Improving Care Transition and HCAHPS Scores

Part 1: December 1, 2015

Part 2: December 2, 2015

Carla Brock Wilber, DNP, RN, NE-BC

STROUDWATER

Learning and Action
Objectives- Part 1

STROUDWATER

- Discuss HCAHPS Survey
- Discuss the questions associated with composite 7
- Define and Discuss Transition of Care

Learning and Action
Objectives- Part 2

STROUDWATER

- Evaluate best practice *actions* for improving Care Transitions

Summary of HCAHPS Survey Results: January 2014 to December 2014 Discharges

STROUDWATER

State	Comm. with Nurses	Comm. with Doctors	Responsiveness of Hospital Staff	Pain Management	Comm. About Medicines	Cleanliness of Hosp. Env.	Quietness of Hosp. Env.	Discharge Information	Care Transition	Overall Hospital Rating	Recommend the Hospital	Publicly Reporting Hospitals	Survey Response Rate**
AK	74	75	67	68	65	69	58	84	49	65	70	16	25%
AL	81	86	69	73	67	72	71	85	52	73	71	85	30%
AR	79	84	68	70	64	73	66	83	50	70	68	64	28%
AZ	77	78	66	70	64	70	58	87	51	70	70	70	32%
CA	75	78	62	69	61	70	51	84	49	68	70	310	27%
CO	79	81	69	72	67	75	63	88	54	74	75	64	31%
CT	80	80	65	70	63	73	53	86	51	68	72	29	29%
DC	71	78	54	65	57	63	55	80	42	58	61	7	24%
DE	79	78	68	70	63	69	54	86	50	67	68	6	26%
FL	76	78	62	68	61	70	59	84	49	67	69	172	28%
GA	79	83	66	71	64	71	67	84	51	70	69	119	25%
HI	79	84	71	73	68	75	60	87	51	74	70	16	28%
IA	81	83	71	72	66	79	65	88	56	76	75	87	36%
ID	81	84	74	71	68	78	64	88	56	73	74	35	37%
IL	80	82	68	72	64	74	61	86	52	71	70	161	30%
IN	82	83	72	73	66	76	62	88	54	75	73	121	32%
KS	81	85	72	73	67	76	67	87	56	77	76	96	36%
KY	81	85	70	73	67	75	66	87	53	72	71	89	29%
LA	84	87	73	76	69	75	74	86	58	76	76	103	28%
MA	80	81	66	71	64	73	53	89	53	70	74	59	30%
MD	76	78	60	67	60	65	56	86	48	65	67	44	28%
ME	83	83	72	74	69	80	61	89	58	75	76	33	30%
MI	80	81	70	72	64	73	60	88	52	72	71	122	34%
MN	81	84	73	72	67	78	67	88	55	74	74	111	36%
MO	80	82	68	70	65	73	63	87	53	71	71	94	32%
MS	81	87	69	73	67	74	71	84	51	71	69	84	26%
MT	78	83	71	71	65	73	62	84	52	67	68	40	35%
NC	80	83	67	71	65	72	63	86	52	70	70	96	28%
ND	77	80	68	69	63	70	64	81	47	65	66	34	35%
NE	83	85	75	73	67	80	67	88	57	76	77	78	37%
NH	82	82	72	72	68	77	58	89	55	74	75	24	31%
NJ	77	78	61	68	60	69	53	83	47	64	66	64	25%
NM	76	79	67	70	64	72	62	83	48	66	63	40	26%
NV	73	75	61	66	61	69	54	84	47	67	67	27	29%
NY	76	78	62	67	61	70	52	85	48	64	66	163	27%

