This Solutions Starter provides best practices, research and tools to help you improve the delivery of health care. These solutions are linked to the standard survey domains and questions required on the CMS-sponsored HCAHPS survey, making it easy to find the information you need. Many of these solutions also can be used to help you improve performance on your custom, or nonstandard, questions.

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Communication with Nurses
Communication with Nurses

During this stay, how often did nurses treat you with courtesy and respect?

QUESTION DEFINITION

This question asks patients to estimate how frequently nurses exhibited the behaviors associated with respect and courtesy. Nurses who demonstrate these behaviors will exhibit excellent manners and social conduct that show respect for the patient.

VOICE OF THE PATIENT

The nurses were very professional, attentive and friendly and helped take my mind off the pain.

When in ICU, there was one nurse who was rude, unfriendly and had no patience. She never tried to understand what I was saying.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Knock before entering a patient’s room.
- Use engaging body language to express interest in what the patient is saying.
- Make eye contact.
- Shake the patient’s hand (where appropriate).
- Sit at the bedside to make the patient feel as if you are spending enough time with him or her.
- Cover a patient with a gown or blanket to avoid exposing parts of the patient’s body unnecessarily.
- Listen to what the patient has to say without interrupting.
- Introduce yourself and explain your purpose to the patient and family members every time you enter a patient’s room.
- Ask the patient and family members if there is anything else you can do before leaving the room.
- Ensure that conversations with patients and family members are private and cannot be overheard by others.
- Speak positively about other patients, staff and the organization.

Processes/Operations

- Adopt patient experience behavioral standards (also known as “service standards”). Behavioral standards are the minimum expectations for staff members’ conduct. Every staff member must demonstrate them consistently in order to convey courtesy and respect to patients and family
members. Several examples of service standards are listed previously in the “Essential Behaviors section.” Assess how frequently staff members exhibit behavioral standards to ensure consistency and to hold them accountable. This can be done by:

- Mystery shopping. Ask a staff member from another unit or a volunteer who is not well known by the staff to pose as a patient for 24 hours. Give the mystery shopper a list of behavioral standards to observe and ask him or her to keep track of how often each staff member demonstrated each behavioral standard during the 24-hour period. Provide a log to track each behavioral standard for each staff member.

If a behavioral standard is demonstrated less than 80% of the time, more work is required to increase compliance for the standard. If the standard is being demonstrated 80% or more of the time, it is appropriate to move on to interventions that are more complex, such as demonstrating empathetic communication skills or implementing a service recovery program.

- Hire nurses who naturally exhibit excellent service behaviors. A nurse’s natural inclination to provide compassion as well as internal motivations to provide caring service to patients and family members will serve as strong predictors of success in demonstrating courtesy and respect. Hire nurses who consistently live service behaviors by:
  - Conducting peer interviews. This allows the team to determine if the potential new hire will fit with the culture of the unit.
  - Asking prospective nurses, “What do you consider essential service behaviors?”
  - Using behavioral-based questioning for every hire on the unit (e.g., “Tell me about a time when you went out of your way to demonstrate respect for a patient.”)

- Implement dedicated nurse-to-patient time after admission. Patients want to feel that health care staff respect them and listen to them. Task one nurse with visiting each patient within 30 minutes of a patient entering his or her hospital room to inquire about the patient’s fears and concerns and to determine ways to comfort the patient. For example, a nurse may learn that a patient is anxious about who will care for a pet at home. Caring transcends diagnosis, and eliminating patients’ concerns early in the hospital stay ensures that they are focused on healing rather than personal worries at home. Nurses can learn about a patient’s fears and concerns by:
  - Assessing the patient’s understanding of the reason for the hospital stay by asking questions such as:
    - Have you ever stayed in a hospital before?
    - Have you ever stayed at our hospital before?
    - What happened that caused you to be in the hospital?
    - What fears do you have about being in the hospital?
    - Would you like any spiritual guidance or support while you’re here?
  - Identifying a patient’s comfort level and concerns by asking questions such as:
    - Are you currently having any pain?
    - How long has it been since you’ve eaten?
    - Do you have any ethnic, cultural, spiritual or religious needs related to food or other care that we should know about?
  - Learning about the patient’s support system by asking questions such as:
    - Who should I call in case of emergency?
    - Can you confirm that your primary care physician is ________?
  - Providing ways for patients to ask questions, and therefore participate more in their own care during the hospital stay, such as:
- Sharing a hotline that patients can call to ask questions.
- Telling patients how to voice concerns or complaints during the stay.

- Train nurses on proper introductions with patients. Nurses should follow a three-step process when introducing themselves to a patient for the first time:
  - Shake the patient's hand. Meanwhile, remain sensitive to nonverbal cues that might indicate whether the patient is open to shaking hands. (Patients may not want to shake hands if they cross their arms, don’t reach out to reciprocate the nurse’s handshake, won’t make eye contact, etc.)
  - Greet the patient using his or her first name. This might sound like, “Good morning, Meghan. It’s a pleasure to meet you.”
  - Introduce yourself using your first and last name. This might sound like, “My name is Barbara, and I’ll be your nurse until 7:00 p.m.”

Many organizations update the whiteboard in patients’ rooms with the name of the nurse on duty. It can reduce a patient’s anxiety (and demonstrate respect) when a nurse introduces him or herself properly.

- Train nurses on nonverbal detection and expression of empathy. By training nurses to detect nonverbal communication of emotions and to express empathy, you are setting them up to create a caring, courteous patient experience successfully. To detect nonverbal communication of emotions and express empathy, train nurses to:
  - Maintain eye contact. This is especially important for clinicians using multiple forms of technology during an interaction with a patient.
  - Decode facial expressions. The ability to decode facial expressions, especially those that communicate fear, is a way to identify emotions that patients cannot or will not express verbally, and it is tied to the care provider’s ability to express empathy. If a nurse detects that a patient is nervous because of fidgeting hands, she will know to inquire further about the patient’s fears by asking probing questions.
  - Maintain welcoming body language. For example, sitting down with patients at eye level conveys interest in and time for patients.
  - Use a warm, courteous and respectful tone of voice.
  - Listen to the patient’s whole story. Pull together facial expressions, body language, the patient’s verbalized concerns, the diagnosis, etc. to fully appreciate the patient’s comprehensive story and to guide communication with the patient.
  - Respond with empathy and acknowledge suffering. Communicate in a caring manner when patients or family members express concerns or voice their fears. For example, “You must have been so concerned when your wife passed out in the bathroom at home.” Sometimes clinicians tend to interrupt with a solution when patients have expressed concerns. Training nurses to respond with empathy before jumping in with a solution can be an excellent way to demonstrate empathy, courtesy and respect.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Suggested Inpatient Behavioral Standards Specific to Pain Management
Exercising Service Standards to Increase Patients’ Likelihood to Recommend
UP! Webinar: Addressing Fear and Anxiety to Reduce Suffering
Communication with Nurses

During this stay, how often did nurses listen carefully to you?

QUESTION DEFINITION

This question asks patients to estimate the frequency with which nurses carefully listened to their questions, comments and concerns. Patients perceive careful listening through body language, verbal confirmation and subsequent action based upon this shared conversation. Careful listening is also evidenced in a willingness to personalize care by taking the individual person into account.

VOICE OF THE PATIENT

Melissa has been extremely attentive, listened to my questions and concerns, and addressed them in a manner of respect.

