

Engaging Your Team in Experience Improvement

This toolkit includes several different strategies leaders could use to engage their teams in improving the patient, family and staff experience. The overall goal of these exercises is to help your team, whether clinical or non-clinical, to recognize that they have an integral role in creating a positive patient, family, and staff experience and to determine how to best utilize their skills and expertise. The toolkit consists of the following items:

- **Engaging Your Team in Experience Improvement Exercises**

This document summarizes several interactive exercises that you can use to engage your team in improving the patient, family, and staff experience. Please note that the exercises are not intended to be done all together in one session. Instead, leaders should pick and choose which exercises are most relevant for their team.

- **Engaging Your Team in Experience Improvement Slide Deck Template**

The slide deck includes slides to accompany each exercise. You may edit and customize the slides as you see fit for your team.

- **HCAHPS Survey**

A copy of the HCAHPS Survey is included in the toolkit for use with the HCAHPS survey exercise, or as a handout to educate staff about the questions included in the survey.

Engaging Your Team in Experience Improvement Exercises

Identify and Build on Strengths

Although it is common for leaders to focus on improving weak areas, focusing on strengths also can be a powerful tool for improvement. In this exercise, ask your team questions designed to develop a better understanding of what strengths you can draw on to improve the patient, family and staff experience such as:

- *What are you most proud of that we do for patients, families and each other?*
- *As a team, what are our strengths in creating a positive patient, family, and staff experience?*
- *When do we perform at our best as a team?*
- *What was our best initiative (related to any topic, not just patient experience) and what made it the best?*
- *What foundational elements of successful patient-centered organizations (leadership, patient and family partnership, staff engagement, use of data for performance improvement) are in place?*

Be sure to congratulate your team on their strengths and thank them for all they are already doing to improve the patient, family, and staff experience. Discuss how to build on the strengths you've identified. The strengths exercise is also a great way to begin developing an inventory of experience improvement initiatives that are already in place in the healthcare system.

Start Where You Are

Encourage new growth by first mining what the organization has already done to improve the patient experience, determining what has worked well and what pitfalls to avoid, eliminating unnecessary and duplicative meetings and initiatives, celebrating success, and generating enthusiasm for the next steps.

- *Inventory All Current Patient Experience Initiatives.* Most organizations have many more patient experience initiatives than they think they do. Ask staff to identify what they currently do to provide a positive patient and family-experience, as well as any patient and family experience meetings they attend. Don't limit the request to HCAHPS-focused initiatives.
- *Celebrate All that You Already Have Accomplished.* With a goal of continuous quality improvement, it is easy to lose sight of what has already been achieved. Take a look at your inventory and celebrate what is already being done to make a difference in the patient experience in your organization.
- *Reverse-Engineer the Successes and the Failures.* One of the hallmarks of a high-performing organization is continuous learning from both successes and failures. Convene your teams to discover what works well and the pitfalls of initiatives that did not succeed. Develop a checklist for the organization to use with each new initiative listing common points of failure to avoid (e.g. did not involve front line staff early enough in the initiative).

- *Decide What to Stop Doing.* Healthcare organizations tend to keep adding new initiatives on an ongoing basis without ever systematically reflecting on what is ineffective and can be stopped. Streamlining meetings and letting go of some initiatives that have been unsuccessful can free up time and energy for new initiatives.

Align Priorities

Competing priorities is frequently identified as a barrier to patient experience improvement, but improving the patient experience supports other priorities, including financial goals and clinical excellence. Ask staff to identify what they believe is the most important priority of the department/unit or organization. To promote candor, leaders may have staff members write their answers and turn them in (or respond to an online survey) rather than asking them to speak up in a meeting. Once the team has identified what they believe to be the highest priorities of their department, the leader facilitates a discussion about how improving the patient, family, and staff experience will promote those other priorities.

Take the HCAHPS Survey

Most staff members have not had the opportunity to take the HCAHPS survey. Leaders distribute the survey and ask staff to complete the survey based on their own experiences as a patient or the experiences of loved ones who have been hospitalized. If the staff member or loved one has been hospitalized in the facility where they work, they should base their answers on that experience. If not, they can base their answers on experience as a hospitalized patient in any facility.

Ask the team if there was anything that surprised them about the HCAHPS survey or if there are any insights they gained by taking the survey. This is a great time to solicit comments about what is working well in your department, as well as ideas for improvement. This exercise also tends to elicit some powerful personal stories that can be used in your improvement work. Ask the team to identify what they think is the most important priority focus area for the department or unit.

Explore the Concept of Always Events®

The Always Events® initiative was developed by the Picker Institute and is now offered by IHI as a way to engage organizations in identifying what experiences are so important to patients and families that the organization will commit to providing them consistently. One way to begin exploring the concept is to ask members of your team to complete the following sentence: *As a patient (or family member of a hospitalized patient), I want providers and staff to always _____.* Use sticky notes to post the ideas on the wall or write them on a poster board. Ask the team to prioritize the events such as by using sticker dots to have people vote on the two or three events they believe to be the most important. Then ask your team what staff members need to be able to consistently provide these experiences for patients, families, and staff. If the concept resonates, the organization can more formally select an Always Event®, using the criteria and materials available from the Institute for Healthcare Improvement at <http://www.ihl.org/Topics/AlwaysEvents/Pages/default.aspx>.

