015 and 2017 rankings:

- Communication with Nurses: from the 8th to the 59th percentile
- Responsiveness of Staff: from the 2nd to the 51st percentile
- Likelihood to Recommend the Facility: from the 4th to the 40th percentile
- Communication about Medicines: from the 1st to the 46th percentile
- Discharge Information: from the 4th to the 10th percentile

Thanks to the positive feedback from staff and patients, Colorado received approval to launch the CNL-administrative director and nurse-PCA dyads in all inpatient units later that year. Since then, she has identified opportunities to develop and implement additional dyadic partnerships.

For example, in 2017, Colorado partnered with the hospital’s newly appointed chief medical officer (CMO), Dr. Rajesh Mohan, to improve the communication, collaboration and working relationship of MMCSC’s physicians and nurses. “Nurses and doctors are the primary partners in care in terms of influencing clinical outcomes,” Colorado said. “Thus, it was very important to focus on this goal.”

According to Colorado, Dr. Mohan was instrumental in coordinating meetings between doctors and nursing leadership to identify opportunities where they could work together to improve the care experience of patients and their families. She also noted that the open and honest feedback that was provided in these sessions improved nurse-doctor collaboration and communication, adding, “The patient is the center of care, which has made the CMO-CNO partnership so effective in influencing culture transformation and change for the organization.”

A dyadic partnership also now exists between the hospital’s PCA and environmental services (EVS) staffs. Each unit has a dedicated EVS staff member who works in partnership with the unit’s PCAs. “The EVS staff used to think of themselves as ‘the EVS team,’” said Salin. “Now that they’re integrated into the unit structure, they think of themselves as being part of a unit-based team that also includes PCAs and nurses.”

**Partnership Approach Drives Engagement**

In addition to patient experience, the dyad model has had a positive impact on workforce engagement: On its first Press Ganey Employee Engagement survey, conducted earlier this year, MMCSC’s inpatient Medical-Surgical/Telemetry service received a Tier 1 ranking, an engagement score of 4.27 out of 5 and an action planning readiness score of 93%. “Hiring Christine Natoli, RN, as our new inpatient Medical-Surgical/Telemetry service administrative director was also key in driving change and culture transformation, as well as buy-in to the system’s patient experience strategic plan,” Colorado noted.

According to Colorado and Salin, MMCSC’s goal now is to continue to improve. One way it’s doing that is by taking steps to become a High Reliability Organization (HRO). “We have a system plan in place, and we’ll be working with Press Ganey and HPI closely on it,” said Colorado, who has already completed leadership training and is now a certified HRO instructor.

MMCSC began the “Dyad: Partners in Caring” journey to enhance patient-focused best practices and advance the patient experience. “Now that we’re working better together, we’re better able to implement those best practices,” Salin said. “We took a calculated risk by challenging the status quo and implementing this initiative, but our leadership and our staff have really embraced it,” Colorado concluded. “We’re proud of how far we’ve come, and we’ll continue to challenge ourselves to improve further.”