Summary of HCAHPS Survey Results: January 2014 to December 2014 Discharges

STROUDWATER

State	Comm. with Nurses	Comm. with Doctors	Responsiveness of Hospital Staff	Pain Management	Comm. About Medicines	Cleanliness of Hosp. Env.	Quietness of Hosp. Env.	Discharge Information	Care Transition	Overall Hospital Rating	Recommend the Hospital	Publicly Reporting Hospitals	Survey Response Rate**
OH	81	81	70	72	66	75	60	88	53	73	72	158	32%
OK	80	84	71	72	66	74	69	86	53	72	70	101	29%
OR	79	81	69	70	65	74	57	87	52	71	72	56	31%
PA	80	80	68	71	64	74	56	87	51	70	70	159	36%
RI	80	81	66	72	63	73	54	87	52	70	72	11	31%
SC	81	84	68	72	66	72	68	86	52	72	71	59	28%
SD	83	85	75	72	69	77	71	88	55	75	77	46	33%
TN	80	83	69	71	66	73	68	86	51	71	70	99	30%
TX	80	83	70	73	67	75	69	86	53	73	74	330	28%
UT	79	83	69	72	65	73	63	90	57	75	77	41	36%
VA	79	81	65	70	64	72	61	87	51	70	70	78	30%
VI	77	83	67	69	62	70	51	79	39	56	60	2	30%
VT	81	82	72	71	67	78	53	89	55	72	76	14	32%
WA	78	80	66	70	63	73	55	88	52	70	72	78	30%
WI	83	84	73	73	69	80	65	90	56	76	75	116	39%
WV	79	82	69	69	65	74	59	87	50	66	66	44	30%
WY	79	82	73	71	68	73	61	89	52	68	67	22	30%
US	**79**	**82**	**68**	**71**	**65**	**74**	**62**	**86**	**52**	**71**	**71**	**4177**	**30%**

October 2015

* Average "top box" score for participating, publicly reported hospitals in this state.
See HCAHPS results on *www.Medicare.gov/hospitalcompare* for full details.

