

Part A. Contact Information

First Name:
Last Name:
Other POCs:
Rank/Grade:
Service:
Job Title:
Facility Name:
Mailing Address:
City:
State:
Zip Code:
Work Phone:
Fax:
DSN Prefix:
Email Address:

Part B. Commander's Information

Name:
Rank/Grade:
Phone:
Email:
Mailing Address:
City:
State:
Zip Code:

Part C. Submission Details

Category:
Title of Project: Partnering with Patients
Date Submitted:
Date Project Initiated:

Abstract: (300 word limit)

Teamwork in a healthcare setting that includes the patient as part of the team is widely recognized as a key component in patient safety. Organizations such as StuderGroup, Institute for Healthcare Improvement and the Institute for Family Centered Care have produced evidence-based data to show that improvement in patient care and safety result directly from use of teamwork skills and practices that include patients as the center of the team. Patients who are included in procedures such as checking ID bands and invited to communicate as part of the care team report higher levels of satisfaction with their care Wolosin, Vercler, & Matthews, 2006. Based on this data, an opportunity for improvement within the organization was recognized and an initiative to "partner with patients" was developed and implemented in the OB inpatient unit of a medium-sized military family medicine teaching hospital. Studies showed that patients were hesitant to

speak up in situations perceived as challenging to healthcare providers Davis, Koutantji, & Vincent, 2008. These situations included asking healthcare providers to wash their hands, check medications for accuracy, and asking providers about their level of experience. Addressing these concerns, staff members were instructed to convey key messages to patients that targeted hand hygiene, medication safety, ID verification, and encouraging patients to voice questions and concerns. Improving patients' levels of satisfaction in these key areas was defined as the objective for the initiative. A balancing measure of decreasing patient call light use was included and resulted in a decrease of 42.3% post-implementation. Based on results of patient survey data from the TRICARE Inpatient Satisfaction Survey, the initiative resulted in consistent improvement across all areas addressed by the initiative. The percentage increase in improvement ranged from 11.6% to 36.7% and averaged 22.5% across 11 survey questions.

Design/Methods: (1000 word limit)

The initiative was based primarily on information provided on the Studer Group website at www.studergroup.com. The title "Partnering with Patients" was based on the organization's use of the Joint Commission's Speak Up program and the use of Studer Group team initiatives. Objectives were defined as improving patients' participation in their care as measured through results of a patient satisfaction survey and decreasing the patients' need to use the call light for assistance. Organizational leaders supported the initiative in several ways including a scheduled leadership forum during which a volunteer from Studer Group provided an overview of the key concepts to all levels of the hospital's management staff. The staff member responsible for designing and implementing the initiative was provided an opportunity to participate in an educational activity titled Improvement Science in Action with the Institute for Healthcare improvement to provide training in the design and measurement of such an initiative. Fiscal resources required of the initiative were minimal outside of tuition and travel for the training and consisted mainly of placing whiteboards and markers in patient rooms. The initiative was developed using five tools found on the Studer Group website and found in the book *Hardwiring Excellence* by Quint Studer 2003. These tools are key words at key times, the acronym AIDET, managing up your coworkers, hourly rounds, and bedside turnover Studer, 2003. These communication techniques also support the Joint Commission Speak Up initiatives by using communication to encourage patients to become active participants in their care The Joint Commission, 2010. A program for introducing the concepts to staff members was developed based on principles of improvement science, using the plan, do, study, act PDSA cycle. The test of change was defined as one patient's experience for the duration of one twelve hour shift in which staff members used the tools defined as part of the initiative. Data to measure the change was collected via the TRICARE Inpatient Satisfaction Survey, a mail out patient survey, from July to September 2009 and compared with data from the same time frame in 2008. In addition, staff members on the unit collected call light use data on a daily basis prior to, during, and after implementation of the initiative. A pilot team of one nurse and one paraprofessional per shift on each of four shifts were trained to test the change. Training consisted of a two hour session that included background information about the