I have rolling veins. I tried to explain that, but the nurse would not listen and continued to blacken my arm.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Body language matters. Use body language that demonstrates careful listening, such as nodding, eye contact and sitting down at the patient’s level.
- Confirm that you understand what a patient is saying by using verbal cues, such as “I see” or “Okay,” and by summarizing what the patient has said once finished. Use the following formula to convey understanding:
  - Communicating your goal to understand. Patients won’t know you’re making an effort to understand if you don’t verbalize it. This sounds like:
    - “I want to be sure I understand what you’re saying.”
    - “Let me make sure I’m clear.”
    - “Let’s talk about this so I can be sure I’m on the same page.”
    - “Let’s talk more so I can be sure I know what your needs are.”
  - Summarize what was said. Patients cannot determine whether you’ve heard them unless you can repeat it back. Summarizing sounds like:
    - “So what I’m hearing you say is …”
    - “Let me repeat that back to you so I’m sure that I have it.”
    - “Let me make sure I understand. You’re saying …”
    - “You said that you ____, ____ and ____. Is that correct?”
- Follow through when patients make requests or ask questions because it is important for patients to feel empowered and involved in their care decisions. If you cannot personally handle what has been requested or asked of you, make sure to communicate with the patient about who will follow up and when.

Avoid interrupting. Out of concern, care providers often jump in with a solution before a patient has finished expressing him or herself. When a patient is regularly interrupted, or when the solutions offered do not meet a patient’s needs, anxiety may increase. Give each patient time to finish talking before responding. When you’ve given patients time to speak, acknowledge what they’ve said, empathize with their feelings, and respond accordingly.

Minimize distractions. Time constraints and pressures are often unavoidable, but they should not compromise patient care. Coordinate care with other nurses, aides and providers to avoid reading charts or answering phone calls once you’ve entered a patient’s room.

Be inquisitive about the patient and the person. Ask patients questions about their health, what caused the hospitalization, how they feel about being in the hospital, etc. Moreover, demonstrate caring that goes beyond the diagnosis by engaging patients in conversations about their lives. Refer back to these responses in future conversations with the patient. For example, “You mentioned earlier that you were concerned about X,” or, “I can imagine you’ll be happy when you can get out on the golf course again.”

Processes/Operations

Provide training to develop nurses’ listening skills. This can be done by:

- Role-playing. During team meetings, break nurses up into groups of two. Assign one nurse the role of the patient and one nurse the role of the nurse. Provide a realistic scenario of a typical conversation between a nurse and a patient. Ask the person playing the role of the nurse to demonstrate verbal and nonverbal listening skills. After the role-play is complete, partners should discuss the nurse’s listening skills. Debrief by conducting a brainstorming session with the whole team on ways to improve listening skills based on what was learned through the role-play activity.

- Demonstrating active listening. Invite two nurses who are effective listeners to conduct a skit in front of a group to demonstrate what nonverbal and verbal listening skills look like when someone is listening carefully.

- Showing videos that demonstrate active listening. Search the internet for videos that show health care professionals listening carefully to their patients. Talk about the videos as a group and discuss the words and actions that made the nurse in the video a good listener.

- Teaching nurses to summarize what patients have said. For example, a nurse might summarize by saying, “What I’m hearing you say is that you’ve had chest pain and some dizziness. Is this correct?”

During this training, remind staff that patients not only want answers to questions, they also want you to understand and acknowledge the inconvenience and suffering associated with being a patient.

Reward nurses for listening carefully when it has resulted in an especially positive patient experience. For example, a caring nurse uses her lunch hour to call a patient’s mother to explain new medications after learning that the patient did not fully understand medication instructions. The nurse’s supervisor could:

- Use time in a department meeting to recognize a nurse for listening carefully to (and acting upon) a patient’s needs and concerns.

- Put a nurse’s name in a monthly drawing for a cash prize.

- Send a note to the hospital’s CEO explaining what a nurse has done to demonstrate careful listening and exceptional follow-through.

- Give a nurse a gift card for a free coffee from the cafeteria.
• Present a nurse with an award for excellent listening in front of his or her peers. Public recognition for nurses who demonstrate good listening skills that resulted in positive patient experiences is especially effective because other nurses will strive to model this behavior.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP! Webinar: Using Explanations, Listening and Expectations to Improve Communication Between Patients and Providers and to Boost HCAHPS Performance

The Value of Active Listening Training
Communication with Nurses

During this stay, how often did nurses explain things in a way you could understand?

QUESTION DEFINITION

This question asks patients to estimate the frequency with which nurses provided an easy-to-understand explanation. The patient will try to look back at each specific encounter with the nurses and recall whether the nurse effectively communicated the situation and resolved the patient’s questions, reservations and uncertainties while using plain language.

VOICE OF THE PATIENT

*Each nurse explained in detail everything I needed to know, and did so with a wonderful attitude.*

*I had unexplained bleeding during my labor and my epidural did not work. I ended up having an emergency C-section. I still don't understand what exactly went wrong. It was never explained to me even though I asked."

IMPROVEMENT SOLUTIONS

**Essential Behaviors**

- Use written materials to complement verbalized instructions. Actively review documentation, showing where information is located, so that patients have familiarity with reference materials after they have left the hospital.
- Don’t assume that patients understand what is being explained. Patients may not be familiar with medical jargon, acronyms, tests, procedures, lab results, etc. that are common knowledge for health care providers. Spell out explanations proactively by using plain language, using the full title for tests (rather than acronyms), reviewing lab results together, etc.
- Confirm that a patient understands by asking him or her to summarize or “teach-back” about what has just been explained. It is not effective to simply ask patients or family members if they understand because most will say they do without giving it much thought or because they are embarrassed for not knowing.
- Repeat important information several times during a patient’s stay.

**Processes/Operations**

- Provide continuing education for nurses, specifically on explaining tests and procedures to patients. The tests and procedures that patients undergo are often specialized to such a degree that nurses may not be prepared to answer common questions about them.
Provide nurses with educational materials that they can distribute to patients while explaining tests and procedures. Use the following guidelines to ensure that written educational materials are patient friendly:

- Take care to ensure that the reading level of patient materials matches the reading skills of patients. Materials should be written at or below the sixth-grade reading level.
- Limit content to what patients really need to know. Avoid information overload. Use only words that are well known to individuals without medical training (i.e., plain language).
- Highlight, underline, circle and/or number key points to help patients remember key information about caring for themselves at home, medications, side effects, contact information, etc.
- Draw supplemental pictures and write out steps and directions for individual patients. Be sure to send patients home with pictures as well as written steps and directions for future reference. Explain the pictures and written steps and directions to patients and family as you create them.
- Consider patients’ language needs. Offer information sheets in different languages to serve the needs of your patient population.
- Use clear headings/titles on each page to make it easier to find information.

Train nurses on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by nurses. Studies show that 40 to 80% of the medical information that patients receive is forgotten immediately, and nearly half of the information that is retained is incorrect. The teach-back method helps nurses confirm that they have explained something to a patient in a manner the patient understands. To learn more about how to use the teach-back method, follow the link in the Improvement Portal Resources section to the recording of the UP! Webinar titled “Improving the Quality of Communication.”

Conduct a bedside report at the shift change to allow for better care coordination and patient involvement. When the outgoing and oncoming nurses exchange information about a patient’s care while at the patient’s bedside, the patient and family members can observe, listen, learn and get involved if they have questions or concerns. Performing a report at the bedside instead of at a nurses’ station improves the patient experience. Patients will be comforted by the awareness of care continuity and by being given the opportunity to ask questions and express concerns.

Offer patients a pen and notepad to use for jotting down notes and questions. Encourage nurses to check the notepad throughout a patient’s hospital stay for any new questions or notes of importance.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

- Sharing Test and Treatment Details Effectively
- Creating Patient-Friendly Written Materials
- Bedside Reporting at Shift Change
- UP! Webinar: Improving the Quality of Communication
Communication with Doctors
Communication with Doctors

During this stay, how often did doctors treat you with courtesy and respect?

QUESTION DEFINITION

This item asks patients to assess the frequency with which they perceived the physician as courteous and respectful. Both elements are judged based on the physician’s verbal and nonverbal behavior. It is also important to convey a sense of caring for each patient. By treating each individual as a person, rather than simply as a patient, doctors can make patients feel respected.

VOICE OF THE PATIENT

It is so great when your doctors visit you just to see how you are coming along. They showed that you are their first concern!

Our doctor started courses of treatment without speaking to us. We were in the dark and it felt very disempowering.

