

# Helping Hands

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### Inspira Medical Center, Woodbury, NJ

#### Rapid Improvement Event

##### PATIENT ROUNDING PROCESS TO IMPROVE PATIENT SATISFACTION

An interdisciplinary team was organized to implement meaningful patient rounds. Our goal was to improve patient satisfaction scores by enhancing the patient experience.

**WHY:** Patient satisfaction scores were in the 50th percentile and morale of the staff was low.

**WHERE:** Pilot the program on 6PW Adult Medicine

**WHEN:** Trial to start July 8, 2013 to Sept. 2013

**WHO:** Volunteers, nurses aides, bedside nurses

**WHAT:** Perform purposeful rounding during designated times: 6AM to 10AM and 6PM to 10PM

**HOW:** Designate/ Create a team consisting of a nurses aide and volunteer, who will round together, asking the 4P's. The timeframes not covered by our Helping Hands (HH) program, would be completed by the Registered Nurses and Nurse Aides for the unit.

**Purposeful Rounding:** Asking the 4P's

**Pain-** "Are you having any pain?"

**Position-** "Are you comfortable or need to be repositioned?"

**Personal elimination-** "Do you need assistance going to the bathroom?"

**Personal needs-** "Anything else I can get for you at this time?"

Results: The initiation of this pilot program dramatically increased our patient satisfaction scores by over 20% in the 3<sup>rd</sup> quarter of 2013. Since completion of the pilot program we continue to see an increase in our patient satisfaction score, and have expanded the program to include the cardiac step down, dialysis and orthopedic units. Data collection surrounding this program has shown that with consistent staffing, the Helping Hands program can continually improve patient satisfaction. Consideration has been given for approval to hire an individual for this position, to ensure consistency for our patients and staff.

#### Objectives

Helping Hands is a program designed by our staff as a result of a Rapid Improvement Event. The goal was to increase patient satisfaction, ensure safety and increase comfort during a patients stay. The purpose of this program is to anticipate the patient's needs and in turn:

- Decrease call bell usage over time
- Decrease stress for patients and nursing staff
- Decrease the interruptions
- Promote teamwork
- Provide an extra pair of hands on the unit during the most busy time of the shift
- Improve time management
- Increase patient satisfaction scores/reputation

Research (see references) has shown that patients who understand that a health care provider will visit their room every hour are less likely to request services between nursing rounds. Less interruption allows time for nursing staff to work more productively.

#### Materials and Methods

An interdisciplinary team was formed which included the Director of Adult Health, clinical and non-clinical leadership, bedside nurses, and nurses aides. Over the course of a week the team was charged to use the DMAIC (Define- Measure- Analyze- Improvement- Control) platform to evaluate best practice, understand our data, develop and implement a model to meet our needs. As a result the team:

- Researched similar successful programs in the United States
- Developed rounding sheets and call bell log
- Educated staff to the program
- Involved volunteers: Can and Cannot do list
- Trained the staff and volunteers
- Purchased a cart
- Developed a pre-and post-program survey for nurses
- Developed a program survey for our patients
- Conducted patient interviews by volunteers and team
- Created laminated signs for patient rooms

*The Helping Hand aide and volunteer would round from 0600-1000 and then again from 1800-2200. They would introduce themselves, inform the patient that they should anticipate a staff member would be back on an hourly basis to check in on them. The Helping Hands staff member would ask about the 4 P's: pain, potty, personal needs and positioning.*

#### Tools

Response: Team approach, patient centered

- Green light/red light-Do not walk by call lights/bed alarms/emergency alarms
- Addressing/introducing self to patient and stating purpose
- Prior to leaving, ask if there is anything else that you can do for the patient.
- Next day after admit, staff to review patients goals, making sure we are meeting their needs.
- White boards need to be completed with nurse, aide, phone numbers, diet/diet changes, and goals.
- Staff answering lights can call staff using patient phones, after asking if it is ok to use.
- Clerks to call staff on spectralink phone to decrease overhead paging and noise levels.