data supporting the changes and a short introduction to improvement science and PDSA cycles. During the training session, the pilot members performed role play to act out the new behaviors. The project designer then trained the remaining staff members using role play and lessons learned from the pilot team over a three week period. In modeling this behavior, the phrases encouraged were as follows: "Before I leave are there any questions I can answer for you? I have time." "I am checking your ID band to ensure that you are receiving the correct medication, we will do this safety check each time you receive a medication." "I am washing my hands to prevent the spread of infection. Please do not hesitate to remind us if we forget to wash our hands." It was also important that this communication was consistent when patient care was turned over to another team member. In order to establish comfortable transitions in care for both the staff and the patient, bedside turnover was implemented. In addition to giving a full or modified bedside report that allowed the patient and family to contribute information, the on-coming shift would encourage the patient to set goals and write them on a white board in the patient's room. The white board was used to communicate other vital information at the patient's discretion including time of last pain medication, allergies, or other pertinent information that team members would need at a glance to care for the patient. According to Studer 2003, managing up coworkers is one of the most powerful communication techniques to improve care and teamwork. Managing up coworkers makes patients "feel better about their care, demonstrates our commitment to their safety, increases their comfort with their surroundings, and makes them feel more relaxed by lowering blood pressure, heart rate, and anxiety," Studer, 2003, p. 219. Role playing this concept was fun for participants and gave them an opportunity to show what they knew about their coworkers. Managing up a coworker was explained with the following example: "Ken will be taking over your care now that my shift is over. Ken is a registered nurse that I have worked with for five years and he is excellent. I hear such nice things about him from his patients." After demonstrating skill managing up coworkers, the AIDET acronym for introductions was practiced. The AIDET acronym describes a method of introducing one's self by Acknowledging the patient, Introducing yourself, your role in the team, and your skill set, Describing the duration of the procedure, your shift, or the patient's stay, Explaining the plan of care or procedure, and Thanking the patient for choosing the facility. During the training, staff members were provided time to develop their "AIDET introduction" and practice in small groups, slowly building their confidence with using the model. Hourly rounding on patients for safety was established to address three main concerns known as the "three P's: pain, potty, and possessions." This was a way to simplify the reason for checking on the patient, check the patient's pain level to avoid the need for prn medications, and assisting the patient to the bathroom or in getting items that are out of reach to avoid patient falls.

Results: (1000 word limit)

The initiative first yielded results in call light usage see Appendix A. A decrease of 42.3% in patient use of the call light system was noted between pre- and postimplementation. The difference noted between the pilot and non-pilot groups in the

test phase was 30%. The call light use data was collected at the nurses' station by nursing and paraprofessional staff. Call light use was tracked for a three month period; one month prior to implementation and for two months from the time the pilot team began testing the program and through complete implementation. Tracking the call light use stopped mainly because it was seen as extra work that was not value added. The team understood that the results had shown a decrease and chose to terminate collection of data at that time. The substantial decrease in patient's use of the call light is a direct reflection of implementing hourly rounds and addressing patient concerns prior to the patient perceiving a need. Decreasing use of the call light demonstrates increased patient safety in that patients' needs for assistance in pain control, toileting, and obtaining items out of reach are decreased. This in turn leads to a decrease in patient falls from patients getting out of bed to toilet or reach an item and leads to a decrease in need for prn medications for pain control. Decreasing patient call light use increases the workflow of the nurse and results in fewer interruptions while documenting, preparing medications, and caring for other patients. Results in the area of patient satisfaction correlate with the specific communication tools taught to staff members. Patient satisfaction data was derived from the TRICARE Inpatient Satisfaction Survey released 23 July 2010. In all categories that related to the initiatives included in the Partnering with Patients program, the OB inpatient unit made significant improvement. The improvement rates were especially significant when compared to data from four similar OB inpatient units. The units chosen for comparison were based on the following characteristics: each is located within a Military Treatment Facility MTF from the same military service and each MTF is a family medicine teaching hospital. The units are identified as MTF 1-4 and 2008/2009 comparative data is located in Appendix B. These characteristics matched the test unit, identified as "Our MTF" in Appendices C and D.