IMPROVEMENT SOLUTIONS

**Essential Behaviors**

- Knock before entering a patient’s room.
- Before entering the room, ask if you may enter.
- Introduce yourself and explain your purpose to patients and family members.
- Ensure that conversations with patients and family members are private and cannot be overheard by others.
- Communicate at the patient’s level by sitting on a chair or stool.
- Maintain eye contact. Few gestures carry more weight than looking someone in the eye. This act displays your willingness to listen and your acknowledgment of the other person’s worth.
- Allow patients to express their concerns fully without interruption. Physicians tend to interrupt with a solution before patients have finished expressing concerns. Rather than jumping in with a solution, allow the patient to express his or her concerns and anxiety. Then, respond with empathy to demonstrate how you care for the person and not only the diagnosis.
- Express interest in the patient as a person by asking questions about his or her life beyond the hospital.
- Speak positively about other patients, staff members and the organization.
- Ask patients and family members if there is anything else you can do before leaving the room.
Processes/Operations

- Address issues faced by physicians to make it easier for them to be courteous and respectful to patients.
  - Shadow physicians as they work in the Emergency Department, OR and hospital units. Physicians want administrators to observe firsthand the issues they face in delivering care.
  - Conduct leader rounds on physicians. Ask the question, “Do you have what you need to provide excellent patient care?” Be sure that physician rounding is maintained as a priority. Set up a senior leader schedule so that one administrator rounds on the floors every day.
- Create and deliver training to further develop behavioral skills for physician-patient encounters. Consider applying in conjunction with the shadowing program.
- Model the behavior you expect. Administrators should treat physicians with courtesy and respect in order to demonstrate the kind of behavior they wish to see from physicians toward patients. Organizations can treat physicians with respect by:
  - Actively soliciting and being prepared to respond to physicians’ concerns.
  - Listening carefully to physicians’ perspectives by creating opportunities for transparent, open dialogue between hospital leadership and physicians, and asking physicians for their input on how the organization can reduce costs, improve care and mitigate patient suffering.
  - Acknowledging the medical staff’s expertise by inviting them to contribute to articles sponsored by the hospital (especially those that are disseminated to the public). This positions physicians as experts in their fields.
  - Citing your medical staff partners’ accreditations, recognitions and community service in internal and external communications.
  - Offering a formal course for physician leadership development. This will show the organization’s commitment to expanding the role and involvement of physicians.
  - Recognizing physicians for good work by:
    - Sending notes when doctors receive awards.
    - Congratulating doctors when they open new offices.
    - Recognizing physicians for the number of years of service they’ve given to the organization.
    - Highlighting doctors’ contributions to the health and well-being of the community in internal and external communications.
    - Apologizing sincerely when the organization has made a mistake that has negatively affected its physicians, staff or patients. Take responsibility for what has gone wrong and be open about the steps being taken to ensure that the mistake is not made again.
- Train physicians on proper introductions with patients. Physicians should follow a three-step process when introducing themselves to a patient for the first time:
  - Shake the patient’s hand. Meanwhile, remain sensitive to nonverbal cues that might indicate whether the patient is open to shaking hands. (Patients may not want to shake hands if they cross their arms, don’t reach out to reciprocate the physician’s handshake, won’t make eye contact, etc.)
- Greet the patient using his or her first name. This might sound like, “Good morning, Meghan. It’s a pleasure to meet you.”
- Introduce yourself using your first and last name. This might sound like, “My name is John Branson.”

This introduction model will be especially important for hospitalists. Many patients are unfamiliar with hospitalist programs and the idea that they will not see their own primary care doctor in the hospital. Some hospitals update the whiteboard in patients’ rooms with the name of the hospitalist on duty and ask hospitalists to give patients business cards with their picture on it when making introductions. It can reduce a patient’s anxiety (and demonstrate respect) when a physician introduces him or herself properly.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Doctors Treat With Courtesy/Respect
Communication with Doctors

During this stay, how often did doctors listen carefully to you?

QUESTION DEFINITION

This question asks patients to estimate how frequently they felt physicians effectively listened. Patients respond positively to physicians who encourage the disclosure of feelings, elicit and respect concerns, and acknowledge patients’ fears. Patients respond negatively to physicians who interrupt them, ignore them or seem uncomfortable with patients’ emotional expressions.

VOICE OF THE PATIENT

Dr. Bowers has exceptional bedside manner. He communicates well and makes sure he’s understanding and addressing your problems. I’m very grateful to have had him as my doctor during my hospital stay.

My doctor seemed to listen and smile, but I’m not sure he heard what I was saying.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Communicate at the patient’s level by sitting on a chair or stool.
- Use body language that demonstrates careful listening, such as nodding and eye contact.
- Confirm that you understand what a patient is saying by using verbal cues as they speak, such as “I see” or “Okay,” and by summarizing what the patient has said once he or she has finished.
- Avoid interrupting. Out of concern, care providers often jump in with a solution before a patient has finished expressing him or herself. When a patient is interrupted regularly, or when the solutions offered do not meet a patient’s needs, anxiety may increase. Give each patient time to finish talking before responding. Acknowledge what the patient said, empathize with his or her feelings, and respond accordingly.
- Be inquisitive about the patient and the person. Ask patients questions about their health, what caused the hospitalization, and how they feel about being in the hospital. Moreover, demonstrate caring that goes beyond the diagnosis by engaging patients in conversations about their lives. Refer back to these responses in future conversations with patients. Create rapport with a patient by asking questions beyond diagnosis:
  - Inquiring about appropriate aspects of the patients’ personal lives (e.g., if the patient caught last night’s game, will be taking any vacations this season, etc.).
  - Stating your observations about the way a patient may be feeling (e.g., “That must have made you very anxious.”).

By establishing rapport, a patient will be more likely to open up with questions and concerns during the visit. Therefore, physicians will have a greater opportunity to listen to the concerns and questions at the heart of the patient’s medical issues.
Processes/Operations

- Model the listening behaviors you expect from your physicians by:
  - Conducting leader rounds in areas where administration can interact with and listen to physicians. Be sure that physician rounding is maintained as a priority. Consider setting up a senior leader schedule so that one administrator rounds on the floors every day.
  - Holding an open forum for administration and medical staff on a regular basis. Use this time to give physicians the opportunity to communicate ideas or concerns with hospital administration. This can be done during early morning hours in a breakfast meeting or late afternoon hours in an early dinner meeting to avoid interrupting physicians’ daily routines with patients.
  - Publishing a monthly newsletter for physicians that covers issues of interest. Use this medium to provide feedback on ideas and concerns expressed during the open forum.

- Shadow physicians as they work. By shadowing, administrators are taking the time to observe firsthand the issues that physicians face in delivering care. Further, administrators are giving physicians the opportunity to voice their concerns about patient care difficulties, organization-derived obstacles, etc. during the time of shadowing.

- Minimize distractions and coordinate care. Time constraints and pressures are often unavoidable, but they should not compromise patient care. Request that physicians avoid reading charts or answering phone calls when engaged in conversation with a patient in order to listen effectively and to demonstrate engaging body language.

- Hire and partner with physicians who have strong interpersonal skills, particularly the ability to actively listen, empathize and communicate effectively. Frame your hiring interviews with behavioral questions that allow administration to focus on the interpersonal skills that the organization desires.

- Identify a physician champion to lead the charge for improving physicians’ performance on this survey question. The physician champion should be someone who believes in the patient experience data used to measure this skill and who will lead the charge to improve scores. Ask the physician champion to:
  - Present the data at departmental and medical staff meetings and speak about why it is important.
  - Sign or co-sign cover memos of data reports sent to physicians that reinforce the importance of the information.
  - Make sure that doctors know where they stand in relationship to their peers in their own hospital as well as in other benchmarking groups.
Communication with Doctors

During this stay, how often did doctors explain things in a way you could understand?

