Responsiveness Quality Improvement Project

Inpatient Acute Care

Joshua R. Smith
DNP, RN, CCRN-K, NEA-BC
Objectives

- Review clinical problem related to responsiveness of staff
- Describe Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) responsiveness scores
- Review evidence related to clinical problem and interventions
- Review responsiveness project interventions
- Identify baseline and outcome data
- Review responsiveness recommendations
The HCAHPS national average for responsiveness of staff was a top box score of 68%.
The site was performing at 57% top box for adult inpatient units.  
87% of like-size hospitals were outperforming the site in HCAHPS responsiveness of staff.

Lack of hospital staff responsiveness:
- Problem for hospital reputation
- Poor patient experience
- HCAHPS results can impact reimbursement

ROCHESTER REGIONAL HEALTH
Responsiveness Questions

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Responsiveness
Research Evidence

- Structured rounding models that are used:
  - Intentional Rounding
  - Hourly Rounding

- Survey findings indicated a range of concerns:
  - Extra tasks that take away from real needs
  - Increases unnecessary work
  - Staff feel no relationship between intentional rounding and patient safety
  - Uses unnecessary rounding schedules $^{2,3,4,5}$
Research Evidence

No Pass Zone
- Patient Call lights represent a patient need
- No hospital staff should pass by without acknowledging the need
- Staff use standard script to introduce and acknowledge the need and summon help appropriately if need is in scope

Single Research Studies
- Brings multiple disciplines to address patient needs
- The program correlates with staff engagement
- Improvement in HCAHPS responsiveness scores with No Pass Zone
  - 8.9 points on orthopedic/medical-surgical and
  - 10.7 points for medical telemetry for the top box in Responsiveness of Staff measured using the HCAHPS in six months following the implementation of the No Pass Zone.
  - Nursing satisfaction correlates with the implementation of the No Pass Zone.

ROCHESTER REGIONAL HEALTH
Purpose

This project aims to improve staff responsiveness by implementing a responsiveness intervention plan, known as the No Pass Zone Initiative for adult inpatient Medical, Surgical, Cardiac, and Critical Care units at a community hospital with the goal of increasing the HCAHPS Responsiveness of Staff and Willingness to Recommend top box percentile.
The No Pass Zone Initiative requires each clinical, and non-clinical staff member to respond to patient call bells and ensure that immediate needs are acknowledged.

No call light should be passed by without either answering or ensuring another team member is able to respond.
AIDET for Call Light Response

Clinical Team:

- The acronym AIDET serves as a guide when stopping at the patient’s room to assist.
  - Acknowledge
  - Introduce
  - Duration
  - Explanation
  - Thank you
Non-Clinical Team Members (cont.)

- Please Do not:
  - Physically assist a patient
  - Turn off alarms
  - Enter an isolation room (unless trained)
  - Offer pain relief
  - Explain clinical matters
  - Explain tests and treatments or patient scheduling
  - Manage an IV or IV pump
  - Assist patient with eating or give a drink
  - Raise or lower a patient bed
  - Assist a patient in or out of bed
Outcome Objectives: Short Term

1. HCAHPS Responsiveness of Staff top box scores will increase from 57% to 62%, as evidenced by a 5% increase in monthly inpatient Press Ganey Survey responses compared to baseline data.

2. Willingness to recommend top box score will increase from 60% top box to 62% top box on the HCAHPS monthly survey data, as evidenced by a 2% improvement compared to baseline data.

3. Average call bell response times will decrease from 3 minutes at baseline to 2 minutes per call bell initiation (33% reduction).

Outcome Objectives: Long Term

1. HCAHPS Responsiveness of Staff top box scores will increase from 57% to 68% on inpatient monthly Press Ganey Survey responses, as evidenced by an 11% increase in the top box score compared to baseline data.

2. Willingness to recommend top box score will increase from 60% top box to 65% top box on the HCAHPS monthly survey data, as evidenced by a 5% improvement compared to baseline data.

3. Average call bell response time will decrease from 3 minutes at baseline to 1 minute and 30 per call bell initiation (50% reduction).

