Peterson Health Improves EDCAHPS Performance by Boosting Workforce Resiliency

By Andrea Fitzgerald

A training program designed to improve resiliency has helped caregivers in the emergency department at Peterson Regional Medical Center better connect with patients. As a result, the facility dramatically improved its scores on the ED Consumer Assessment of Healthcare Providers and Services (EDCAHPS) survey across key patient experience domains in just one year.

Peterson Regional Medical Center, the flagship hospital of Texas-based Peterson Health, is a 124-bed, not-for-profit community hospital located in the central part of the state. Its ED cares for nearly 35,000 patients a year.

Though the facility has long prided itself on its ability to deliver patient-centered care across all settings, signs that some of the ED staff were becoming stressed and cynical began to show in 2016 when the department’s patient population began to include more complex and sometimes violent patients. Low patient experience scores pointed to a problem that needed to be addressed. The department ranked in the 53rd and 77th percentiles for Likelihood to Recommend and Overall Rating, respectively, and was in the 55th and 74th percentiles, respectively, for its performance on the survey items “Doctors treated me with courtesy and respect” and “Nurses treated me with courtesy and respect.”

“Our scores were average, and that did not align with our mission to provide exceptional, compassionate and patient-centered care,” said Audrey Cortez, RN, director of Patient Experience at Peterson Health.

To advance this mission, a group of physicians, nurses, administrators and leaders formed ED 2.0. Through further data analysis, the group discovered that compassion fatigue and burnout were translating into suboptimal experiences of care. So Cortez began to read up on resiliency and what other organizations were doing to improve the well-being of their caregivers. At the next ED 2.0 meeting, she presented the blueprints for a training program that would empower caregivers to take better care of themselves and their patients and, after receiving endorsement from key leaders, set to work.

Empowering Nurses to Care for Themselves and Their Patients

With more than 900 full-time employees and 250 medical professionals, Peterson Health is the largest employer in Kerr County. “At Peterson, we believe that the best way to improve the patient experience is to provide better support to our staff, no matter what that is,” Cortez said. “We can’t expect our staff to provide relationship-based care when they don’t feel good themselves.”

Providing a workforce with the resources it needs is challenging, especially when leaders and staff don’t agree on what those needs are, according to Cortez. “There are these dangerous myths in health care that caregivers just need to ‘tough it out’ or that no one else is feeling burned out or stressed or unsafe. These ideas can be so ingrained that, upon hearing terms like ‘mindfulness’ and ‘self-efficacy,’ some people will say, ‘Enough with the soft and fluffy stuff, let’s get down to the real stuff, meaning taking care of patients,’” she said. “But that’s our point: Providers have to take care of themselves to take care of patients.”

AT A GLANCE

- The ED staff at Peterson Regional Medical Center completed a comprehensive resiliency training program developed by nursing, physician and patient experience leadership to better connect with patients and improve a lag in patient experience scores.
- The program raised the ED’s Likelihood to Recommend and Overall Rating rankings from the 53rd and 77th percentiles, respectively, to the 92nd percentile. Scores for the survey items “Doctors treated me with courtesy and respect” and “Nurses treated me with courtesy and respect” rose from the 55th and 74th percentiles to the 91st and 94th percentiles.
- The training program has since been modified for ED physicians as well as the home health, hospice, acute rehab, therapy, medical-surgical and hospitalist groups, based on the stressors unique to each group and the patient populations they serve.
To open up these conversations and begin the journey to caregiver resiliency, the ED director mandated that the nursing staff attend one of three scheduled 90-minute sessions, which resulted in near-perfect attendance. Thirty-eight of the 40 nurses attended a session, and the remaining two were given one-on-one sessions with Cortez.

“People in health care are fixers—which is good, but dangerous if unchecked. First and foremost, I needed the nurses to understand that there is some patient suffering they can fix, and some they can’t,” Cortez said. She and her team opened the session with Press Ganey’s model for reducing patient suffering by understanding and addressing patients’ unmet needs, and then shared research about nurse and physician stress, burnout and resiliency. They cited evidence that health care workers suffer from high rates of anxiety, depression, emotional exhaustion and depersonalization, which can have detrimental effects on the patient experience. They then shared the department’s EDCAHPS scores, using the lag in performance to demonstrate the relationship between engagement and patient experience.