** Response rate is calculated for hospitals in each state, and in the nation.

Composite 7 Care Transition

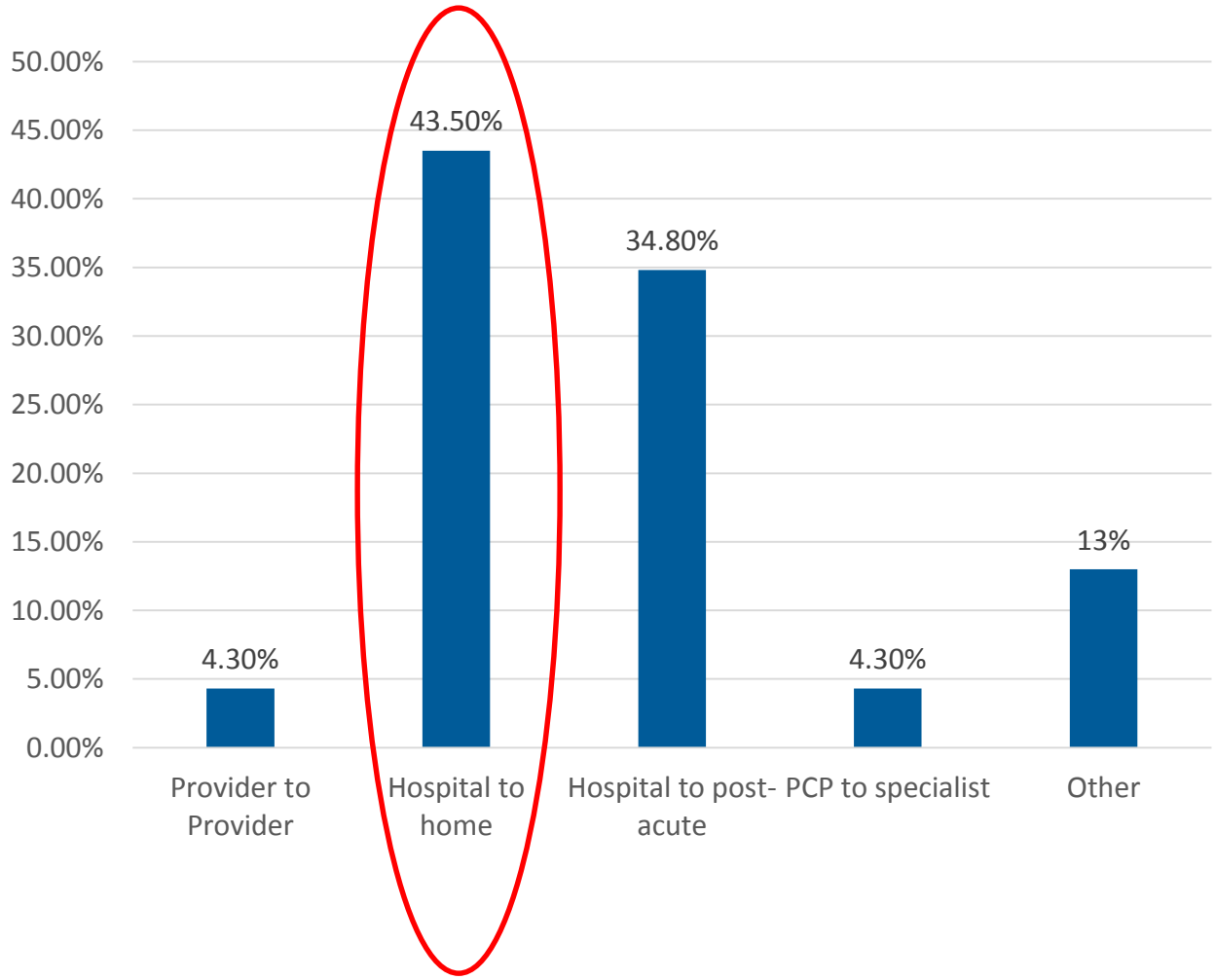
STROUDWATER

Section: Understanding your care when you left the hospital

- Questions 23, 24, 25
  - The hospital staff took my **preferences** and those of my family or caregiver into account in deciding what my healthcare needs would be when I left the hospital.
  - When I left the hospital, I had a good **understanding** of the things I was **responsible** for in managing my health.
  - When I left the hospital, I **clearly understood** the purpose for taking each of my medications.

Which Care Transition Is Most Critical?

STROUDWATER



Source: HIN Care Transitions Management in 2015 Survey, February 2015

Hospital Programs to Manage Care Transitions

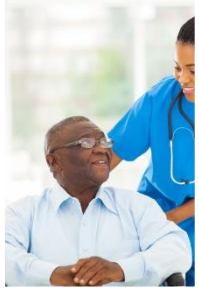
STROUDWATER

- 84.6% of respondents have a care transitions management program at their hospital
- 15.4% of respondents do not

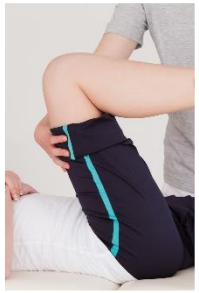
Source: HIN Care Transitions Management in 2015 Survey, February 2015

Polling Questions

STROUDWATER



Of the facilities on today, how many of you have a care transition program that focuses on more than 1-2 conditions?

