

A Hospital Answers the Question of What to Do *After* Reaching the Top of the List for Performance

Raising the Bar Even Higher

By Todd Sloane, Editorial Manager, Press Ganey Associates

Nursing councils, such as this one at the Hospital for Special Surgery in New York, foster open dialogue about care and service issues.

Even a facility that has risen to the top of the Press Ganey all-facility database for “likelihood to recommend” can’t rest on its laurels for long. The Hospital for Special Surgery (HSS) in New York has seen a surge in surgical volume in the past three years (up 30%), and the challenge has been to balance growth with meeting its goal of continually elevating the quality of service provided to patients and visitors.

Based on patient feedback and a review of emerging best practices, hospital leaders knew that taking an interdisciplinary approach toward communication and coordination of care was the most strategic approach to meeting that challenge.

“Our vision is to be the best in the world in our specialty,” says Louis A. Shapiro, president and CEO of HSS. “No matter what our level of success has been, we strive to lock in that level of performance and then find what we can do to move up to the next level. Our patients expect us to continuously raise the bar for excellence, and we expect it of ourselves.”

So, recently hospital leaders, working with employees, developed HSS’ Patient Experience Strategic Plan, which seeks to enhance the pre-operative, surgical and post-operative patient experience. To ensure interdisciplinary participation, deployment of the plan was spearheaded by senior leaders of nursing, service excellence and human resources.

Pre-operative Experience Improvements

One of the biggest projects is a new, centralized call center staffed full-time by nurses, who provide pre-operative instructions to all patients prior to surgery and reinforce patient expectations of the surgical process. Prior to this model, the process had been fragmented. Patients often made multiple phone calls to physician offices and surgical centers in search of the appropriate staff to address their questions prior to surgery. Reaching out to patients in this manner is designed to alleviate stress, especially the night before surgery.

Once patients arrive on the day of surgery, they are greeted by patient liaisons in the waiting areas. These staffers collaborate with staff in the operating suite to keep patients and family members informed as the surgery progresses.

"We give patients and families every little thing they need," says patient liaison Nelson Rodriguez. Snacks and amenities are available for visitors and families to ensure that they are as comfortable as possible while their loved one is having surgery. Liaisons also coordinate "reassurance" family visits to patients in the recovery room after surgery.

HSS recently created a clinical nurse liaison role to further enhance the precision of communication to families when complications arise in the operating suite or during lengthy, complex surgical cases such as spine and pediatric orthopedic surgery.

Sheila Byrne, RN, clinical nurse liaison, describes her role as "doing everything I can to keep patients and their families well-informed and confident throughout their stay at HSS." She rounds throughout the day between the holding area, operating rooms and recovery room, interacting with surgeons, anesthesiologists and other nursing staff to make sure everyone is kept fully abreast of all developments.

Byrne's attention to families and patients does not end once the patient leaves the recovery area. "I don't forget about you after surgery. I visit the children and post-op patients every day after surgery. I also visit patients who have gone to (intensive-care units), and will follow them until their return to HSS. These are very serious surgeries. A familiar face can calm nerves," she says.

Staff Development

The HSS nursing department, led by Senior Vice President of Patient Care Services and Chief Nursing Officer Stephanie Goldberg, MSN, RN, reviewed evidence-based practices to redesign the care delivery model with the goal of enhancing quality and service while meeting the unique needs of the patient population at HSS. This redesign is built around a concept of a clinical ladder and formal structure that provides all nurses with appropriate support, training, engagement and career direction. All internal promotions, as well as the hiring of new nurses, involve a panel of charge nurses and nurse managers interviewing nurses to ensure cultural fit, ability to perform under pressure and nursing staff buy-in.

This ladder program was developed in close collaboration with human resources and gave nurses at HSS the opportunity, based on experience and commitment to professional activities and education, to apply for advancement. "This structure provides nurses with the opportunity to learn and grow, thus enabling them to do what they do best each and every day," says Bruce Slawitsky, vice president of human resources and service excellence. "Engaged employees lead to happy patients. It is that simple."



The Hospital for Special Surgery in New York has adopted a new Patient Experience Strategic Plan, which seeks to enhance the pre-operative, surgical and post-operative patient experience.

The clinical nurse specialist position was created to enhance nursing staff orientation to HSS, promote a point-of-care education model and provide sharing of best nursing care practices in the industry. Clinical nurse specialists are master's-level nurses with management, teaching and research experience. "Nurses don't receive the service aspect of nursing at school, and that is extremely important at HSS. So they get service training here," says Ingrid Herrera-Capoziello, MSN, RN, who, with her peers, also serves as a mentor to nursing staff and provides guidance to staff as they grow and develop at HSS.