QUESTION DEFINITION

This question asks patients to recollect the frequency with which physicians provided easy-to-understand explanations. The physician is usually the one who communicates the most emotionally significant and technically complex information to patients. The patient will try to look back at each specific encounter with the physician and recall whether or not the physician effectively communicated the situation and resolved the patient’s questions, reservations and uncertainties.

VOICE OF THE PATIENT

*My doctor took time to explain my condition. He reviewed everything twice so he was sure I got it.*

*The doctors did not tell me I had a kidney stone show up on the CT scan or that I had diverticulitis.*

IMPROVEMENT SOLUTIONS

**Essential Behaviors**

- Use written materials to complement verbalized instructions.
- Use plain language. Patients may not be familiar with medical jargon, acronyms, tests, procedures, lab results, etc. that are common knowledge for health care providers. Don’t assume that patients know what is being explained.
- Assess what the patient already knows. Determine what he or she understands or misunderstands about his or her condition at the outset.
- Confirm that a patient understands by asking him or her to summarize or “teach-back” what has just been explained. It is not effective to simply ask patients or family members if they understand because most will say they do without giving it much thought or because they are embarrassed for not knowing.
- At the end of every patient encounter, ask, “What other questions can I answer for you?”

**Processes/Operations**

- Provide patients and families with journals at admission. Patients and family members can use the journal to write down questions and concerns as they come up, instead of waiting to ask the questions once the doctor arrives. Using the journal as a discussion guide can help physicians ensure that they are answering patients’ questions and providing clear explanations about things that concern patients most.
- Conduct leader rounds in areas where administration can interact with physicians and experience firsthand how physicians provide explanations to patients. Be sure that physician rounding is
maintained as a priority. Consider setting up a senior leader schedule so that one administrator rounds on the floors every day.

- Provide communication training for physicians. While physicians can understand the advantages of good doctor-patient communication, they need to be given the opportunity via training to learn and practice communication skills. Improved behaviors may lapse over time, so it is important to keep practicing new skills with regular feedback on the acquired behavior. Communication training for physicians can include lessons on:
  - Leveraging learning principles. Using proven teaching techniques, such as calling upon a patient’s prior experiences when introducing new concepts, can help improve a patient’s understanding and retention of information.
  - Using the teach-back method — a tool that can be used to ensure that patients understand explanations provided by their doctors. Studies show that 40 to 80% of the medical information that patients receive is forgotten immediately, and nearly half of the information that is retained is incorrect. It helps physicians confirm that they have explained something to a patient in a manner that the patient understands. To learn more about how to use the teach-back method, follow the link in the Improvement Portal Resources section for the recording of the UP! Webinar titled “Improving the Quality of Communication.”
  - Conveying empathy. Reducing suffering starts with connecting to the patient’s personal experience. One tactic for addressing a patient’s fear and anxiety is to explain things clearly. Addressing fear and anxiety begins with empathy and compassion. To learn more, follow the link in the Improvement Portal Resources section for the recording of the UP! Webinar titled “Addressing Fear and Anxiety to Reduce Suffering.”

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

- Creating Patient-Friendly Written Materials
- Josie King Foundation Care Journals
- UP! Webinar: Improving the Quality of Communication
- UP! Webinar: Addressing Fear and Anxiety to Reduce Suffering
Responsiveness of Hospital Staff
Responsiveness of Hospital Staff

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

QUESTION DEFINITION

This question taps into the patient’s perception of how frequently and well nurses and staff responded to the call button. Expectations for the time it takes to fulfill each request will be adjusted based upon the relative severity or importance of the request.

Expectations also are adjusted based upon the time the call is made. Patients feel that day nurses are busier than the night shift, so they feel a greater sense of urgency at night when making a call. Therefore, patients expect the night shift to respond more quickly.

VOICE OF THE PATIENT

I only used the call button twice, and it was answered immediately both times.

I waited over an hour for pain medications and assistance to the bathroom. It took two calls on the call button.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Answer a call button if you are within earshot when a patient requests help.
- Tell patients how long it will take to resolve the problem or deliver on the request for their need(s).
- Follow up to make certain that the problem or request was addressed, even if you weren’t the employee responsible for taking care of it.
  - Call the patient after 10 minutes to verify that his or her problem or request was addressed.
- Before leaving the room, ask the patient, “Is there anything else I can do for you?” When regularly asked, this question significantly reduces the number of call button requests because needs are addressed proactively.

Processes/Operations

- Implement or reinvigorate an hourly patient rounding program. Hourly rounding reduces the need for call bell usage by proactively meeting patients’ needs and by reminding patients that someone will return to care for them in one hour. An important piece of hourly rounding is the effective use of whiteboards. The whiteboard should always be up to date with the name of the CNA, LPN, RN, etc. on duty. This should be done when a nurse comes on shift and introduces him or herself to
the patient. When the names of staff members are not updated on the whiteboard, the patient has less confidence that a dedicated person will be coming to the room every hour.

- Nurses on duty should set appropriate call button expectations upon admission so that patients are aware of turnaround times. Reference hourly rounding during these conversations. Involve the patient in this discussion. Ask the patient what his or her expectations are related to turnaround times and hourly rounding.
  - A nurse might say, “When you press the call button someone will be here to help you within 10 minutes. If the person who comes cannot meet your need, he or she will find someone who can. We’ll also come to check on you every hour to make sure you are all right. What is the most important thing we need to know about you while you’re in the hospital? I’ll write it on the whiteboard so that everyone who comes in to check on you is aware of it.”

- Establish a behavioral standard that empowers all employees to respond to call buttons. If an employee is walking by when a patient presses the call button, he or she should be responsible for responding (even if he or she cannot resolve the patient’s problem or request). This standard should note which needs can be addressed by any staff member and which needs can be addressed by clinical staff only.
  - Senior leaders and nurse managers should model this behavior. If they are close to a hospital room when the call button is pressed, they should answer it immediately.

- Institute standards for response time. What matters most to patients is that they can have total confidence that someone will come and address their needs in the next 5 to 10 minutes.
  - Employees should be expected to tell patients know how long it will take to address the issue that prompted the pressing of the call button. Manage patients’ expectations to your benefit (e.g., if you know the request will take five minutes, promise the patient it will be resolved in less than 10 minutes).
  - If a request cannot be immediately addressed, staff should offer an alternative solution for the time being. For example, if the patient is hungry and ordering a meal that takes 30 minutes, a staff member can offer a snack to hold the patient over until the meal is delivered.

- Increase staff awareness of the need to improve call bell response time, the most common reasons for call button requests, and to improve care coordination by creating a call bell tool that staff can use to record patients’ call button requests. The tool will allow staff to track:
  - The type of request (e.g., pain medicine, assistance with toileting, assistance with feeding, etc.).
  - Which staff member was notified about the request(s).
  - The staff member’s response to the request.
  - Whether or not the patient was called within 10 minutes to see if the request was addressed.
  - If a delayed response led to a service failure. For instance, if a patient presses the call button for help to the bathroom, but a delayed response meant that help arrived too late and the patient had an accident, a tracking mechanism should be in place to indicate that the delay led to a service failure.

- Use this information to increase staff awareness of the need to improve call bell response time and to display how safety and patient experience scores improved when staff were compliant with the measured criteria. Metrics such as fall rates and staff compliance with the call bell tool can emphasize the importance of improving call bell response time. This data can also be used to assess whether hourly rounding is being implemented well. If it is, the number of toileting and pain medicine requests should drop.
IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Using Service Advocates to Decrease Response Time

Five Foot Rule

Promptness in Responding to the Call Button
Responsiveness of Hospital Staff

During this hospital stay, how often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted it?

QUESTION DEFINITION

This question assesses the frequency with which immediate help was given to the patient who wanted assistance in getting to the bathroom or in using a bedpan. The sensitivity and tact that staff members apply when handling these personal care needs may also affect a patient’s care experience. Improving response times to nurse call buttons should improve this measure.