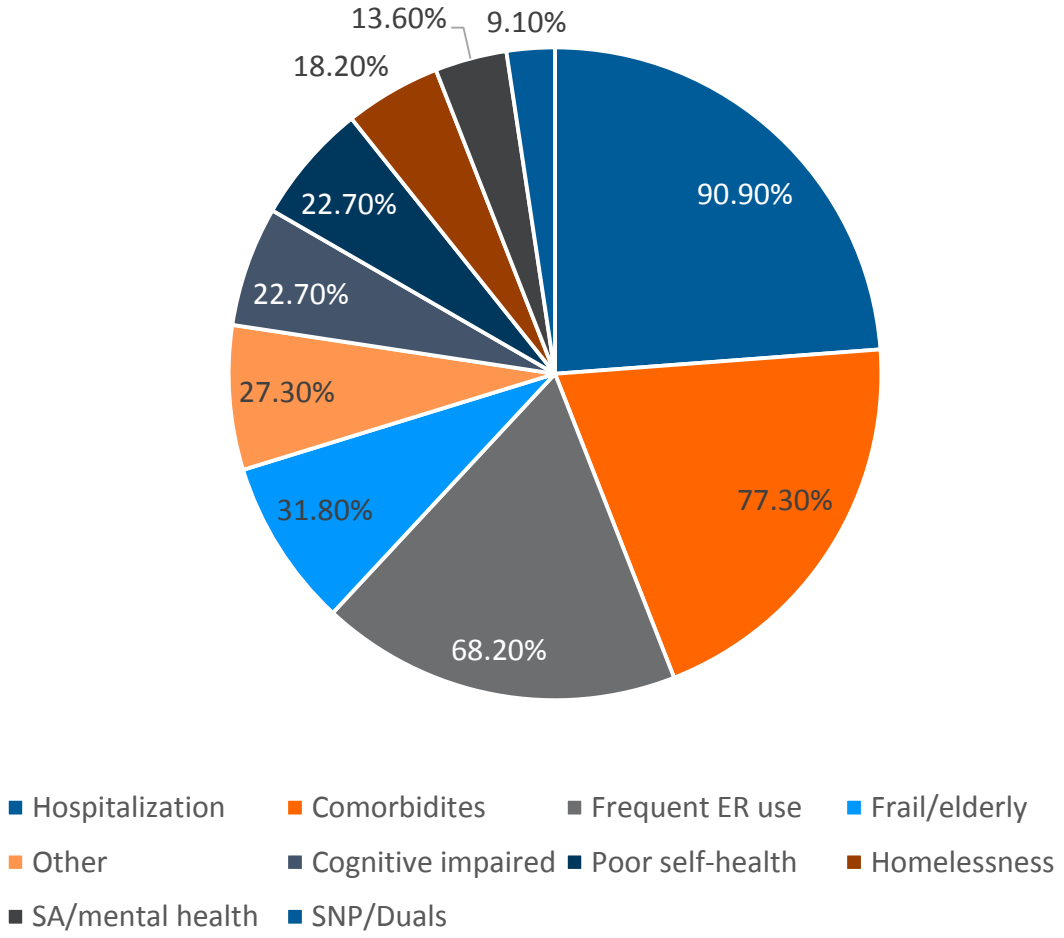


Of the facilities with programs, which conditions are targeted by your program?

Of the facilities on today, what risk factors do you believe qualify patients for a care transition program?

Risk Factors that Qualify Patients for Care Transition Programs

STROUDWATER

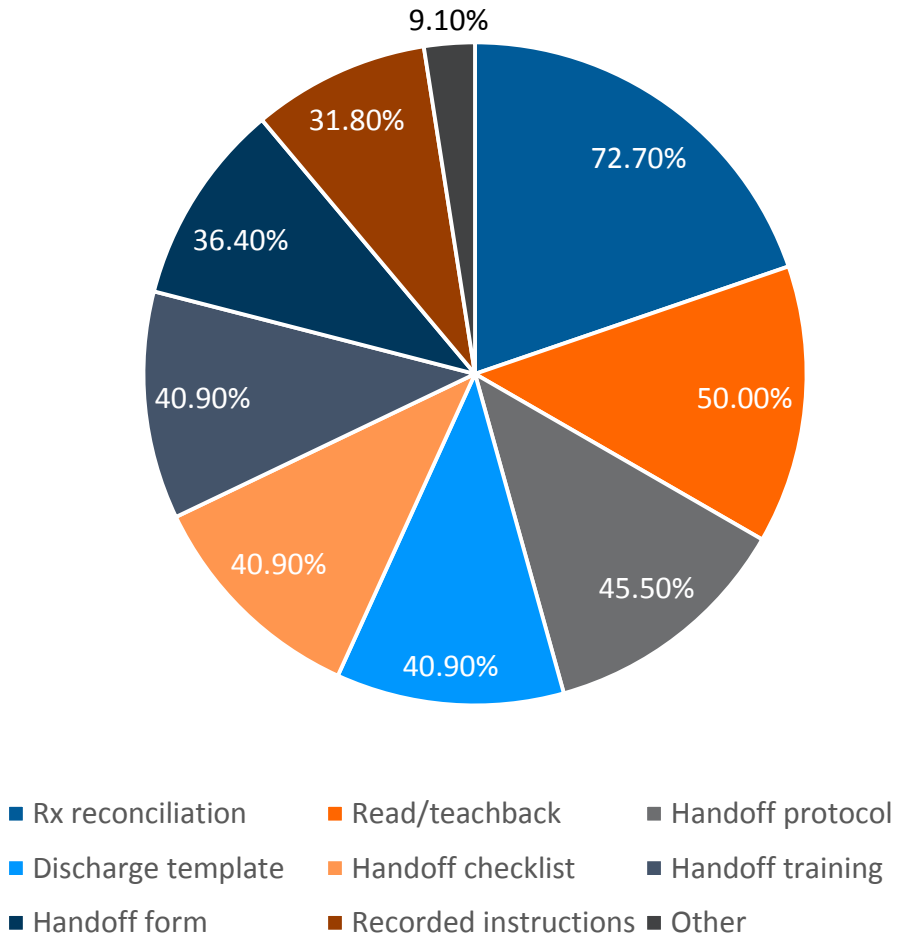


Source: HIN Care Transitions Management in 2015 Survey, February 2015

Polling Question

Of the facilities on today, what transition tools do you think are most effective?