Engaging Staff to Enhance the Inpatient Experience

Listening to nurses' needs and improving efficiencies for care delivery at the bedside are essential to the success of HSS' strategic plan. "Nurses are encouraged to share ideas, and these ideas are evaluated with other members of the interdisciplinary team on feasibility, and then we go ahead and try it," says Ann LoBasso, MBA, RN, director of the inpatient and post-acute-care units. "If something works, great, then that becomes part of what we do. If not, then nurses are empowered to come up with an even better idea."

One idea that took root was the restructuring of the large nursing units of 42 beds into two smaller units of 20-22 beds, each with its own medication and supply rooms. "Nurses were often queued up outside the medication room, delaying the administration of medication to patients," LoBasso says. Based on this feedback from staff, nursing leadership met with the pharmacy, engineering, housekeeping and biomed departments to develop and implement this redesign, which allows nurses to be physically closer to patients. Closer proximity has improved response time to call-bell requests, which led to improved Press Ganey scores.

To support self-governance, nursing councils were created to foster open dialogue about care and service issues. Patient satisfaction dashboards and patient comments are now shared with staff each month. Leadership from other disciplines is invited to follow up on any identified issues, and solutions are discussed at the council meetings. "Nurses really have a voice," says Jesse Mejilla, RN, who serves on the inpatient council. "Ann (LoBasso) really gets things done. She doesn't wait to help nurses solve a challenge they identify," he says. "This definitely improves patient satisfaction. If nurses are happy and enjoy coming to work, patients can tell and they're more satisfied."

Adopting Best Practices, One Unit at a Time

Hourly rounding on the units was a mandate for all units and was important to proactively meeting the needs of HSS patients during the post-operative phase by addressing their needs for pain management, patient comfort and positioning. "Hourly rounding had been attempted for two years but was not yet hardwired in the fabric of the organization," says Geri DiLorenzo, RN, a nurse manager.

Each unit manager was given the challenge to create a plan to include this practice for every shift. DiLorenzo worked with her staff and the clinical nurse specialist to develop a campaign to include a script, provisions for point-of-care education for each staff, and the implementation of nurse leadership rounding to ensure that staff was practicing hourly rounding.

As a result of these efforts, Press Ganey scores improved dramatically, and this model was instituted on the other units. The nursing section metrics have improved by 4.8 points since 2007.

To involve patients in their daily care plans, HSS developed an interdisciplinary approach to rounding that includes nurses, case managers, nutritionists, physical therapists and prescribers (usually a physician or physician assistant), who round together and discuss progress with patients each morning. Each member of the team introduces him or herself to the patient, gives a status report, and asks if the patient has any questions. This improves provider/patient communication as well as care coordination, since everyone on the team, including the patient, is on the same page. This framework has improved patient ratings on “overall rating of care” by 3.1 points, and HSS has attained the 99th percentile for the past five consecutive quarters as measured against other Magnet hospitals.

Promoting a Positive, Lasting Impression

Every patient receives a discharge phone call to make sure recovery is going smoothly. In addition to using a call script, nurses making the discharge phone calls have access to specific clinical information for the patient so that they can promptly address specific patient questions about follow-up care. Nurses who are mentioned positively during these calls are

given recognition during staff meetings and certificates to the hospital cafeteria. Patients who are dissatisfied with any aspect of service delivery receive a follow-up call from the nurse manager of the unit. Case management staff also make follow-up phone calls to patients who are discharged to rehabilitation centers to ensure a seamless transition to home.

“As length of stay has decreased, a patient’s discharge needs have increased,” says Anne Stroud, RN, a nurse manager. Often, follow-up requires more than one call per patient. “If there is a problem with discharge instructions, we call the appropriate caregivers,” she says. “We do a lot of monitoring of patients’ discharge meds and treatments. We may have to call the pharmacy or the doctor’s office for the patient. At times we refer issues that are beyond our scope of practice to the patient advocate.” Stroud believes this vigilance in discharge follow-up has directly improved patient satisfaction. “Patients feel safe and want to return to HSS for further orthopedic treatment when needed.”

Overall patient satisfaction has improved by 2.8 points since 2007 as a result of new initiatives throughout the surgical process, ranging from pre-operative care to day of surgery to post-discharge care. By redesigning the delivery model and engaging staff in this transformation, provider-patient communication has improved and patients enjoy an improved experience, reflected in the fact that 91% of patients discharged from HSS would recommend this hospital to their friends and family.



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