“Responsiveness of Hospital Staff”

Julie Kennedy BSN, RN
Past – Present – Future

• Responsiveness in healthcare’s past
• Responsiveness now
  • IP Hourly Rounding℠ Study with top reasons for call lights (AJN, 2006)
  • ED Hourly Rounding℠ Study (JEM, 2010)
  • Technology
  • Value Based Purchasing
• Responsiveness expectations of our future……
Outcomes of This Session

<table>
<thead>
<tr>
<th>WHY</th>
<th>WHAT</th>
<th>HOW</th>
</tr>
</thead>
</table>

“During Your Hospital Stay How Often Did You Get Help as Soon as You Wanted it?”
Execution Framework
Evidence-Based Leadership℠

STUDER GROUP®:

Objective Evaluation System  Leader Development  Must Haves®  Performance Gap  Standardization  Accelerators

Aligned Goals  Aligned Behavior  Aligned Process

- Develop LEM goals for Responsiveness domain
- Weight units based on current results. Don’t be afraid of weights!
- Add HCAHPS results to evaluations

Educate leaders how to:
- Engage staff
- Share the WHY
- Validate and Inspire behaviors
- Critical Conversations
- Huddles
- Nurse Leader Rounds
- Hourly Rounding℠
- Post Visit Clinical calls
- KWKT- Narrate care
- Whiteboards

- Reward and recognize or coach/counsel as appropriate to reinforce behaviors and achievement of results

- Processes that are consistent and standardized
- Software
- PDCA
- Lean
- Six Sigma
- Baldrige Framework

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Responsiveness: Correlates to Quality

Hospitals Rate per 1000 of PRESSURE ULCER STAGES III AND IV by their Percentile Ranking on Responsiveness

0-24th Percentile in "Patient Always Received Help When They Wanted"

25-49th Percentile in "Patient Always Received Help When They Wanted"

50-74th Percentile in "Patient Always Received Help When They Wanted"

75-99th Percentile in "Patient Always Received Help When They Wanted"
Responsiveness: Correlates with Readmissions

Average Heart Attack Readmission Rates by Responsiveness of Hospital Staff

<table>
<thead>
<tr>
<th>Percentile Range</th>
<th>30 Day Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24th Percentile in Responsiveness</td>
<td>20.1</td>
</tr>
<tr>
<td>25-49th Percentile in Responsiveness</td>
<td>19.7</td>
</tr>
<tr>
<td>50-74th Percentile in Responsiveness</td>
<td>19.8</td>
</tr>
<tr>
<td>75-99th Percentile in Responsiveness</td>
<td>19.6</td>
</tr>
</tbody>
</table>
## Talk Money To Me

**CMS Quality-Based Payment Initiatives Will Put More Than 7% of Payment at Risk**

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
<th>Risk Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Reporting Hospital Quality Data</td>
<td>2% of APU</td>
</tr>
<tr>
<td></td>
<td>for Annual Payment Update</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Value-Based Purchasing</strong></td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td><strong>Readmissions</strong></td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td><strong>Hospital-Acquired Conditions</strong></td>
<td>1%</td>
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<tr>
<td></td>
<td><strong>Meaningful Use</strong></td>
<td>1%</td>
</tr>
</tbody>
</table>

*Medicare payments are reduced 1% starting in 2015 with an increasing percentage point each year thereafter up to 5% in 2018.*
Talk Money To Me ~ FY 2014

1.25% Base operating 
DRG payments

Core Measures 
(45% Weight)

HCAHPS Composites 
(30% Weight)

Outcomes 
(25% Weight)

Readmissions 
(2%)

$3,000,000

376 bed hospital
630M Inpt revenue
45% Medicare

$3,543,750

Source: OPPS VBP Final rule 11.1.11
Note: Implementation FY 2014
Value Based Purchasing FY 2015

- **HCAHPS Composites** (30% Weight)
- **Outcomes** (30% Weight)
- **Core Measures** (20% Weight)
- **Efficiency** (20% Weight)

Base operating DRG payments

Total:

$
Diagnose:

- "What did you have to use your call light for this shift?"
- "What about last night?"
- "When you put your call light on who answers it?"