Transition Management Tools



Source: HIN Care Transitions Management in 2015 Survey, February 2015

What Options Are Available for Transitioning Patients to Other Care Sites?

STROUDWATER

- Telephonic follow-up: 77.3%
- Community linkage: 77.3
- Timely PCP follow-up: 59.1%
- Home visit: 59.1%
- Rx management: 59.1%
- Hospice referral: 50%
- Advance directives: 36.4%
- Caregiver support: 36.4%
- Telehealth/remote monitoring: 22.7%
- Post-discharge clinic: 22.7%
- Other: 9.1%
- Depression screening: 4.5%
- Self-management coaching: 4.5%

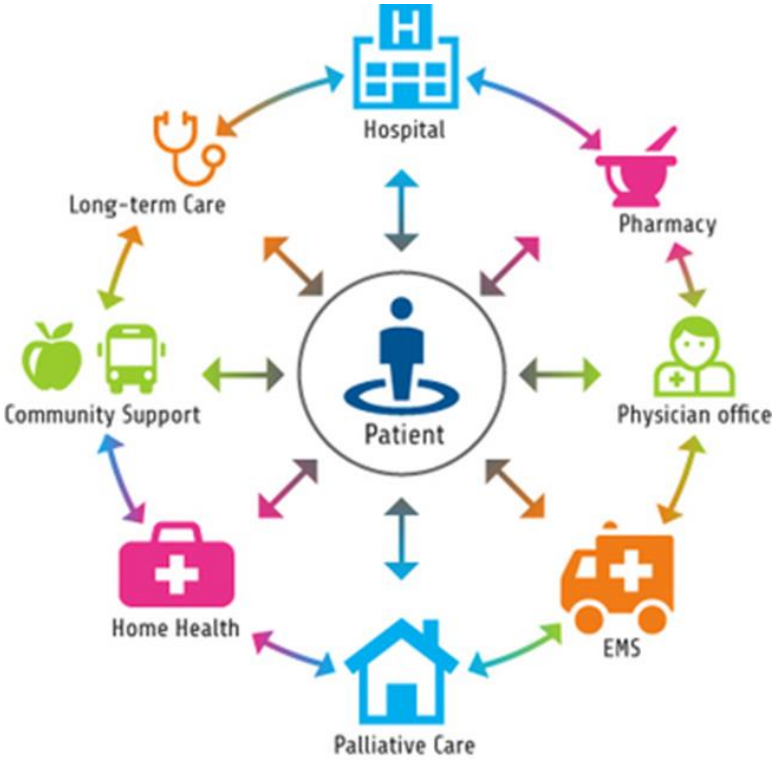


Image: Liberty Advocacy Group
www.libertyadvocacygroup.com

Source: HIN Care Transitions Management in 2015 Survey, February 2015

Overall Recommendations: NTOCC

STROUDWATER

To achieve successful transitions of care, the National Transitions of Care Coalition recommend that we:

- Improve communication
- Implement electronic health records that include standardized medication reconciliation elements
- Expand the role of the pharmacists
- Establish points of accountability
- Increase the use of case management and professional care coordination
- Implement payment systems that align incentives
- Develop performance measures to encourage better transitions of care

Transition Is a TEAM Sport

STROUDWATER

"Care transitions is a team sport, and yet all too often we don't know who our teammates are, or how they can help."

~ Eric A. Coleman, MD, MPH

What Is BEST PRACTICE?

STROUDWATER

One definition of ***best practice*** is "A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark."

Let the buyer beware

Source: http://www.businessdictionary.com/definition/best-practice.html

Patient Involvement = Patient Engagement

STROUDWATER

9 Factors of Engagement

- Active listening
- Non-multitasking (one thing at a time, focus)
- Eye contact
- Tone of voice
- Appropriate speed of speech
- Appropriate use of touch
- Appropriate use of humor/emotion
- Physical positioning (sit)
- Energy mirrors the needs of the patient

Ketelsen, L., Cook, K., & Kennedy, B. (2014). The HCAHPS handbook 2: Tactics to improve quality and the patient experience (2nd ed.). Fire Starter Publishing LLC.