“This session was really about the provider-patient relationship and how patients want to be cared about as people,” said Cortez. She noted that a key strategy was to offer examples of empathetic statements for nurses to use during their care visits with patients; for instance, “I understand it’s frustrating to wait longer than expected” and “I know this seems overwhelming.”

“We wanted to connect the heart to the words, not the other way around. Our nurses have always cared about their patients, but they may not have had the communication skills to express that,” she explained.

After requesting that these statements be printed and laminated, the nurses taped copies to their computer screens and carried copies in their pockets. Feeling more empowered to care for their patients, they asked for a second session to explore additional resiliency tools to help them care for themselves.

“For this session, we really honed in on engagement, the other side of the patient experience,” Cortez said. Topics like judgment, self-efficacy and the difference between sympathy and empathy were explored. “There are important takeaways I want staff to walk away with, like, instead of feeling sorry for your patients, be present, understand and acknowledge the individual’s suffering and reflect that in your responses,” she said.

“Most of these insights revolve around the theme that you can’t change a lot of things in health care—you can’t change the addict looking for medication, you can’t change the outcome of a patient who had a heart attack and died—but you can change your perception and response to these situations,” Cortez posited.

One strategy for nurturing this mindset is a well-being concept known as The Circle of Concern and Influence. “The Circle of Concern contains statements beginning with ‘I wish’ and ‘if only.’ I wish my co-worker worked harder. If only I made two dollars more an hour. But our Circle of Influence contains statements beginning with ‘I can’ and ‘I will.’ I can ask my co-worker to help me with this difficult assignment. I will pick up an extra shift next week. The more we focus on issues within our Circle of Influence, the more it expands,” Cortez noted.

Another strategy for handling stress while delivering exceptional care to every patient is QTIP, an acronym for “Quit Taking It Personally,” according to Cortez. As she explained, this is a reminder that when patients act out, it’s often about them and not about the caregiver. “Instead of taking on their anger or frustration, we encourage our staff to let those patients keep their negative emotions and to wonder about them. Wonder what their childhood was like, if they believe in God, where they spend Christmas. This strategy of wondering helps to QTIP and restore compassion.”

To help ensure that these behaviors continued after the training program, the head of ED physicians and the nursing director acknowledge nurses who use empathetic statements, and ask staff which strategy they used that day during their rounding, according to Cortez.

**Rollout and Results**

As a result of these efforts, the ED raised its Likelihood to Recommend and Overall Rating rankings from the 53rd and 77th percentiles, respectively, to the 92nd percentile, and scores for the survey items “Doctors treated me with courtesy and respect” and “Nurses treated me with courtesy and respect” rose from the 55th and 74th percentiles to the 91st and 94th percentiles.

This skyrocketing performance caught the attention of leaders in other areas of the hospital. The training program, which began as a requirement for nurses in the ED, was quickly sought out by ED physicians and then the home health, hospice, acute rehab, therapy, medical-surgical and hospitalist groups. Cortez tailored the program to the different groups and corresponding stressors and patient populations, and now hears the language of the program across the organization.
“I rounded this morning and heard someone, when speaking about a difficult situation with a cancer patient, say she can’t
do anything to change X, but she can do Y. I hear, ‘I’m QTIPing!’ or ‘You need to QTIP’ even more frequently. The language is
becoming part of the fabric of our culture,” she said.

Cortez also has noted an important shift at the leadership level, where resiliency is discussed on a regular basis during direc-
tor and executive meetings. “I remember when I first presented the training program, a C-suite leader said we needed to try
a different approach to improve our scores. But now resiliency is one of our top strategic priorities.”

Cortez and other nursing, physician and patient experience leaders continue to build on this energy and momentum.
They’ve initiated a shift huddle where teams can talk about patient stressors and they’ve hired 24-7 security guards in the
ED based on staff feedback. They also continue to seek out proven best practices for sustaining a culture of resiliency and
well-being.

“The training program was important, but it was an inoculation,” Cortez explained. “We have to provide work environments
where the stress of our caregivers is acknowledged, their needs are met and they feel safe. This is a journey we’re just beginning.”