Scripting examples:

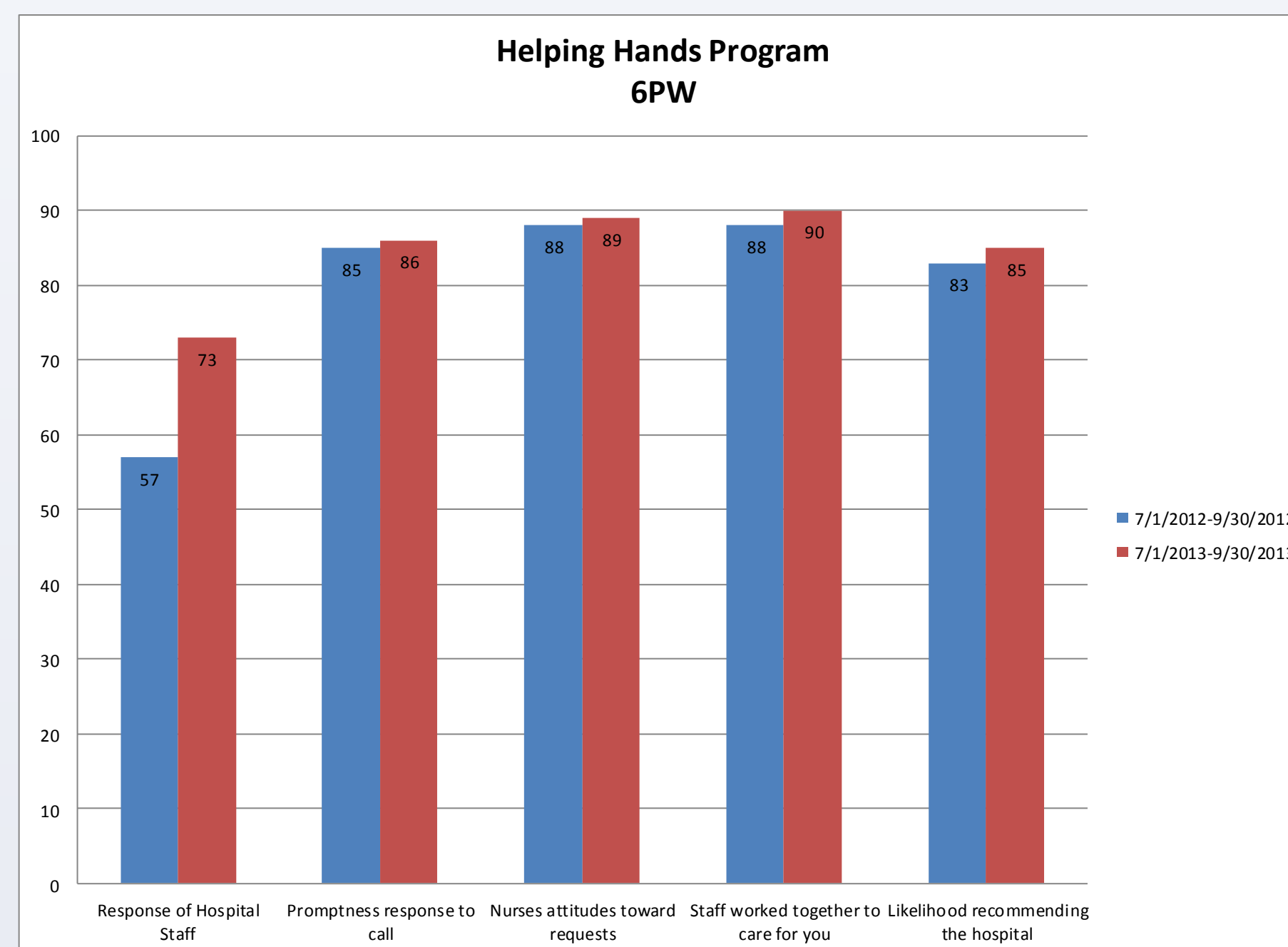
- Hello, I am \_\_\_\_\_. I am a nurse on the unit. How can I help you?
- Complete the task or notify appropriate staff.
- Before leaving the room, ask if they "have everything they need? Or is there anything else I can get for you?"
- Hello I am \_\_\_\_\_, your housekeeper for the day. I am here to \_\_\_\_\_.
- Complete the task and state that to the patient before leaving room.
- Prior to leaving, ask if there is anything else that you could help them with.