Best Practice ACTIONS

STROUDWATER

- Create a standardized system that never discharges our patient but cares for them across the continuum
- THE key is to establish a clear known process for care transition each and every time

- Create a CARE TRANSITION team
- From admission gather patient-specific information and weave within the daily plan of care

Best Practice ACTIONS

STROUDWATER

- Two-way communication (inclusion and collaboration)
- Healthcare terminology can be difficult at best; explanations should focus on avoiding acronyms, large words, and clinical phraseology
- Formalize nurse assessment of discharge readiness
  - Post-discharge support services
    - Contact lists/Community resources
  - Provide basic tools needed at home
  - Pharmacy involvement
  - Transportation
  - Financial considerations
- Be conscientious of culture/own expectations; caution your own biases

Best Practice ACTIONS

STROUDWATER

Use **CARE** when explaining and/or teaching!

- **C**- Control

  We appreciate controlling our situations. Give patients choices about when and where to learn new material.

- **A**- Active

  We learn best when we are engaged and involved. Make education interactive!

- **R**- Relevant

  We assume more responsibility for information that is relevant to our particular needs. Explain how this information "fits" into their life.

- **E**- Experience

  We apply new materials better when we relate to our past experience. Relate education to the patients' life experiences.

Best Practice ACTIONS

STROUDWATER

And ABOVE ALL…. standardize care transition for the patient while in the facility!

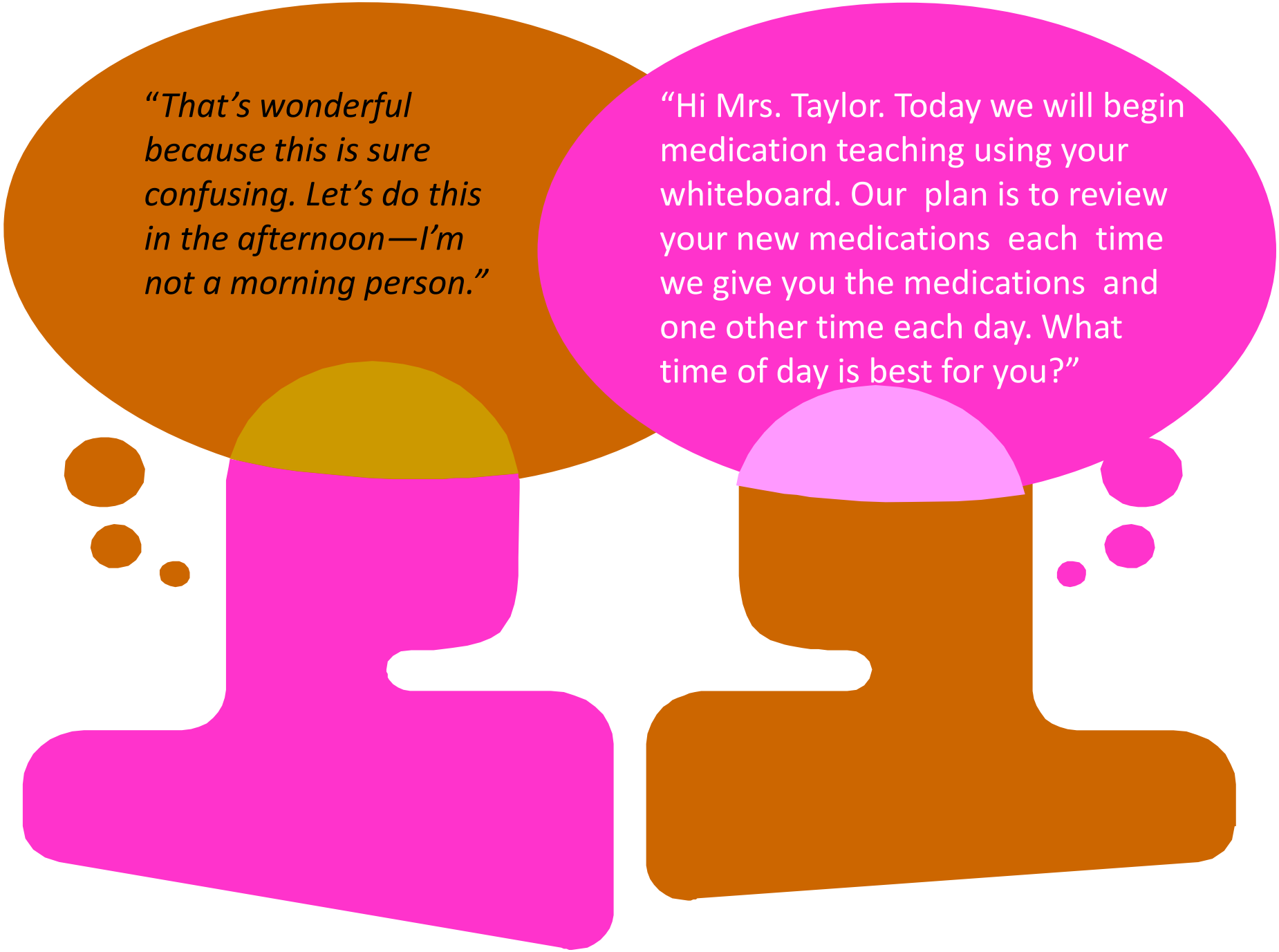
Strategy designed to enhance information exchange during transitions in care

