

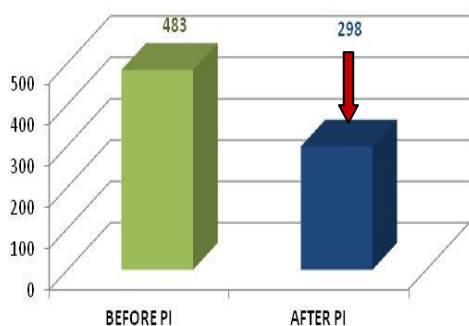
ST. JOHN'S EPISCOPAL HOSPITAL A Patient-Centered Care Performance Improvement Project

This summary outlines how the Labor Management Project (LMP) supported performance improvement (PI) work at St. John's Episcopal Hospital. The PI initiative was aimed at increasing patients' perceptions of staff responsiveness.

The Challenge: Union and management leaders at St. John's Episcopal have committed themselves to cultivating a culture of excellence and high-quality service through collaboration. To facilitate this collaboration, they enlisted the Labor Management Project (LMP) to conduct a series of patient centered care trainings for 169 hospital employees and managers. St. John's leaders hoped that educating staff about the principles of patient centered care through LMP trainings would improve patient satisfaction scores on federally-mandated HCAHPS surveys. Patient centered care is defined by the Institute of Medicine as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."¹ To reinforce the knowledge employees gained during the LMP's patient centered care trainings, union and management leadership also asked the LMP to conduct a performance improvement project on one unit, aimed at improving staff responsiveness to patients' needs.

The Solution: St. John's union and management sponsors selected Tower 11 (a telemetry unit) for the performance improvement project. In a two-day launch, the LMP worked with a team of managers and 1199SEIU representatives from the unit to develop goals and a work plan. As an indicator of staff responsiveness, the team selected a reduction in the number of call bells as its key measure. The LMP provided facilitation training to the team's two union and management co-leads. The co-leads, with the assistance from the LMP, then guided the Tower 11 Team through a process of: training all nurses on hourly rounding with the 4 P's (assistance with pain, potty, position, or possessions); using whiteboards, customized rounding pocket cards, and bedside logs; implementing huddles and one-on-ones to get staff input and problem solve; and integrating "stay in district," which encourages nurses to stay near their room assignments. The team also trained over 200 staff who interact with patients on the unit (e.g., Food & Nutrition, Environmental, Medical, Rehabilitation, Imaging, and Respiratory) to respond to call bells and follow a "no pass" policy. Lastly, the team identified and addressed issues that hindered staff's ability to adequately respond to patients' needs (e.g., staffing for high volume times, language barriers, access to food at night, and supply shortages). This process took approximately three months.

38% Decrease in Total Number of Call Bells (All Shifts)



The Results: As a result of this improvement project, the Tower 11 Team accomplished a 38% decrease in the total number of call bells (from 483 to 298) across all shifts.² Most notably, the day and night shifts reduced their call bells by 54% and 52%, respectively. Research demonstrates that the responsiveness practices implemented by Tower 11 better enable staff to anticipate patient needs and provide consistent, proactive care. It stands to reason, therefore, that Tower 11's new practices contributed to a corresponding improvement in HCAHPS scores. From April (baseline) to the end of June (post-intervention), Tower 11's score on the HCAHPS survey questions for "staff responsiveness" increased 20 percentage points, and the scores on the "hospital rating" and "likeliness to recommend hospital" questions increased from 8% to 71% and 14% to 71%, respectively. St. John's union and management sponsors agreed to support the group's commitment to continue training their peers, collecting call bell data, and meeting once a month to monitor progress.

Positive Feedback: The team's excitement about their final results was shared equally by its union and management supporters. The following comments were made during a final presentation to the team's sponsors.

"The Steering Committee plays a vital role in where this project goes. If we are to roll this out to the entire institution, you will need our support. Use the Steering Committee to help you sustain this. This is not something you have to come and request support for. We are here and committed to supporting you." Brian Joseph, Vice President Health System II 1199SEIU

"Thank you and congratulations to each of you. What you've done is truly inspiring. I look forward to implementing this in other areas. I know we still have a lot of education to do, but if we were able to convert Tower 11 with such a significant understanding that resulted in us changing our [HCHAPS] numbers, then I'm hoping we can do this with the rest of the house." Sharika Gordon, Vice President, SJE Human Resources

"I want to say thanks to each of you. You guys have reenergized me! As far as I'm concerned, this is the team of the year at St. John's." Deb Friedland, RN/Contract Administrator 1199SEIU

"I want to thank you all for the tremendous job you did. It's amazing to see your results, and I'd like to say that the Press Ganey results for Tower 11 in my department have also improved significantly in four areas – overall (76% to 86%), temperature of food (69% to 86%), quality of food (68% to 85%), and courtesy of personnel (79% to 88%)." Kevin Geraghty, Director, Food and Nutrition

"When I needed help, I was never turned down from either union or management. Management has committed to be there for us, union has committed to be there for us. The patients need us, and all we have to do is be committed too." Dennis Alfred, Co-lead, T11 Service Assistant

¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Nov 2012.

² During the baseline and post-intervention periods, call bell data were collected 7 days for the day shift, night shift, and evening shift.