- Hello, I am \_\_\_\_\_, I am answering your call light. How can I help you?
- Either complete task or notify appropriate staff. Let patient know that you will be informing a staff member who can assist them.
- "Is it ok if I use your phone to get some help for you?" Ok to notify first staff member that you see or call nurse/nurse aide from patients room using the patients hospital phone.

#### Helping Hands (HH): C.N.A. and Volunteer Survey

- What are the patients' biggest/common needs?
- Do you feel you/HH are meeting the patients' needs?
- Do patients understand the HH's program?
- What can we change to make for a better program?
- Suggestions for additional supplies or items we should remove from the HH cart.

#### Results



**\*\* Graph depicting 3Q2012 and 3Q2013**

#### Challenges:

- Staffing: most of the Helping Hands nurse aides are students and per diem staff which can limit their availability.
- Volunteer Staffing: reliability (all students) and engagement.
- High census: creating a shift in duties.
- Merger: caused employee engagement issues
- Implementation of new computer system.
- Change in leadership.

#### Kudos:

- Decrease in Falls
- Expanded program to include cardiac step down, dialysis and orthopedic units
- Increased staff availability to do bedside reporting
- Patient satisfaction scores are improved.
- Easy program to implement

CAHPS		Inpatient-W4PW Inspira Medical Center Woodbury			
		Oct '13 - Dec '13	Jan '14 - Mar '14	Apr '14 - Jun '14	Jul '14 - Sep '14
		Top Box	Top Box	Top Box	Top Box
Rate hospital 0-10	62.6 ▲	56.0 ▼	46.9 ▼	59.4 ▲	
Recommend the hospital	54.4 ▲	52.7 ▼	52.6 ▼	59.4 ▲	
Cleanliness of hospital environment	64.8 ▲	68.2 ▲	61.3 ▼	69.2 ▲	
Quietness of hospital environment	39.6 ▼	40.7 ▲	36.3 ▼	44.4 ▲	
Comm w/ Nurses	83.6 ▲	76.5 ▼	72.8 ▼	86.9 ▲	
Response of Hosp Staff	71.9 ▲	60.2 ▼	54.5 ▼	63.4 ▲	
Comm w/ Doctors	77.0 ▲	70.1 ▼	70.4 ▲	77.6 ▲	
Hospital Environment	52.2 ▲	54.4 ▲	48.8 ▼	56.8 ▲	
Pain Management	76.1 ▲	64.9 ▼	67.9 ▲	70.0 ▲	
Comm About Medicines	57.6 ▼	57.0 ▼	52.0 ▼	61.8 ▲	
Discharge Information	78.2 ▲	78.7 ▲	78.4 ▼	84.6 ▲	

Displayed by Discharge Date

**\*\*Information reflects the implementation of Helping Hands on our Cardiac Step Down unit starting July 1, 2014**

*"Individual commitment to a group effort-that is what makes a team work, a company work, a society work, a civilization work."*

**Vince Lombardi**

#### Conclusions

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*I was admitted to 634B and again praise are to be paid for the nurses and staff. And the best is Inspira's pilot program Helping Hands!*

#### References

Our committee reviewed several articles, using Evidence based practice to develop our program:

- Baker, S. J. (2012, January). Hourly Rounding in the Emergency Department: How to Accelerate Results. *Journal of Emergency Nursing*, 38(1), 69-72.
- Meade, C. M., Bursell, A. L., & Ketelsen, L. (2006, September). Effects of Nursing Rounds on Patients' Call Light Use, Satisfaction and Safety. *American Journal of Nursing*, 106(9), 58-70.
- Rondinelli, J., Ecker, M., Crawford, C., Seelinger, C., & Omery, A. (2012, June). Hourly Rounding Implementation A multisite description of structures, processes and outcomes. 42(6), 326-332.
- Shepard, L. H. (2013). Stop going in circles! Break the barrier to hourly rounding. *Nursing management*, 13-14.

#### Acknowledgements

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