Identify Prohibited Words and Phrases

In this activity, leaders ask their team to develop a list of phrases that should never be used with patients or with each other such as "short-staffed," "that's not my job," etc. Changing language can have a powerful effect on changing culture. Facilitate a discussion about when these things are said and what alternatives could be used.

Learn from Failures

This activity is designed to help you understand what has interfered with the success of initiatives in the past and how to avoid repeating that failure in the future. Ask your team to make a list of what makes initiatives fail, such as not involving frontline staff, lack of training, poor communication, etc. Develop a checklist that you can use with any future project to help avoid these pitfalls. In facilitating the discussion, it is important to set the expectation that this is a discussion of concepts that make projects fail, not an exercise to discuss specific failures or assign "blame."

Consider Fresh Perspectives and Expand the Team

Any of the exercises in this toolkit can be done with teams that do not regularly interact with patients. It is particularly important, however, to inform teams that do not have patient interaction that they have special value as partners in improving experience because they bring a fresh perspective to the issue.

The F exercise involves presenting a sentence to staff and asking them to count the number of letter Fs in the sentence. You can use any sentence as long as it has the word "of" in it more than once, at least one word with a double f (e.g. "off") and fs in at least two other words. For example, you can use the sentence

**HCAHPS FACILITATES THE
SCIENTIFIC STUDY OF THE
FEELINGS OF PATIENTS (AND,
INDIRECTLY, OF FAMILIES.)**

There are 7 Fs in this sentence. Ask your team by show of hands how many people see 4 Fs? 5? 6? 7? 8? Your team will come up with several different answers. Explain that when we learn to read we filter "unimportant" information like the word of and double Fs. Explain that healthcare is much more complex than a simple sentence and to improve the patient experience, we need the perspective of patients, families, and your staff members who often can see the opportunities for improvement in healthcare more clearly than those staff members providing direct care.

Discuss strategies that your team can use to improve the patient, family, and staff experience and identify who is interested in participating. A few strategies to consider include:

- Joining patient and family experience improvement teams
- Shadowing patients and families through a process and recording observations

- Acting as patient ambassadors assigned to visit a patient in a specific room(s) each day to check in and offer to answer non-clinical questions, as well as provide a business card so each patient has a non-clinical point of contact
- Offering words of encouragement to patients or staff members, for example as they pass in the hallway. An empathy video produced by the Cleveland Clinic can be a valuable tool to sensitive staff to other's experiences (http://www.youtube.com/watch?v=cDDWvj_q-o8)
- Developing an "all hands on deck" program where non-clinical staff and/or volunteers are on call to support clinical staff during times of need (for example, by delivering medication from pharmacy to a unit or having a volunteer entertain a child while the parent is being examined/treated)

Engaging with Videos

The Beryl Institute has developed a video emphasizing that all staff members are part of the patient experience. Using this video as a model, several hospitals have created videos with their own staff. The video is available for viewing and/or adaptation by individual hospitals at http://www.theberylinstitute.org/?page=IMPX_VIDEO.

Videos also are a way to engage staff in understanding HCAHPS. One hospital developed a music video contest to help staff understand the HCAHPS survey. The winning video is available at <https://www.youtube.com/watch?v=aAaxKcYBXm8>.

Other hospitals have used staff-created videos to identify common communication breakdowns and ways to improve them, such as when a frantic nurse rushes in and tells a patient she has to wait to be assisted to the bathroom because the unit is short-staffed and the nurse is busy with another patient.

Engaging Your Team in Experience Improvement

Slide Deck Template

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How to Use These Slides

- This slide deck is designed to support leaders in engaging their teams in patient experience improvement.
- The slide deck is not intended to be presented as is. Using the guidance in the accompanying document, leaders should select the activities most appropriate for their team.

What is HCAHPS All About?

The acronym technically stands for Hospital Consumer Assessment of Healthcare Providers and Systems. What it really means is:

How Can you Always Help Patients (and Providers) Succeed?

HCAHPS Focuses on Topics Important to Patients

HCAHPS Topics (# of questions)

- Communication
 - Physician (3)
 - Nurse (3)
 - About Medication (2)
 - About Pain (2)
- Responsiveness (2)
- Clean/Quiet (2)
- Discharge Information (2)
- Care Transitions (3)
- Overall Rating (1)
- Willingness to Recommend (1)

HCAHPS Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

Yes
 No → If No, Go to Question 1

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send your reminders. Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. www.hcahps.org

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

Never
 Sometimes
 Usually
 Always

2. During this hospital stay, how often did nurses listen carefully to you?

Never
 Sometimes
 Usually
 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

Never
 Sometimes
 Usually
 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

Never
 Sometimes
 Usually
 I never pressed the call button

January 2013

A Better Patient Experience Is Associated with Better Outcomes

- Reduced rate of readmissions
- Improved patient safety and quality
- Better clinical outcomes
- Fewer malpractice claims
- Less healthcare resource use
- Improved adherence to recommended treatment
- Better preventative care

We Each Have A Role to Play in Improving the Patient, Family and Staff Experience

Strengths Exercise

- As a team, what are our strengths in creating a positive patient, family and staff experience?
- When do we perform at our best as a team?
- What was our most successful initiative and what made it work so well?
- What are you most proud of that we do for patients, families, and each other?
- What foundational elements (leadership, patient and family partnership, staff engagement, use of data for performance improvement) are in place?