The patient survey questions that were used to test the initiative and results from "Our MTF" are listed below:

1. How often did nurses treat you with courtesy and respect? 2008 - 73.2%; 2009 - 84.8% a 11.6% increase.
2. How often did nurses listen carefully to you? 2008 - 57.9%; 2009 - 81.7% a 23.8% increase.
3. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? 2008-67.6%; 2009 - 84.4% a 16.8% increase.
4. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted it? 2008-74.8%; 2009 - 90.0% a 15.2% increase.
5. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? 2008-56.4%; 2009-77.8% a 21.4% increase.

6. During this hospital stay, how often did nurses treat your family or close friend with courtesy and respect? 2008-68.6%; 2009-96.6% a 28% increase.

7. During this hospital stay, how often did you see staff wash their hands or use gloves before treating or checking you? 2008-63.6%; 2009-87.7% a 24.1% increase.

8. During this hospital stay, when doctors, nurses, or other hospital staff first came to your room, how often did they introduce themselves? 2008-50.2%; 2009-71.0% a 20.8% increase.

9. During this hospital stay, how often did staff check your identification band before giving you any medicines, even over the counter medicines like Tylenol or ibuprofen? 2008-64.4%; 2009-96.1% a 31.7% increase.

10. How often did you feel comfortable asking the nurses all the questions you wanted about your condition? 2008-64.4%; 2009-82% a 17.8% increase.

11. How often did the doctors and nurses seem informed and up-to-date about the care you were receiving? 2008-45.6%; 2009-82.3% a 36.7% increase.

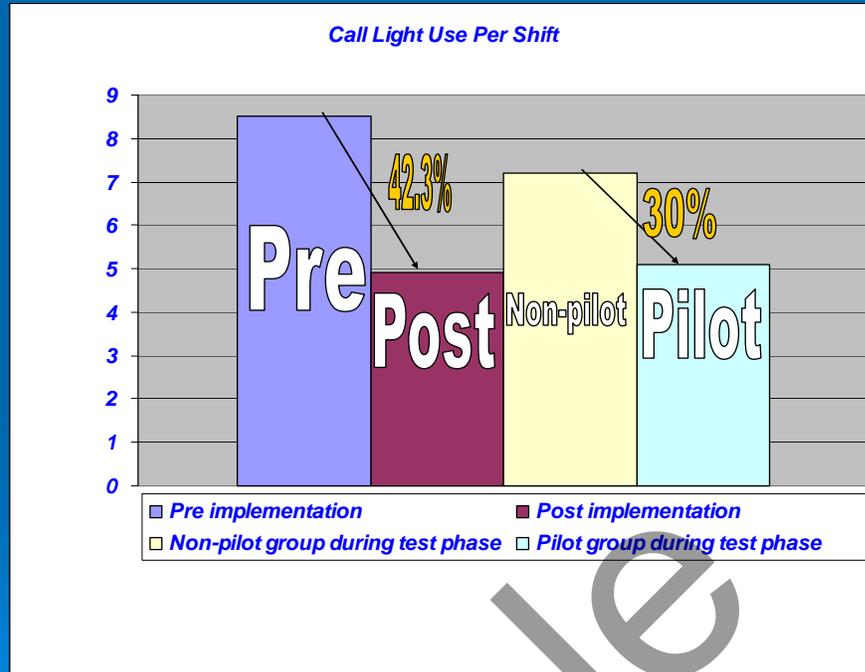
In addition to the improvements measured by call light logs and patient satisfaction surveys, an undocumented perception in improved teamwork was demonstrated by staff members on the unit. This is perceived to be an effect of the camaraderie developed during the training and implementation of the initiative. Staff members had to work together and rely on one another to carry out the initiatives of the Partnering with Patients program. They were also encouraged to be part of the development team during the training process. Role play proved to be the most beneficial step to implementing the proposed behavior changes. Having the team members act out the behaviors that were expected of them gave them confidence in their ability to use the tools and an opportunity to become comfortable with the new behavior in a safe setting. It also increased staff buy-in because team members were encouraged to suggest methods of implementation during the role play. Several members developed key words and phrases and subsequently trained additional staff to use them. Staff members practiced managing up each other and this practice was as much a team building exercise as a role play for use with patients. An example of team member contribution to developing the program occurred when a team member suggested that we thank patients for their service to our country rather than for choosing the facility, which is more appropriate to a military setting. This suggestion was adapted successfully by several team members. This tool was by far the most uncomfortable for staff members during the initial training period and took the most time to develop. To assist them, the staff members were told that the implementation of key words at key times and the AIDET introduction were not meant to script their interactions with patients; instead they should find their own words to convey the intended message.