ROCHESTER REGIONAL HEALTH
Framework
Plan Do Check Act

- Identify Problem
- Implement Best Solution
- Test Potential Solutions
- Study Results

ROCHESTER REGIONAL HEALTH
Methods/Implementation

Plan
- Project Timeline Developed
- Education Program Developed
- Stakeholders Engaged
- Baseline Data collected and Analyzed
- NPZ Champions Recruited

Do
- Education assigned in online learning center
- In-Person Education on No Pass Zone
- Adherence to No Pass Zone Monitored
- Call bell response times reviewed/shared
- Monthly Tracking/Sharing of HCAHPS results
Methods/Implementation

Check
- Auditing Call Bell Response
- Call Bell Response Times analyzed
- HCAHPS Survey Responses Analyzed Compared to Baseline and Objectives

Act
- Present Findings to Patient Experience Team and Stakeholders
- Monthly Auditing for NPZ Adherence
- Share Monthly Data
- Embed NPZ into new employee orientation for team members and agency staff
Results

Acute Care Responsiveness of Hospital Staff

- Pre Intervention (n 976)
  - Responsiveness of Hospital Staff (% Top Box): 57.9
- Post Intervention (n 260)
  - Responsiveness of Hospital Staff (% Top Box): 57.3

Goal = 62%

HCAHPS Responsiveness of Staff Percent Top Box by Unit

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Post-Implementation</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Top Box</td>
<td>% Top Box</td>
<td></td>
</tr>
<tr>
<td>Cardiac/COVID</td>
<td>64.7</td>
<td>57.8</td>
<td>-6.9</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>52.8</td>
<td>45.3</td>
<td>-7.5</td>
</tr>
<tr>
<td>Surgical</td>
<td>72.7</td>
<td>80.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Critical Care</td>
<td>67.7</td>
<td>81.6</td>
<td>13.9</td>
</tr>
<tr>
<td>Total</td>
<td>57.9</td>
<td>57.3</td>
<td>-0.6</td>
</tr>
</tbody>
</table>
# Results

## Patient Willingness to Recommend the Hospital

![Patient Willingness to Recommend the Hospital](image)

- **Pre Intervention** (n 729)
- **Post Intervention** (n 282)

- **Recommend the Hospital (% Top Box)**
- **Recommend the Hospital (% Rank)**

- **Goal=62%**

## HCAHPS Willingness to Recommend Percent Top Box by Unit

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Post-Implementation</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Top Box</td>
<td>% Top Box</td>
<td></td>
</tr>
<tr>
<td>Cardiac/COVID</td>
<td>62.2</td>
<td>53.9</td>
<td>-8.3</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>59.3</td>
<td>52.1</td>
<td>-7.2</td>
</tr>
<tr>
<td>Surgical</td>
<td>68.8</td>
<td>68.3</td>
<td>-0.5</td>
</tr>
<tr>
<td>Critical Care</td>
<td>61.5</td>
<td>66.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Total</td>
<td>60.7</td>
<td>56</td>
<td>-4.7</td>
</tr>
</tbody>
</table>
### Process & Outcome Analysis

<table>
<thead>
<tr>
<th>Unit</th>
<th>Call Bell Response Time Pre-intervention (min:sec)</th>
<th>Call Bell Response Time Post-intervention (min:sec)</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac/COVID</td>
<td>0:47</td>
<td>0:39</td>
<td>17%</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>4:58</td>
<td>4:35</td>
<td>8%</td>
</tr>
<tr>
<td>Surgical</td>
<td>2:29</td>
<td>1:56</td>
<td>22%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>1:18</td>
<td>1:13</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2:37</strong></td>
<td><strong>2:06</strong></td>
<td><strong>20%</strong></td>
</tr>
</tbody>
</table>

### NPZ Audit Results

<table>
<thead>
<tr>
<th>Unit</th>
<th>Call Bell Observations</th>
<th>Percent Adherence NPZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac/COVID</td>
<td>50</td>
<td>85%</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>60</td>
<td>82%</td>
</tr>
<tr>
<td>Surgical</td>
<td>50</td>
<td>87%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>40</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>86%</strong></td>
</tr>
</tbody>
</table>
Review of Project Strengths & Challenges

- Data to support problem - persuasive +
- Evidence in Literature - strong +
- NPZ Champion role - essential +
- Burnout, turnover, high vacancy -
- Agency staff utilization increase -
- Project Significantly impacted by COVID -

NYS COVID-19 Cases

Project/Measurement Period
Deviation to Original Plan & Lessons

- Unable to complete employee satisfaction survey
- Champion turnover – address quickly
- Huddles were essential with high turnover
- In-person education more effective than electronic
- Burnout Impact
- Coaching is Critical
Embed Education in the onboarding

Assign education in e-learning platform annually

Emphasize all disciplines involved with the NPZ

Education with the emphasis on patients' needs

Visible hospital leadership support in huddles
References


Thank you - Questions?

Contact:

Joshua R. Smith, DNP, RN, NEA-BC, CCRN-K

Director of Nursing

Inpatient Acute Care & Surgical Services

Newark-Wayne Community Hospital

Rochester Regional Health

Josh.smith@rochesterregional.org