How can we build on these strengths?

Alignment Exercise

- What is the most important priority to our team?
- How does improving the patient, family, and staff experience support our most important priorities?

Take the HCAHPS Survey

Based on your own experiences as a hospital patient or on the experiences of your hospitalized loved ones, please complete questions 1-25 on the HCAHPS survey

HCAHPS Survey	
<p>SURVEY INSTRUCTIONS</p> <ul style="list-style-type: none"> • You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. • Answer all the questions by checking the box to the left of your answer. • You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, Go to Question 1 <p>You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OAH #0036-0817</p>	
<p>Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.</p>	
<p>YOUR CARE FROM NURSES</p>	
<p>1. During this hospital stay, how often did nurses treat you with courtesy and respect?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>3. During this hospital stay, how often did nurses explain things in a way you could understand?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>
<p>2. During this hospital stay, how often did nurses listen carefully to you?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I never pressed the call button</p>
<p>January 2018</p>	

Identifying Patient and Family Priorities

Patient/Family Perspectives

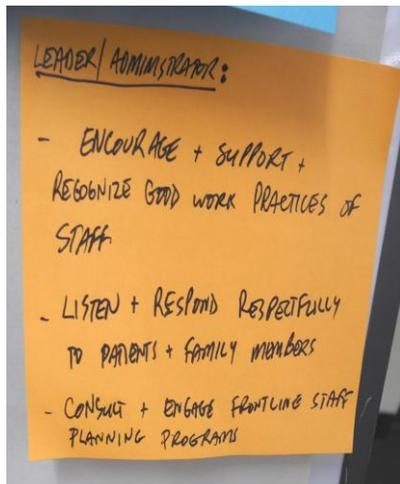
“As a patient or family member, I want providers and staff to always

”



9

Identifying Needs of Staff



For each identified patient/family experience, ask providers/staff:

What must be in place for you to be able to consistently meet this need?

10

Improving Communication

What are the words and phrases
we should never say:



To patients and families?

To each other?

What should we say instead?

Learning from “Failure”

- A learning culture is associated with improved patient experience
- Not everything will succeed but we can learn from what doesn't work, as well as what does
- What causes initiatives to fail in our organization? (e.g., poor communication)

Consider Fresh Perspectives

**HCAHPS FACILITATES THE
SCIENTIFIC STUDY OF THE
FEELINGS OF PATIENTS (AND,
INDIRECTLY, OF FAMILIES.)**

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FEELINGS OF PATIENTS (AND,
INDIRECTLY, OF FAMILIES.)**

Expanding the Team Exercise

What can we do if we don't regularly interact with patients?

- Participate in and brainstorm with patient experience improvement teams
- Act as patient ambassadors
- Shadow patients and families
- Offer encouragement in hallways
- Be part of an "all hands on deck" program



We Are the Experience

Thank you for all you do
for your patients, families,
community
and each other.

http://www.theberylinstitute.org/?page=IMPX_VIDEO

HCAHPS Survey

SURVEY INSTRUCTIONS

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- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
- No → **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-22 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires TBD)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

2. During this hospital stay, how often did nurses listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁹ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
6. During this hospital stay, how often did doctors listen carefully to you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
9. During this hospital stay, how often was the area around your room quiet at night?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- ¹ Yes
² No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
12. During this hospital stay, were you given any medicine that you had not taken before?
- ¹ Yes
² No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- ¹ Never
² Sometimes
³ Usually
⁴ Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- ¹ Own home
² Someone else's home
³ Another health facility → **If Another, Go to Question 18**
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- ¹ Yes
² No
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- ¹ Yes
² No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- ⁰ 0 Worst hospital possible
¹ 1
² 2
³ 3
⁴ 4
⁵ 5
⁶ 6
⁷ 7
⁸ 8
⁹ 9
¹⁰ 10 Best hospital possible
19. Would you recommend this hospital to your friends and family?
- ¹ Definitely no
² Probably no
³ Probably yes
⁴ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
- ¹ Strongly disagree
² Disagree
³ Agree
⁴ Strongly agree

21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- 1 Yes
- 2 No

24. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

25. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

26. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

27. Are you of Spanish, Hispanic or Latino origin or descent?

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Puerto Rican
- 3 Yes, Mexican, Mexican American, Chicano
- 4 Yes, Cuban
- 5 Yes, other Spanish/Hispanic/Latino

28. What is your race? Please choose one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

29. What language do you mainly speak at home?

- ¹ English
- ² Spanish
- ³ Chinese
- ⁴ Russian
- ⁵ Vietnamese
- ⁶ Portuguese
- ⁷ German
- ⁹ Some other language (please print):

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.