Standardized Care Experience Bundle Improves Nurse Communication at Atrium Health

By Andrea Fitzgerald

A comprehensive effort to adopt and standardize a care experience bundle comprising five evidence-based best practices has helped Atrium Health improve nurse communication scores and other patient experience outcomes across its inpatient facilities.

Prior to adopting the care bundle, practices such as hourly rounding and bedside shift report were optional at the North Carolina-based organization. This meant that caregivers were “consistently inconsistent” with certain behaviors, according to Maureen Swick, RN, system nurse executive at Atrium Health, who spoke about the organization’s patient experience journey during a presentation at the 2018 Press Ganey Patient Experience Executive Leadership Summit.

This inconsistency stemmed, in part, from Atrium Health’s organizational structure. When Swick arrived in 2017, the system had a corporate team made up of nurses and nonclinicians who were dedicated to patient experience. “The team members were passionate and experienced, but they weren’t aligned with front-line staff or leaders in areas where the work was being done. Because of this disconnect, they felt they didn’t have the authority to hold caregivers accountable to practices they knew were evidence-based. So they allowed providers to choose—if they liked hourly rounding, they would do it, and if they didn’t like hourly rounding, they didn’t have to do it,” she said.

In addition to this lack of accountability, there was a lack of validation from leadership for those trying to incorporate these practices into their daily routines, according to Swick. “I think many nurses and staff members thought they were doing purposeful hourly rounding and including patients in the bedside shift report, but without validation from leaders, many of their efforts did not have a meaningful impact on the patient experience,” she explained.

To ensure that both pieces were built into the culture, Swick knew patient experience had to be owned at the local level, so she reorganized the team accordingly. Members who had supported data analytics were moved under the IT department’s domain. Those who supported the medical group were moved out to hospitalist settings, and others were moved out to the acute care facilities they had been supporting, she said.

This organizational redesign was an important first step in Atrium Health’s journey to achieve its mission of improving the quality of experience for every patient, in every encounter, every time. However, to ultimately reach the level of quality and reliability required to become a destination organization, Atrium Health had to define the key elements of the patient experience and then standardize this approach across its workforce.

Standardizing a Patient Experience Approach across a Large System

Due to Atrium Health’s size and scope (45 hospitals and more than 900 care locations spanning the Southeast), Swick’s first objective was to familiarize herself with each facility’s culture and leadership team. After embarking on a 90-day listening tour and reading through patient comments, she discovered that leaders and patients were preoccupied with inconsistency in care delivery and seeking standardization.
For this reason, Swick convened a team of nurses, nurse leaders and other staff dedicated to the patient experience and assigned them homework: Research and then select core elements of the care experience that would become must-dos across the system’s inpatient facilities. Ultimately, five of these were selected for the bundle: bedside shift report, communication boards, purposeful rounding, nurse leader rounding and new medication communication. For each, a standard of work and complementary educational module were developed.

In order to fast-track implementation, Swick engaged a consultant to validate her assessment, document it and help develop the action plan for moving forward. This consultant was joined by the vice president of nursing professional development (a previous member of the corporate patient experience team) to formulate a complementary education plan. “By the time the consultant was finished with her rounding, it was a matter of weeks before we had the assessment, the action plan and implementation guide ready to go,” Swick said.

Keeping this pace, the team quickly rolled out the care bundle and, through Atrium Health’s learning management system, educated more than 7,000 teammates who had touch points somewhere along the patient journey. While participation rates improved—the percentage of patients who reported they were rounded on by a nurse leader increased from 25% to 86%, for example—the scores didn’t follow the same trajectory: Initially rising from 82.7% to 83% in March, nurse communication top-box scores fell in April and May to 81.9% and 81.8%, respectively.

A systemwide focus group of nurse managers provided context for this disproportionate relationship, explaining they felt they were just checking the boxes. Some managers were even delegating the task to clinical supervisors to get their numbers up. That’s when Swick realized the care bundle may have been pushed out too quickly and her team needed to spend more time developing and training leaders to coach and round effectively.

In May, 250 nurse managers were brought together off-site and were offered real-time coaching on the key elements of the care bundle, with a particular focus on rounding. “Some of our nurse leaders didn’t understand that rounding is an art. It is more than walking into a room and asking questions like, ‘How is everything? Is there anything I can get you?’” Swick said. “This was a mistake my team had made as well. Because rounding is an art, it takes time and ongoing coaching to develop the skill, and we had not validated that what we taught actually stuck.”

After this off-site training, some facilities’ and individual units’ scores began to move in the right direction, but not all. The consultant returned to do some spot-checking and noticed that while a few nurse leaders still needed to refine their rounding skills, a bigger problem was that many weren’t enforcing that their team members were rounding on patients. Swick spoke to one chief nurse at a small facility whose scores were continuing to falter and learned that she and other leaders weren’t comfortable having critical conversations with staff members who were failing to complete their rounding. Swick and her team tweaked the program accordingly, incorporating that culture piece to ensure that leaders were able to hold those teammates accountable to their expectations as well as to those of the organization without escalating the interaction into a confrontation.

Furthermore, the consultant provided some one-on-one coaching to specific nurse leaders to hone their rounding skills. This task has now been taken up by the vice presidents of nursing professional development and nursing operations, according to Swick. They will partner with patient experience leaders and begin holding simulation days at each facility in order to provide tailored, real-time coaching and mentoring to nurses in their individual workplaces.

“We have learned that the education piece may reach an end point, but coaching, accountability and validation are all ongoing processes,” Swick said.

Continuing an Upward Trajectory

As a result of this unwavering commitment to standardization, accountability and validation, Atrium Health has achieved significant improvements in key patient experience domains and shows promising early results for sustaining them. Across inpatient facilities, nurse communication top-box scores rose from 81.8% to 82.9% and 83% in June and July, respectively. One facility in particular, Atrium Health Northeast, has achieved an even more dramatic improvement, increasing from 81.9% to 85.6% in three months. Another, Atrium Health Union, has substantially improved its top-box scores in nurse communication as well as survey items about medication communication, discharge information, staff responsiveness, prompt toileting assistance and prompt response to the call bell.
These increases in top-box scores may seem small, but they have a huge impact on percentile ranks, Swick noted. For example, Atrium Health Union’s “Communication with nurses” ranking increased from the 26th percentile in January 2017 to the 58th percentile in October 2018. The facility also raised its “Nurses explain in a way you understand” ranking from the 27th percentile to the 51st, “Nurses listen carefully to you” ranking from the 32nd percentile to the 64th, and “Nurses treat you with courtesy/respect” ranking from the 27th percentile to the 56th.

To continue driving performance improvement across the system, Swick and her team are working on rolling out the care bundle to more facilities and aligning other members of the workforce under this standard work. “We first implemented the program as nursing-owned because many of the key elements were nursing practices,” she noted. “Now we are pulling physician partners and other members into the program as we expand to our outpatient facilities.”

Moving forward, collaboration will be key, according to Swick. “We can only continue to raise the performance bar and provide better care for our patients if we work together.”