"I PASS THE BATON"		
I	Introduction	Introduce yourself and your role/job (include patient).
P	Patient	Name, identifiers, age, sex, location.
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnosis.
S	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment.
S	Safety	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.).
THE		
B	Background	Comorbidities, previous episodes, current medications, and family history.
A	Actions	Explain what actions were taken or are required. Provide rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions.
O	Ownership	Identify who is responsible (person/team), including patient/family members.
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html

"Good, I do have some concerns about my follow-up care."

"Good Morning Mrs. Hill. This is a discharge planning checklist. This checklist will help you, your family and the care team plan for your discharge. Please note any concerns you may have about your plan at home and we will review this together at a time good for you."


"That's wonderful because this is sure confusing. Let's do this in the afternoon—I'm not a morning person."
"Hi Mrs. Taylor. Today we will begin medication teaching using your whiteboard. Our plan is to review your new medications each time we give you the medications and one other time each day. What time of day is best for you?"

"Yes, my son does all of the cooking and will need to know what I should eat."

"Hi Mr. Branch, we have several educational materials we want to share with you and your family regarding your food choices and diabetes. Should we wait for a member of your family to return?"

Hello, I am your patient . . .

Resource: Eric Palmer RN, BSN, MSN/MHA is the Patient Experience Director at Saint Francis Hospital-Bartlett in Bartlett, Tennessee.
He can be reached at eric.palmer@tenethealth.com.

Hello

- We are creating a chapter in my life. You control a large part of this part of my life's story. For the time being, you and I are co-authors of me and of my experience as a patient in your care.
- Let's get started
- Any story has the following elements…

Setting

STROUDWATER

You control most of the setting in this story.

- ✓ Please listen to me. I may not be a nurse or a doctor, but I know how I normally feel. I don't feel normal, so I came to you. Help me, but please listen to me first.

Characters

Obviously you and I have a starring role in this story, but there are many others.

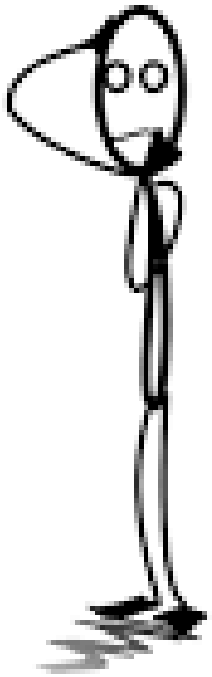
- ✓ Some I will never meet face to face, but they can control my destiny in this story, just as much as you can.
- ✓ I want to believe that the only villain in the story is what is making me sick. I need heroes. I need the kind of hero that takes the time to listen, to ask, and to respond quickly and kindly.