VOICE OF THE PATIENT

*Each time I pressed the button, I was assisted within minutes.*

*I had to request help to the bathroom twice. My nurse didn’t return until much later to change me and the wet bedding.*

IMPROVEMENT SOLUTIONS

**Essential Behaviors**

- Maintain positive body language. This is a vulnerable and uncomfortable time for patients. Your body language and demeanor help patients maintain their dignity.
- Empty bedpans and urinals without being asked.
- During hourly rounds, ask patients, “Can I help you to the bathroom?”
- Before leaving the room each time, ask the patient, “Do you have everything you need?” or, “Is there anything else I can get for you?”

**Processes/Operations**

- Validate that effective hourly rounds are being done by nursing staff so that patients have every opportunity to have help in getting to the bathroom or in using a bedpan.
  - Nurse leaders should use an hourly rounding log to verify that nursing staff are completing hourly rounds consistently and effectively.
    - Conduct a survey of whiteboards to ensure that information regarding staffing is up to date during this activity.
  - Conduct nurse leader rounding on patients to ensure that patients’ needs are being met. While rounding on patients, nurse leaders can provide business cards, discuss patients’ overall care experiences, and ask whether the patients’ needs are being met. For more information about nurse leader rounding, follow the link in the Improvement Portal Resources section for the recording of the UP! Webinar: “Supporting Frontline Managers” (Includes Nurse Manager Rounding Log).
Proactively explain the practice of hourly rounding to patients and families upon admission to set appropriate expectations.

Staff must assess each patient’s comfort during rounds in order to determine if a patient requires assistance in getting to the bathroom or in using a bedpan. Without this effort, patients may try to get to the bathroom without assistance, which can lead to increased falls and a less favorable patient experience. Many organizations find that when hourly rounding is carried out consistently and effectively, call light usage goes down and bathroom accidents and falls decrease. Provide the safety and lifting equipment in rooms with frail, mobility-impaired or severely obese patients. If equipment cannot be in the room, place it close by with an effective system of organization/tracking to eliminate having to search the floor while the patient waits to be assisted.

Task aides and volunteers with regularly rounding on floors to empty bedpans and urinals. Bedpans and urinals should be emptied regularly without patients having to ask.

When delivering bedpans and urinals, also deliver materials that patients can use to clean up, such as toilet paper, wet wipes, soap and other hygiene products.

Reinforce a patient’s dignity when assisting the patient in getting to the bathroom or in using the bedpan. Be sensitive to the patient’s inability to use the bathroom independently because anxiety about this is a form of suffering. Use tact when assisting patients with toileting needs by:

- Trying to keep as much of the patient’s body covered as possible when providing assistance in getting to the bathroom or in using a bedpan.
- Developing scripting that is related to acknowledging the sensitive nature of this activity because staff members may treat it as just another part of their day. For patients, independence and modesty have been lost. Reassuring language might sound like, “Don’t worry about a thing; I’ll get you taken care of.”
- Talking positively about how you feel about helping a patient to the bathroom — reassuring the patient that even though this is a very personal activity, you are happy to help him or her.
- Developing scripting that can be used by staff when toileting assistance has arrived too late. At this point, anxiety shifts to embarrassment for the patient, and he or she may feel a loss of control. Talking points that can be used to help a patient recover from embarrassment and restore control might sound like:
  - “Let’s get you cleaned up and back in bed. We’ll make you more comfortable with some warm, dry linens and clothes.”
  - “It’s okay. Those medications get the best of us sometimes. I’m happy to get you cleaned up.”
  - “Don’t worry about it. I’ll get you take care of.”
  - “I’m so sorry. Let’s wash up and get dressed. I’ll help you do that and get back to bed.”

Conduct an exercise to help staff members relate to the embarrassment and lack of control that a patient experiences when having a toileting accident because of a call bell answered too late.

- Ask a staff member to act as a patient, sitting in an inpatient bed in a gown. Provide a big jug of water and ask the staff member to drink it. The staff member posing as the patient should be instructed to press the call button when he or she needs to use the restroom urgently. Ask staff on duty to wait 10 minutes before responding to the call bell pressed by the staff member posing as a patient. (The staff member in the bed should not be aware of this intentional delay).
- At a staff meeting later, debrief on this exercise. Invite participants in the exercise who posed as patients to share how waiting made them feel. Ask:
– How did it make you feel when the nurses on duty didn’t come to help you to the restroom right away?
– How would it have made you feel if you knew you could not make it to the bathroom alone (in the event that you were bedridden due to injury or illness like a patient may be)?

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP! Webinar: Supporting Frontline Managers (Includes Nurse Manager Rounding Log)

Nurses’ Promptness to Call Button
Physical Environment
Physical Environment

During this hospital stay, how often were your room and bathroom kept clean?

QUESTION DEFINITION

This question asks patients to assess how frequently their room and bathroom met their expectations for cleanliness. In our culture, cleanliness is an important aspect of healing environments. Cleanliness conjures feelings of freshness, purity and safety.

Perceptions of cleanliness respond to inputs from several senses — smell, touch and sight. Failure to meet patients’ expectations for cleanliness erodes their confidence in the technical quality and safety of the facility. High performance on this item requires the efforts of all staff, not just housekeeping and maintenance.

VOICE OF THE PATIENT

We had the best rooms, bathrooms and items for patient and parent. It made the stay comfortable for five days.

The floors were not mopped and sterilized by the bed or in the bathrooms.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Introduce yourself and explain your role each time you enter a patient’s room.
- Ask permission to clean the patient’s room.
- Explain what is being cleaned as it is being cleaned.
- After the cleaning is finished, ask the patient if he or she would like for anything else to be cleaned.
- Leave behind a note that indicates that the room has been cleaned. Leave a phone number on the card so the patient can call if anything was missed.

Processes/Operations

- Tie compensation or bonuses to unit or organization-wide patient experience scores related to this question. This sends the message that everyone is responsible for the cleanliness of patients’ rooms, meaning the organization as a whole (not just housekeeping staff). Non-housekeeping staff can empty wastebaskets, wipe up spills, pick up trash from the floor, remove clutter, ask patients if they would like their sheets changed, etc. Make resources available to help everyone feel comfortable picking up trash wherever they see it:
  - Place wastebaskets throughout the facility.
- Make hand-washing stations or sanitizing pumps available throughout the facility so that it is easy to clean one's hands after picking up a piece of trash.
- Put gloves in areas where trash tends to accumulate (lobbies, cafeterias, etc.).
- Place signage that explains what kind of trash goes where within a patient's room.
- Examine patient survey comments for information about patients' perceptions of the cleanliness of the hospital and patient rooms.
- Encourage care coordination. When new housekeeping staff members are assigned to a unit, have the unit manager or charge nurse introduce them to everyone on the unit to encourage a team environment.
- Use a table tent or other signage to communicate the hospital's linen cleaning policy. Patients want to know how often their linens will be changed.
- Housekeeping leaders should round on all patient floors at least weekly to seek feedback. Housekeeping leaders can ask questions such as:
  - Are the rooms being cleaned the way you like?
  - How can we improve our housekeeping services?
- Environmental Services leaders should establish standards for the interpersonal behaviors expected of staff. Once these behaviors have been created and implemented, Environmental Services leaders should perform rounding to hold staff accountable. Examples of interpersonal behavioral standards for Environmental Services staff can be found in the previous "Essential Behaviors" section.
- Conduct a photo walk-through to help staff identify opportunities to improve cleanliness. Photos taken while walking through the facility as a patient would allow staff members to improve the things that patients see, hear, smell and feel during a hospital visit. This includes taking photos from the patient's perspective (e.g., the view of the ceiling from a patient's bed). See the "Photo Walk-Through" resource below for access to a step-by-step guide for conducting a photo walk-through.
- Create an Environmental Volunteer Ambassador Program to promote the work of Environmental Services and to solicit patients' concerns about room and bathroom cleanliness. Recruit high-energy volunteers and send them to every room with specific talking points for cleanliness.
  - Train volunteers on the talking points and phone numbers to use when patients issue complaints.
    - "Good morning, my name is _____________, and I am with the Housekeeping Department. Would you mind if I asked you a couple of questions regarding your room and bathroom?"
    - Give volunteers a written list of questions to ask patients about room and bathroom cleanliness. Ask them to record patients' responses.
  - If volunteers are entirely new to the facility, put them through the organization’s standard new-hire volunteer orientation.
  - Educate volunteers on essential duties and responsibilities for the role.
  - Pair new volunteers with more experienced ones to set the program up for success.
  - Arm volunteers with a service recovery kit that includes a cell phone that can be used to call the unit supervisor to resolve any concerns immediately.
    - Ensure that unit supervisors are very responsive when volunteers put in a call about a patient complaint.
    - Give volunteers talking points for handling a complaint. For example, "I'm sorry this happened. Thank you for letting me know. I will contact the housekeeping
management team immediately so they can address your concerns. A manager will be here to see you shortly.