Conclusion: (500 word limit)

The partnering with patients initiative was highly successful in improving patient satisfaction as compared with the previous year and in decreasing patient call light use. The patient satisfaction rates not only exceeded the previous year's for this facility, but also exceeded the satisfaction rates achieved in OB units at four other similar facilities. This data supports continuation of the initiative as well as spread to other inpatient units. Although implemented in an OB setting, the initiatives are not specific to any medical specialty and can easily be transferred to medical-surgical, pediatric, or other inpatient units. More frequent customer feedback is desired to demonstrate effectiveness to staff members. Annual survey data is slow to return results and staff members become discouraged that results of their efforts are not more visible. The unit will attempt to generate more frequent patient feedback through an improvised patient satisfaction survey that will more closely mirror the specific questions asked of patients in the mail out survey done by TRICARE. Spread of the initiative to the medical-surgical unit of the MTF will be measured in future TRICARE Inpatient Satisfaction Surveys. Managers on the unit noted that the behaviors implemented in the Partnering with Patients initiative were difficult to maintain during high rates of staff turnover which is common in military treatment facilities. To combat the problem of maintenance, leader rounds on patients can be conducted using additional tools from the Studer Group. Leader rounds are an additional source of feedback for staff members because patients are asked to tell leaders if there is a staff member that should be recognized for providing excellent care. Staff members in this unit have demonstrated appreciation for acknowledgement of their work by patients and leaders. This may serve as a motivating factor to encourage staff members to continue the initiative and to provide mentorship to new staff members. The Partnering with Patients initiative is considered an overall success. With future addition of tools such as leader rounds on patients, the unit expects that patient satisfaction rates will continue to climb. Lessons learned in the implementation process, such as the benefits of using role play as training and having staff members assist in development of the initiative will be helpful when sharing the experience with other inpatient units that will implement the program.

Appendix A

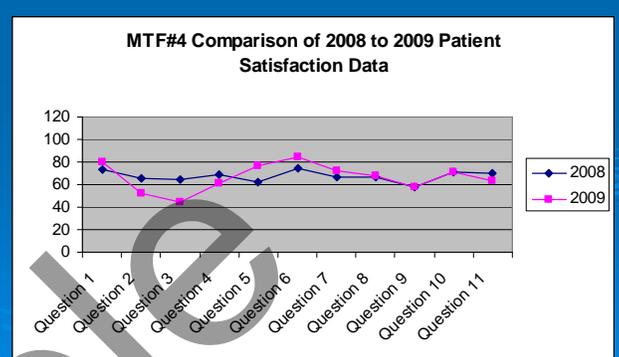
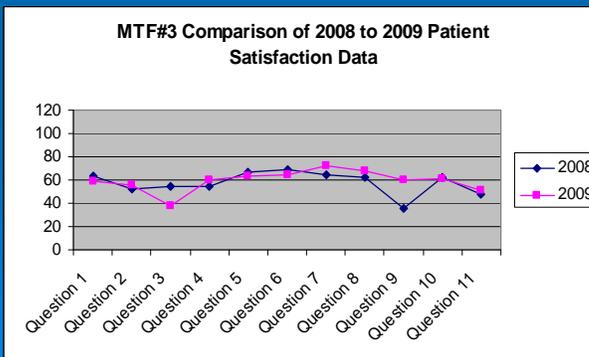
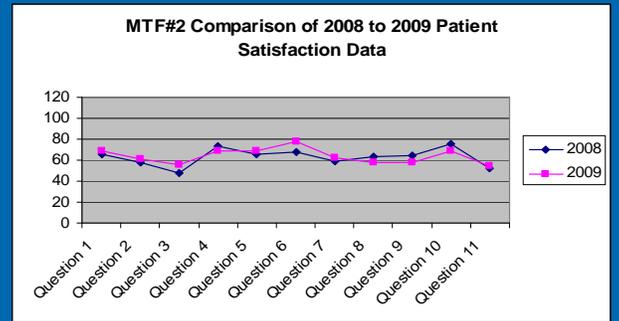
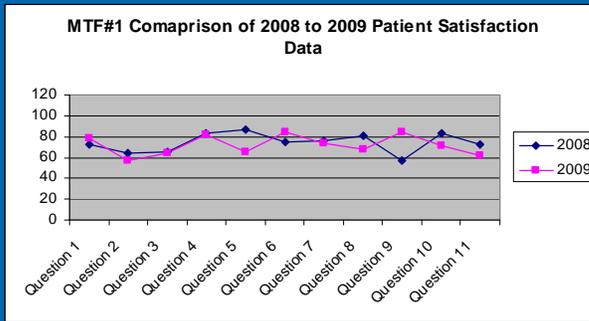
Call light data reflects a balancing measure used to demonstrate that change was occurring prior to receiving results from the patient survey.



