

## TEAM

Pennsylvania Hospital is a 400-bed, Magnet®-designated teaching hospital based in Philadelphia, Pennsylvania. In February 2017, the organization's Chief Nursing Officer (CNO) established the Surgical Patient Experience Team as a focused approach to improving patient experience for surgical inpatients.

## SITUATION

Through analyses of patient experience data, Pennsylvania Hospital's leadership team confirmed that patients discharged from the surgical floor were not having an experience that aligned with the organization's mission. After gaining input from many team members, the CNO partnered with the Chair of Neurosurgery to co-executive sponsor an interprofessional team to examine the systems impacting the patients on the surgical floor. The Surgical Patient Experience Team consisted of team members from clinical nursing, physicians, nursing leadership, nursing education, pharmacists, case management, social work, patient access, environmental services, nutrition services, patient relations, patient progression, and human resources.

## ACTIONS

Surgical Patient Experience Team members meet on a weekly basis to examine systems to improve processes and structures. Each meeting begins with a patient story that demonstrates how the work of the team is impacting the patient. All team members are accountable for all clinical, operational, and experience metrics, so team success is shared by all. Improvements are inspirational evidence to continue collaborating.

Together, the team built structures and processes to elevate clinical practice, advance the discharge planning process, improve the environment, and increase leadership support and visibility, including:

- Creating a standardized structure for handoffs and transitions in care for all patients arriving on the surgical floor
- Enculturating nursing bedside shift report, team safety huddles, and identification of patient goals
- Adjusting staffing models for acuity, and dedicating a core team of pharmacists to the unit
- Starting conversations about discharge in the critical care unit before the patient arriving on the surgical unit

The team also focused on relationship-building to ensure that patients feel they are in a safe and therapeutic environment. The team brainstormed consistent methods of creating therapeutic connections, including requesting permission before entering the patient's room, always introducing yourself, using the patient's preferred name, sitting with the patient, utilizing touch when appropriate, using closed-loop communication, and addressing patient needs proactively before leaving the room.

## IMPACT

The process improvements put into place by the team increased efficiency using available resources at no additional cost to the organization. From January 2017 to May 2017, the team demonstrated the following improvements:

- HCAHPS Communication About Medications: Top Box increased from 14<sup>th</sup> to 99<sup>th</sup> percentile
- HCAHPS Care Transitions: Top Box increased from 33<sup>rd</sup> to 94<sup>th</sup> percentile
- HCAHPS Communication with Nurses: Top Box increased from 6<sup>th</sup> to 91<sup>st</sup> percentile
- HCAHPS Communication with Doctors: Top Box increased from 30<sup>th</sup> to 90<sup>th</sup> percentile
- HCAHPS Discharge Information: Top Box increased from 6<sup>th</sup> to 77<sup>th</sup> percentile
- HCAHPS Recommend this Hospital: Top Box increased from 11<sup>th</sup> to 54<sup>th</sup> percentile
- HCAHPS Responsiveness of Hospital Staff: Top Box increased from 1<sup>st</sup> to 50<sup>th</sup> percentile
- Length of Stay: Decreased from 4.31 to 3.38 days
- Number of Grievances per 1,000 Patient Days: Decreased from 7.3 grievances to zero grievances
- Patient Falls per 1,000 Patient Days: Decreased from 3.34 falls to zero falls
- Readmission Rate: Decreased from 14% to 6%