- Give volunteers a protocol to follow in the event that patients are irate and need to see a person of authority immediately.

- Integrate volunteers as if they were members of the Environmental Services team, giving them opportunities to talk with managers and including them in staff meetings.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP! Webinar: HCAHPS Environment Domain: Promoting a Healing Atmosphere

Reducing Clutter to Improve Perception of Cleanliness

Photo Walk-Through
Physical Environment

During this hospital stay, how often was the area around your room quiet at night?

QUESTION DEFINITION

This question asks patients to recall the frequency with which the care environment around the room was quiet. Whereas noisy environments contribute to distress, calm environments contribute to healing. Sources of noise include the activities of staff, alarms, TVs, radios, equipment motors, telephones, pagers, visitors and other patients.

Hallway noise, such as talking, equipment, and meal delivery, and outside noise from construction, traffic, sirens, etc. should be considered as part of the patient’s total sound environment. The most disturbing sources of noise may come from within the patient’s room.

VOICE OF THE PATIENT

My room was very quiet. I was surprised to be able to get a good night’s rest at the hospital.

My room had a lot of traffic and different people inside and outside of the room, making it less than quiet.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- When entering a patient’s room at night, keep lights and voices low. Although it is necessary to check on patients in the evenings, administer medication, etc., it is important to disrupt patients as little as possible while they rest.
- Speak in hushed tones in designated areas (e.g., nurses’ station) during nighttime hours whenever possible.
- Apologize if you must awaken sleeping patients.
- Apologize if noisy aspects of care awaken patients.

Processes/Operations

- Conduct a noise assessment to determine whether noise-abatement interventions are having their desired impact. Noise assessments allow organizations to:
  - Determine baseline noise levels that patients experience at various times of day and night.
  - Continuously measure improvement following the introduction of noise-reduction interventions.
  - Connect noise levels to patient outcomes.
See the “Conducting a Noise Assessment” resource below for instructions on how to complete a noise assessment.

- Establish quiet hours — specific hours during the day and night when quiet time is observed. Set aside one- or two-hour periods of uninterrupted rest time for patients each day.
  - Provide a welcome letter. Upon admission, give patients and their family members a welcome letter that includes information about quiet hours, detailing their purpose, when they are, and what guidelines are followed (e.g., if visitors are allowed, etc.).
  - Implement quiet visiting hours. Respectfully ask patients and their visitors to help maintain a peaceful environment by keeping their voices soft during quiet hours.
  - Decide on what is essential. Postpone all nonessential procedures (e.g., X-rays) except in emergency situations. This will help cut down on noise and hallway traffic. Admissions, discharges, essential tests and procedures, and call bell use should continue.
  - Prepare patients for rest. Make patients comfortable before quiet hours begin by providing them with fresh water, blankets and bathroom assistance.
  - Post the quiet hours where patients, staff and visitors can see them.
  - Promote a quiet ambience:
    - Visit patients’ rooms with a friendly reminder that quiet hours are about to begin.
    - Provide earplugs and sleep masks for patients.
    - Close patients’ doors (unless high fall risk).
    - Dim hospital hall lights if possible.
    - Keep voices soft or at a whisper level.
    - Keep hallway conversations to a minimum.
    - Move nursing conversations behind closed doors.
- Mystery shop for noise sources. Identify unnecessary noise sources in patient units by asking an employee to stay in a patient room for 24 hours. Ask the staff member to consider what prevents them from getting rest, including bedside equipment, alarms, phones in the hall, equipment in other rooms, nurses, overhead paging and other noises that interrupt rest. See the “Mystery Shop for Noise Sources” resource below for instructions and a worksheet for completing this exercise.
Pain Control
Pain Control

During this hospital stay, how often was your pain well controlled?

QUESTION DEFINITION

This item asks patients to recall the frequency with which their pain was reduced to tolerable levels. The issue of pain control is a complex one; each person experiences pain in his or her own unique way (e.g., different thresholds for what is manageable or different ways of handling pain). If patients recall one or two particularly stressful incidents of excruciating pain, they may not respond with “always” to this HCAHPS question. Expectations play a role as well. Patients or parents who expect little or no pain may be alarmed by the constant presence of muscle soreness or aches.

VOICE OF THE PATIENT

My pain level was checked often and nurses seemed very concerned.

My IV fluids made for a lot more pain during my stay until they could be removed. I wish I would have known this was to be expected.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Recognize that pain is a form of suffering and respond with empathetic body language.
- Use a pain rating scale to conduct pain assessments during hourly rounds.
- Restore a patient’s autonomy by working together to establish a number on a pain rating scale at which the patient feels as though his or her pain has been well controlled. This is known as a comfort-function goal.
- Manage patients’ expectations about pain through effective and frequent communication. Patients will be better equipped to deal with pain, and therefore made to feel as if their pain was well controlled, if prepared with helpful information about painful procedures, tests and treatments. Frequent assessments, rapid response, appropriate intervention and explanations all lead to effective pain management. Talk with patients before, during and after painful procedures.
  - Explain to patients about what kind of pain is normal and what kind is not.
  - Ask patients what number on the pain rating scale represents their pain level before, during and after a procedure.
  - Reassure patients along the way that you are doing everything you can to manage their pain.
  - Respond as quickly as possible when patients complain of pain. Do so with compassion.
  - Explain exactly when you can next provide pain medication. Patients suffer from anxiety when they do not know when pain medications will be delivered next.
Offer comfort to patients in pain in order to reduce anxiety. This can be done by reassuring patients that you will do everything you can to manage their pain well, by holding the hand of a patient in pain, etc. By recognizing the patient’s pain, you can reduce his or her suffering.

Processes/Operations

- Perform pain assessments during hourly rounding to ensure staff members understand how patients are feeling, and if changes to the patients’ care need to be made. Use a standard pain rating scale as a teaching tool when assessing patients’ pain during hourly rounds.
- Establish pain management standards. Staff members should be held accountable for meeting these standards. Communicate them regularly. Examples of pain management standards are as follows:
  - Every patient has a right to pain management.
  - Staff will speak respectfully when a patient requests pain medication, no matter what the circumstances.
  - Staff should be expected to:
    - Acknowledge suffering caused by pain.
    - Regularly make pain assessments.
    - Take the appropriate interventions for reducing pain.
    - Meet minimum standards of patient evaluation.
    - Monitor patients’ pain until it is under control or relieved.
- Use standard talking points for pain management. Scripting allows organizations to align communication about pain. Engage staff in creating talking points that feel natural. Hold staff accountable to using the script by asking leaders to round on patients to audit staff members’ compliance, asking questions such as, “Did your nurse ask you about your pain?” The following is an example of a script that can be used by staff to communicate with patients about pain:
  - “Managing your pain is very important. We will ask you about your pain on a regular basis. I would like to explain how we are asking you to rate your pain. We will ask you to rate your pain using a scale from zero to 10 — rating your pain a zero means you are not experiencing any pain, and rating your pain a 10 means you are experiencing unbearable pain. We use this rating to evaluate how well your pain treatments are working. Be certain that our goal is to reduce your pain to a tolerable level.”
- Use a comfort scale to manage the pain of patients who are unable to use a numeric rating scale (e.g., the Wong-Baker FACES® Pain Rating Scale can be used by infants, children and adults in critical care or operative settings). A comfort scale should help care providers manage pain by measuring alertness, calmness, respiratory distress, crying, physical movement, muscle tone, facial tension, a blood pressure baseline, and a heart rate baseline. An interdisciplinary team, in collaboration with the patient and family, can determine appropriate interventions in response to the comfort scale scores. For a sample of a comfort scale workbook, follow the link in the Improvement Portal Resources section for a recording of the UPI Webinar, “HCAHPS Pain Management Domain.”
- Conduct post-discharge phone calls to reinforce what was taught about pain while the patient was in the hospital. Post-discharge phone call scripts should include questions regarding a patient’s understanding of pain medications and/or side effects. Audits should be conducted to determine if staff members are providing consistent education about pain medications and/or side effects. If trends are identified, a need for refinements to patient education materials and pain management processes should be routed to the appropriate individuals for a follow-up.
Discuss patient educational needs regarding pain management during the shift report. Include family/caregiver needs in the discussion (ideally at the patient’s bedside), as it gives them the opportunity to participate in the discussion and ask questions about pain, medications, etc.