Sample

Appendix B

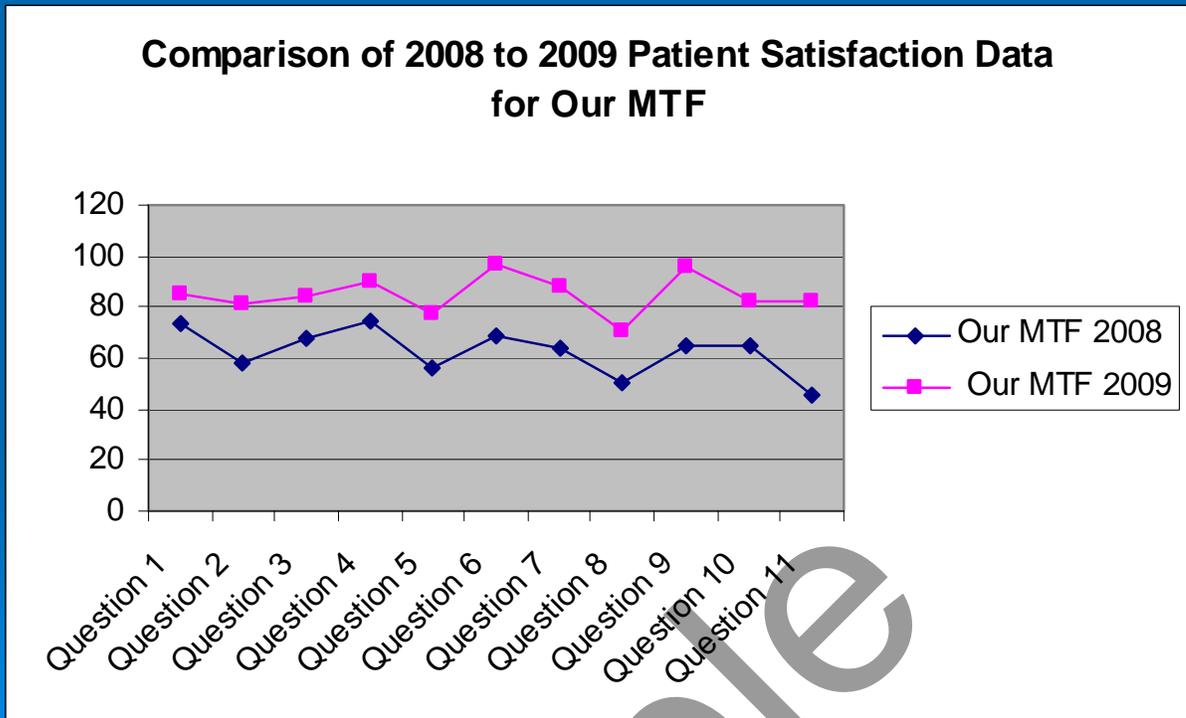
Four same-service Family Medicine Teaching Hospitals' comparison data for the same 11 patient survey questions. Overlapping lines demonstrate no significant change in patients' perceptions between 2008-2009.



Sample

Appendix C

2008-2009 Comparison data for our MTF shows two distinctly separate lines representing consistent improvement in every patient satisfaction question studied.



Appendix D

This graph shows 2009 data from all five hospitals. The pink line across the top shows that Our MTF's 2009 patient satisfaction rates exceed similar OB inpatient units in every category.

