Pennsylvania Hospital Advances Relationship-Based Care for Surgical Inpatients

By Audrey Doyle

To quickly reverse dropping patient experience scores in its surgical inpatient unit, Pennsylvania Hospital launched a surgical patient experience initiative with the goal of identifying and implementing processes and infrastructure improvements that would strengthen the caregiver-patient relationship on the surgical floor.

According to Chief Nursing Officer Mary Del Guidice, Pennsylvania Hospital is a longtime provider of relationship-based care, a form of patient-centered care designed to ensure that patients’ interests and needs always come first. “It’s the care we aspire to deliver and that our patients deserve,” she said.

It’s also what helped the hospital improve its overall patient experience scores for three consecutive years across every domain on the HCAHPS survey. So when those scores dropped in the second half of 2016, Del Guidice acted quickly. Although she and her co-leader in patient experience for the hospital, Chair of Neurosurgery Dr. William Welch, had recently formed a patient experience team that had just launched several culture-based initiatives, they knew it would take at least a year for those initiatives to take hold and be felt by patients. “And we didn’t want our patients to wait that long,” Del Guidice said.

Analyses of Press Ganey data gathered from the hospital’s recent HCAHPS surveys revealed that the 43-bed surgical inpatient unit was the largest unit in the hospital with the lowest scores. So, in early 2017, Del Guidice and Dr. Welch established a multidisciplinary Surgical Patient Experience Team that identified ways to strengthen the relationship between caregivers and patients on the surgical floor.

The impact was felt almost immediately. By May, the surgical inpatient unit had achieved impressive improvements in its HCAHPS top box scores, including an increase from the 6th to the 91st percentile in the Communication with Nurses domain and from the 33rd to the 94th percentile in the Care Transitions domain. “We also had reductions in length of stay, grievances, patient falls and readmission figures,” Del Guidice said. The concept worked so well, in fact, that a multidisciplinary team focused on strengthening the caregiver-patient relationship in the orthopedics neurosurgery unit is already in the works.

A Collaboration and Care Coordination Gap

Based in Philadelphia, Pennsylvania Hospital is a 400-bed Magnet®-designated teaching hospital within the University of Pennsylvania Health System. According to Del Guidice, providing safe, high-quality, relationship-based care is the principle on which the organization’s mission is based. “When we learned that patients discharged from the surgical floor weren’t having an experience that aligned with our mission, we knew we needed to provide a more patient-focused approach to the delivery of their care,” she said.
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According to Unit Nurse Manager Tony Zapisek, a review of patients’ complaints collected through the hospital’s HCAHPS surveys and its Guest Services department pointed to a gap in interdisciplinary collaboration and care coordination. To determine what was causing the gap and develop solutions to close it, the Surgical Patient Experience Team—composed of physicians as well as leaders and front-line staff from several departments, including clinical nursing, nurse education, pharmacy, and nutrition services—began meeting weekly for one to two hours. Each meeting was structured like a focus group, with staff explaining to leaders the issues they felt were preventing them from delivering an optimal care experience. Through these focus groups, the team identified the following areas, which they dubbed “themes,” where improvements were needed on the surgical floor:

- Interdisciplinary Communication
- Realignment and Prioritization of Staff Resources
- Nursing Staff Culture
- Structures and Processes

Within each theme, the team identified process and infrastructure improvements that would advance the patient experience. Then the leaders worked with their staffs to implement the improvements on the floor. Each week, they reported on their progress, which was measured and tracked on a dashboard and shared with the team.

The first meeting, which revealed some areas for improvement within the Interdisciplinary Communication theme, was especially revelatory. “It was a profound moment for us,” Del Guidice said. “We knew the unit was delivering safe, high-quality care. But we didn’t know, for instance, that each team that interacts with patients would sometimes operate in their own silo, and when it came to collaborating with other teams on the unit and elsewhere in the hospital, they were falling short.”

By way of example, Del Guidice recounted a conversation between the nursing and pharmacy teams. As she explained, patients discharged from the surgical floor can have the hospital’s outpatient pharmacy fill their prescriptions and deliver their medications to them before they leave the facility. This way, they don’t have to stop at a pharmacy on their way home, or risk being unable to fill their prescription in a timely manner because their local pharmacy has to order the medication. However, it can take a few hours for the outpatient pharmacy to fill a prescription and deliver the medication to a discharged patient.

“At the meeting, the pharmacy manager said the unit nurses didn’t want to support the pharmacy staff, and so they were telling patients to have their prescriptions filled at their local pharmacy instead of using the outpatient pharmacy service,” Del Guidice said. The nurse educator confirmed that the nurses weren’t encouraging their patients to use the service—not because they didn’t want to support the pharmacy, but because their patients had been discharged and were eager to go home, and they didn’t want them to have to stay at the hospital a few more hours to receive their medications.