Identify procedures where pain is to be expected and is likely to be more severe (e.g., many back surgeries). Coordinate care with doctors and clinics that specialize in these procedures so they can begin setting appropriate pain-related expectations with the patients. This can be done by:

- Explaining to patients what kind of pain is normal and what kind is not.
- Asking patients what number on the pain rating scale represents their pain level before, during and after a procedure.
- Reassuring patients along the way that you are doing everything you can to manage their pain well.
- Responding as quickly as possible when patients complain of pain. Do so with compassion.
- Explaining exactly when you can provide pain medication next. Patients suffer from anxiety when they do not know when pain medications will be delivered next.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UPI Webinar: HCAHPS Pain Management Domain

Suggested Inpatient Behavioral Standards Specific to Pain Management

Using Pain Rating Scales to Communicate with Patients About Pain
Pain Control

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

QUESTION DEFINITION

This question asks patients how frequently they recall staff doing as much as they could to treat their pain. The patients will attempt to recall instances when they felt pain and then assess what staff did to lessen their suffering. Patients will particularly recall instances of excruciating pain, hopelessness or long periods without relief. Patients will make judgments about what they believe was within the power of staff to do. Patients will respond within the HCAHPS frequency scale according to what they perceived and what the word “everything” means to them. If their pain subsides (e.g., from the pain medication taking effect), but they fail to perceive that staff were responsible for the reduction in pain (e.g., staff adjusted the drip, but didn’t communicate this to the patient), patients may respond with a lower frequency.

VOICE OF THE PATIENT

Despite being busy, I felt I was taken back pretty quickly because they could see I was in tremendous pain.

When I arrived in pain, waiting to be checked for labor, my nurse was very slow and negative toward my concerns.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Recognize that pain is a form of suffering and respond with empathetic body language and words. For example, touch the patient lightly on the arm and say, “I can see that you’re struggling with this pain. I am sorry this hurts so much.” The key is to acknowledge suffering.

- Educate patients on how to communicate about pain (using a pain rating scale). Ask patients to indicate where their pain level falls on a pain rating scale and to describe their pain beyond the number on the scale.

- Ask patients about their pain expectations related to their hospitalization. Some patients expect pain to be normal for acute-care services, while others will suffer greatly from what staff may consider to be mild amounts of pain.

- Autonomy reduces suffering. Work closely with patients to establish a number on the scale at which they will feel as though their pain has been well controlled or relieved. This is known as a comfort-function goal. Use the whiteboard in the patients’ room to track the comfort-function goal.

- Manage patients’ expectations about pain through effective and frequent communication. Patients will be better equipped to deal with pain, and therefore made to feel as if pain was well controlled, if prepared with helpful information about painful procedures, tests and treatments. Frequent assessments, rapid response, appropriate intervention and explanations all lead to effective pain management. Talk with patients before, during and after painful procedures, tests and treatment.
- Explain to patients what kind of pain is normal and what kind is not.
- Ask patients what number on the pain rating scale represents their pain level before, during and after a procedure.
- Reassure patients along the way that you are doing everything you can to manage their pain well.
- Respond as quickly as possible when patients complain of pain. Do so with compassion.
- Explain exactly when you can provide pain medication next. Patients suffer from anxiety when they do not know when pain medications will be delivered next.
- Offer comfort to patients in pain in order to reduce anxiety.
  - Verbally reassure patients that you will do everything you can to manage their pain well.
  - Nonverbally reassure patients using empathetic body language, such as holding the hand of a patient in pain.
- Provide frequent updates when there are delays in pain-reducing options.

**Processes/Operations**

- Use whiteboards to communicate with patients about pain. Write the following on the whiteboard:
  - Patient’s pain medicine
  - Time last dose was given
  - Time next dose is available
    - Arrive early to administer medication. If a patient is to receive pain medication every four hours, write that the next time pain medication will be available is four hours and five minutes from the last dose on the whiteboard. When a nurse arrives “early” to administer medication, then a patient’s expectations are exceeded.

- Conduct nurse manager rounding to ensure that patients perceive that staff are doing everything they can to manage pain. Nurse manager rounds can audit compliance for using talking points to address pain, using whiteboards to communicate about pain, pain assessments using a pain rating scale, and staff’s respectful communication with patients about pain and other efforts demonstrated by staff to manage patients’ pain. These rounds will demonstrate the importance of pain management to both patients and staff.

- Engage staff in creating pain management domain improvement plans. Scores and trends for the HCAHPS pain management domain should be reported and discussed at all levels of the organization, and especially with staff involved in creating improvement plans to address pain management opportunities.

- Use talking points to frame patient and family expectations regarding pain management. Involve staff in the creation of these talking points. Talking points for framing patient and family expectations regarding pain should include:
  - A greeting: “Hello, Mrs. Smith.”
  - Emphasis on pain management as a priority: “Managing your pain is important to our team.”
  - A goal statement: “We want to be sure that you are as comfortable as possible.”
Information about a pain rating scale: “We will be asking you about your pain on a regular basis by using a pain rating scale. The scale will ask you to measure your pain on a scale from zero to 10, with zero being no pain and 10 being the worst pain you can imagine.”

All together, the talking points used to frame patient and family expectations regarding pain management may sound like this: “Mrs. Smith, managing your pain is important to our team. We want to be sure that you are as comfortable as possible. We will ask you about your pain on a regular basis by using a pain rating scale. The scale will ask you to measure your pain on a scale from zero to 10, with zero being no pain and 10 being the worst pain you can imagine.”

Manage pain without medicine. Part of effective pain management uses non-pharmacological interventions to minimize patients’ fears, to make pain more tolerable, to restore autonomy to patients, and to provide them with coping strategies for dealing with pain on their own.

Learn how patients currently used non-drug pain relief techniques on their own by asking, “What methods have you successfully tried in the past to manage your pain when medication was not an option?”