Conflict

STROUDWATER

I most certainly have conflict; otherwise I would not be here. Ironically, as your co-author, I might not fully understand the conflict raging inside me. Norman Cousins wrote a book about the conflict experienced in his own story called Anatomy of an Illness. It is remarkable how many things on his list are the same conflicts I am experiencing. My conflicts might be that I feel

- ✓ . . . helpless
- ✓ . . . I may never function normally again
- ✓ . . . as though I am a burden to you and to my loved ones
- ✓ . . . conflicted between wanting to be alone, but yet, being left alone
- ✓ . . . a lack of self-esteem, since maybe my illness was caused by me, because I am inadequate
- ✓ . . . resentment
- ✓ . . . confused. The technology surrounds me, yet, I may go days (certainly hours) without knowing the results of the last exam or worse that the definitive answer is, “The test results are inconclusive.”

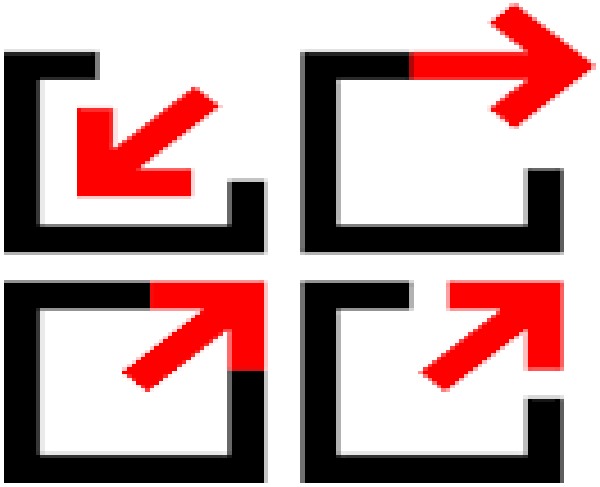


Climax

The highest point of tension in any story often involves a decision that needs to be made.

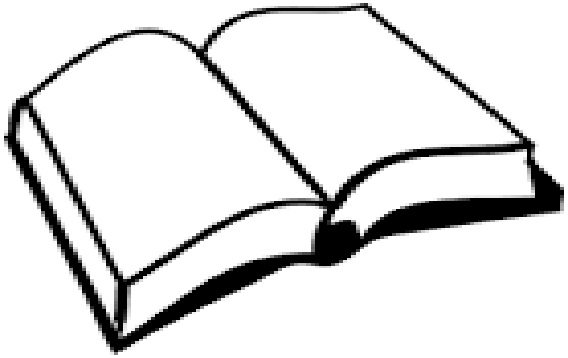
I may fear those decisions because they. . .

- ✓ . . . are made about me but without me knowing.
- ✓ . . . may rest solely on me and I don't think I know enough to make that decision.



Resolution

Even the end of this little story is written by both of us. It is not just me and not just you. But, I'm the one who has to write the other chapters in my life's book. You can help me resolve this part of my story and continue on to other ones in my life if you will:



- ✓ Please answer my questions. If you do not know, that is okay. Just tell me you don't know, but please get me the information that will help answer my questions.
- ✓ Please tell me about my medications. All of them. Even if I take them at home regularly, I may not be taking them the right way. But always tell me about the new medications.
- ✓ Please finish this part of our story in a language and at the level I can understand.

Resolution Continued

STROUDWATER

- ✓ Please ask me to teach you the information you shared with me, rather than merely repeating back to you the same words you used. You see, I need to be as independent as possible when I leave your care.

- ✓ So, here we are at the conclusion of our story together. I know it was not always easy. I know you were co-authoring many other stories at the same time as we co-authored mine. But I never felt that there were any other authors out there.

- ✓ Thank you for your time, your care, and for being a hero…my hero and my family's hero.

It is a beautiful and mysterious power that one human being can have on another through the mere act of caring…A great truth, the act of caring is the first step in the power to heal.

-Phillip Moffitt

Great References for Care Transition

STROUDWATER

- Merlino, J. (2014). *Service fanatics: How to build superior patient experience the Cleveland Clinic way* (1st ed.). McGraw-Hill Education.
- Ketelsen, L., Cook, K., & Kennedy, B. (2014). *The HCAHPS handbook 2: Tactics to improve quality and the patient experience* (2nd ed.). Fire Starter Publishing LLC.
- http://www.hcahpsonline.org/Files/Bibliography_April_2015.pdf