To the hospital’s outpatient pharmacy, an optimal care experience meant sending patients home with their medications; to the unit nurses, it meant not having patients wait for their medications after they’d been discharged. “The nurses felt the service wasn’t meeting the needs of the patient, but they simply needed more education surrounding the process,” said Zapisek. “So the unit-based pharmacists partnered with the nursing staff and offered 1:1 education as well as time for Q&A. This was well-received by the nursing team.” In addition, a primary outpatient pharmacy technician was added to the floor to further support interdisciplinary communication and, thus, operational excellence, he said.

Whereas this improvement opportunity in the Interdisciplinary Communication theme centered on breaking down silos, some opportunities in the Realignment and Prioritization of Resources theme centered on eliminating variation of staff members in key roles. For example, Zapisek explained, because the existing pharmacy staffing model required that different pharmacists rotate through the unit, it was difficult for relationships to form between staff, physicians and pharmacy. By dedicating a core group of pharmacists to the unit, the pharmacy manager helped those relationships form and grow. Similarly, the existing nurse staffing model required that nurses on the morning shift be responsible for drawing patients’ blood each day. When those nurses told the Surgical Patient Experience Team they felt this diminished their ability to provide bedside care, Zapisek designated a certified nursing assistant to perform phlebotomy on the floor during high-volume days and times to allow other nursing staff to be more focused on other bedside care tasks, such as early ambulation after surgery, activities of daily living, and toileting. The net benefit in both cases was improvement in patient experience and employee engagement.
Meanwhile, a major improvement opportunity in the Nursing Staff Culture theme concerned redefining the position of charge nurse. “The charge nurse used to be a person,” explained Zapisek. “Now charge nurse is a role that every nurse can get experience in once a week or once every few weeks.” This advances nurse engagement, which advances the patient experience, he said.

Finally, some of the process improvements identified and implemented in the Structures and Processes theme concerned decreasing the amount of time it takes for patients to get their first meal after surgery, and improving the courtesy of the tray passers and the quality of the food. “Even our executive chef started rounding on patients twice a week to get their feedback,” Del Guidice said. “Patients were blown away that the executive chef was coming to see them.”

The team also focused on relationship building to ensure that patients feel they’re in a safe and therapeutic environment. Along these lines, they brainstormed consistent methods of creating connections with patients, including requesting permission before entering a patient’s room, always introducing themselves, using the patient’s preferred name, sitting with the patient, utilizing touch when appropriate, using closed-loop communication and addressing patients’ needs proactively before leaving the room.

Creating Lasting Change

According to Del Guidice, the Surgical Patient Experience Team uses a number of techniques to ensure that the process improvements are sustainable. For instance, the team begins each meeting with a patient story that demonstrates how their work is impacting the patient, and they acknowledge, applaud and celebrate every step that brings them closer to achieving their goals. “Plus, leadership participation in these meetings shows staff that this is a team effort and they support the work, which really motivates them,” Del Guidice said.

In addition, the team created a Patient Journey Map that’s designed to prepare patients for discharge from the time they’re admitted. “It resembles a book, it stays at the patient’s bedside and it holds all the information pertaining to their care: caregivers’ business cards, follow-up appointment cards, literature about medications—everything they need to know once they leave the facility,” Del Guidice said. The team solicited input and ideas from the hospital’s Patient Family Advisory Council to learn what families felt would be helpful to include, as well.

The team also educates staff on connections with patients and their families and shares what techniques worked for them through two-day workshops and reflective sessions. Leaders in the organization also attend a two-day workshop that focuses on relationship-based care from a leadership perspective.

As evidence that the improvements are working, Del Guidice pointed to the organization’s most recent HCAHPS survey scores. In addition to the increases mentioned earlier, from January 2017 to May 2017 the team demonstrated the following improvements:

- An increase in top box score from the 14th to the 99th percentile in the HCAHPS Communication about Medicine domain
- An increase in top box score from the 30th to the 90th percentile in the HCAHPS Communication with Doctors domain
- An increase in top box score from the 6th to the 77th percentile in the HCAHPS Discharge Information domain
- An increase in top box score from the 11th to the 54th percentile in the HCAHPS Recommend This Hospital domain
- An increase in top box score from the 1st to the 50th percentile in the HCAHPS Responsiveness of Hospital Staff domain
- A decrease in length of stay from 4.31 to 3.38 days
- A decrease in number of grievances per 1,000 patient days from 7.3 to zero
- A decrease in patient falls per 1,000 patient days from 3.34 to zero
- A decrease in readmission rate from 14% to 6%

According to Del Guidice, the improvements the team put in place continue to have a positive impact on patient experience. “And the next round of HCAHPS survey scores are expected to continue their upward trend,” she said.

“The mantra of our entire team here is ‘Keep the main thing the main thing,’ which means ‘Stay focused on your patients,’” she concluded. “By coming together as a team and reinforcing our relationships with one another and with our patients, we’re able to provide a relationship-based, focused approach to improving patients’ care experience.”