Visualize when in the room call light in place and assess patient knowledge of using it.
# Diagnose: Call Light Audits

**REASON FOR CALL LIGHT** *(Ex. IV, Bedpan, Pain Medication, etc. **Put tic mark in box**)*

<table>
<thead>
<tr>
<th>Check</th>
<th>RM#</th>
<th>Check</th>
<th>RM#</th>
<th>Check</th>
<th>RM#</th>
<th>Check</th>
<th>RM#</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
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<tr>
<td>Potty (bed pan, urinal, help to get up)</td>
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<tr>
<td>Position (help back to bed, help to get up, help to walk)</td>
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<tr>
<td>Proximity (need water, call light, etc)</td>
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<tr>
<td>Nurse (ask why?)</td>
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<tr>
<td>Pump/Clinical Alarms</td>
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<tr>
<td>Other (be specific)</td>
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Time is Money

700 calls/wk = 46 hrs

One Call Light = 4 Minutes of Care Giver Time

$36,660/yr
Dear ______________,

Your Call Light activity has been audited for the week of 2/11 through 2/18 on 5-East. The results of your patient call light activity are as follows:

Pain ____________
Potty ____________
Positioning ________
Proximity _________
Other ____________

Total Calls: _______

Proactive Patient Rounding is the goal and the results of the audit will guide your focus areas. To reduce your Call Light activity please focus on the following: ________________________________.

You do an excellent job in the area of ________________________________.

A follow-up audit will be completed soon to assist in refocusing your rounding activity.

Thank you,
Treatment
Interventions

“During Your Hospital Stay How Often Did You Get Help as Soon as You Wanted it?”

Responsiveness of Hospital Staff

Treatment: No Passing Zone
Treatment: No Passing Zone

YOUR CALL LIGHT IS IMPORTANT!!

I am recognized for keeping my patients safe by answering call lights quickly and efficiently.
“During Your Hospital Stay How Often Did You Get Help as Soon as You Wanted it?”

Responsiveness of Hospital Staff

- Treatment: No Passing Zone
- Prevention: Hourly Rounding℠
Prevention: Hourly Rounding®

Use opening key words (AIDET®)
Accomplish scheduled tasks

**TOP REASONS FOR CALL LIGHTS**
Address 3Ps (IP)
Address PPD (ED)
Address additional comfort needs

Conduct environmental assessment
Ask “Is there anything else I can do for you before I go? I have time.”
Tell each patient when you will be back
Document the round
Prevention: Hourly Rounding®

Hourly Rounding - Patient Satisfaction Increase

Overall Nursing

Pre One Hour Rounding: 79.9
During One Hour Rounding: 91.9

1 Hour Rounding ▶ +12.0 point mean increase

One Hour: n=18 units
“During Your Hospital Stay How Often Did You Get Help as Soon as You Wanted it?”

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Tactic / Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Leader Rounding</td>
<td></td>
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<tr>
<td>Ancillary Leader Rounding</td>
<td></td>
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<tr>
<td>Bedside Shift Report</td>
<td></td>
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<tr>
<td>Call Light Audits</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsiveness to call</td>
<td>Call Light Audits / Individual Call Light</td>
</tr>
<tr>
<td>lights</td>
<td>Audits</td>
</tr>
<tr>
<td></td>
<td>No Pass Zone</td>
</tr>
<tr>
<td>Prevention of call</td>
<td>Hourly Rounding℠ with Eight Behaviors</td>
</tr>
<tr>
<td>lights</td>
<td></td>
</tr>
</tbody>
</table>
“Change Before You Have To!”
— Jack Welch

For more information, contact me at
julie.kennedy@studergroup.com