Decide what kind of non-pharmacological technique will be most effective and preferred by a patient while he or she is hospitalized. Some options for managing pain without medicine include:

- Relaxation. Help relieve patients’ pain by reducing tension in their muscles using therapeutic massage, music therapy, aromatherapy, etc. Relaxation helps patients rest, which can lead to more energy, less fatigue and reduced anxiety.
- Comfort. Patients may just want some warm blankets or someone to hold their hand.
- Imagery. Work with patients to help them use their imaginations to create mental pictures or situations to alleviate or distract them from pain. This is especially helpful for bedridden patients. A bedridden patient, for example, could visualize himself hiking through a wooded area — an activity that he used to enjoy very much.
- Distraction. This technique can be used to prevent patients from concentrating on pain. This technique can be especially helpful for patients who will experience sudden pain or pain that will be brief. Television shows, reading material or a conversation with a friend can all be effective forms of distraction.
- Socialization. When in pain, patients will benefit from the comfort and support of loved ones. Patients in comforting relationships are more likely to avoid the depression associated with the experiences of pain and the adverse outcomes depression can have on psychological and physical health (especially patients experiencing chronic pain). Encourage patients to call home. Allow their visitors to stay a few minutes past the end of visiting hours when it is obvious the interaction benefits the patient’s well-being (and does not affected the healing or rest of a roommate).
- Emotional support and comfort. The responsibility of providing emotional support and comfort to patients in pain is often passed on to loved ones or pastoral teams, but the responsibility of emotional support and comfort should be extended to all members of the health care team.
- Stress management training. Stress can make pain worse. Stress management treatment helps patients understand the relationship between stress and pain and teaches patients ways to reduce stress and ease pain. The best way to manage stress is to learn effective coping strategies, such as counting to 10.
when a situation seems unbearable or writing down information about medications that were just provided (if it seems difficult to remember).

- Validate that hourly rounding is happening consistently. Asking about pain is a key element of successful hourly rounding, and if executed well, it will demonstrate that staff members are very focused on the patient’s pain management and reducing suffering.

**IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)**

- **UP! Webinar: HCAHPS Pain Management Domain**
- **Managing Pain Without Medicine**
Communication About Medications
Communication About Medications

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

QUESTION DEFINITION

This question asks patients to recollect the frequency with which hospital staff (e.g., nurses, pharmacists, etc.) communicated the purpose of their medications.

Patients will try to look back at each specific instance when they received medication from a nurse, pharmacist or aide, and attempt to recall whether they were told the purpose of the medicine. Patients may not recall every instance when they received a new medication, but certain encounters may stand out in their memories, such as a time they asked questions about the medication and did not receive a kind or understanding response.

Note that patients may not discern between “new” and continued medications. It is best to focus improvement efforts on all medications rather than just new medications.

VOICE OF THE PATIENT

One of my nurses wrote down meds, how each one would help my symptoms, and times for me.

Several times, I had to ask staff about what I was taking and why.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- When administering medication, explain the following:
  - Drug name
  - Drug purpose
  - Intended effects
  - Dosage
  - Time(s) of day it should be taken
  - How long the patient will need to take the medication
  - Potential side effects
  - Whether it is a new drug for the patient
- When rounding, ask patients, “Do you have any questions about the medicine you’re taking?”
Processes/Operations

- Give patients written information to complement verbal instructions about medication. The written information should summarize the medicine’s purpose, intended effects and potential side effects. Keep written information for common medications readily available at nursing stations. The following are guidelines for creating content for patient education materials:
  - In choosing which content to include, make decisions based on patients’ interests, knowledge and needs, rather than those of health care providers. These perspectives can often be quite different.
  - Show awareness of diversity among intended readers by using pictures of people from various ethnic backgrounds, examples that include various cultures, etc.
  - Repeat new concepts.
  - Summarize the most important points.
  - Ensure that information is accurate and up to date.
  - Limit the information to only what is necessary. Group information into meaningful “chunks.”
- When conducting post-discharge phone calls, ask patients about medications. For example, ask questions such as:
  - Do you have any questions about the medicine you’re taking?
  - Have you filled your prescriptions as ordered?
  - Do you understand the purpose of your medications?
  - What questions do you have about the side effects of your medications?
- Use plain language when explaining medications to patients. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of medication information. For example, instead of using the word “adverse,” use words such as “bad,” “dangerous,” or “harmful.” To learn more about health phrases that may be best replaced by more understandable words, search online for a plain language thesaurus.
  - Conduct an assessment of employee performance, listening for the usage of clinical language. What words may confuse patients? Work with staff members to help them understand which words that they use that might confuse patients, and check the plain language thesaurus of your choice to identify alternative words that they should use moving forward. Reassess if necessary.
  - Hang posters in patient rooms or work stations with commonly used health phrases and the alternative words that can be used instead.
- Assess health literacy. Nearly half of Americans have difficulty understanding and using health information, such as health history forms, consents, self-care instructions and prescription labels. Use a common health literacy assessment tool to assess health literacy, such as:
  - BEHKA—Brief Estimate of Health Knowledge and Action
  - METER – Medical Term Recognition Test
  - NVS – Newest Vital Sign
  - REALM – Rapid Estimate of Adult Literacy in Medicine
  - SAHL – Short Assessment of Health Literacy
- Health care providers should learn to recognize signs of health literacy problems and coordinate care with the remainder of the care team accordingly. These include:
Patients stating that they have a headache or forgot their glasses when asked to read.

Patients asking family members, friends or staff to read written materials aloud.

Patients identifying medications by looking at the actual pills instead of the packaging.

Patients asking many questions about topics already reviewed in handouts or brochures.

Patients displaying signs of anxiety or nervousness when asked about their medications.

Use the “teach-back” method to verify that patients understand the purpose of their medication(s). After explaining the purpose of a medication, ask patients to teach-back what they’ve just learned by demonstrating understanding using their own words. Invite patients to teach-back what they’ve just learned by saying things such as:

- “I want to be sure I’ve explained everything clearly. Can you please explain it back to me so I can be sure I did?”
- “We’ve gone over a lot of things you can do to get more exercise. In your own words, can you tell me what we’ve discussed? How will you make these changes at home?”
- “What will you tell your wife about the changes we made to your cholesterol medicine today?”
- If a patient is not able to teach-back the information accurately, rephrase the original message and ask the patient to teach-back again.
- If the patient still cannot express what you’ve taught him or her about the medication, consider other strategies to educate the patient about the medication(s). For example, if you’ve only discussed the information verbally, give the patient written material about the medication(s). Give the patient time to read the material and ask him or her to teach-back again. Continue this process until you’re sure the patient understands the information.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UPI Webinar: HCAHPS Communication About Medications Domain
Communication About Medications

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

QUESTION DEFINITION

This question asks patients to recollect how frequently hospital staff (e.g., nurses, pharmacists) gave understandable explanations related to side effects of medications. Patients will try to look back at specific encounters with nurses or pharmacists and recall whether they felt as if they understood potential side effects. If a patient experiences unexpected side effects, it could negatively affect this score.

Note that patients may not discern between “new” and continued medications. It is best to focus improvement efforts on all medications rather than just new medications.

VOICE OF THE PATIENT

The neurologist was very nice and helpful in answering my questions and concerns about a medicine and how it would make me feel.

The doctor told me all about side effects from my medications, but I don’t know which side effects pertain to which medication. I’m on several drugs. It would have been nice to have had a better explanation of how these drugs would affect me.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Verify that patients are attentive by reviewing their body language and eye contact.
- Suggest that patients circle words they do not know and have staff explain what these words mean.
- Highlight important words.
- When administering medication, make sure to share these essential five components:
  - Medication’s name
  - Medication’s purpose
  - Medication’s dosage
  - Medication’s potential side effects
  - Medication’s duration
- When rounding, ask patients, “Do you have any questions about the medicine you’re taking?”
- Reinforce information shared by including medications or side effects in a space on the whiteboard.
- Offer written information on medications any time verbal information is provided.
Acknowledge that some medications will cause some suffering from side effects, but that they will help the patient in the long term.

Express the impact of the side effect on the patient’s experience. For example, if an antibiotic is known to cause loose stools, let the patient know how that should affect his or her toileting requests.

Processes/Operations

A medication review worksheet or discussion guide should be used each time a new prescription medication is introduced to a patient.

- Patients and family members should complete the worksheet with a health care professional’s supervision so that the patient’s understanding of the medication, its purpose, administration instructions, dosage and possible side effects can be verified. Key points for making medication review worksheets more effective include:
  - Ensuring documents are easy to read. This means that they are written at the sixth-grade reading level or below, and that they have a 12-point font size or larger.
  - Using pictures when words aren’t enough to help patients understand their medications. Create pictures that describe when and how patients should take medication. Often, these visual cues can grab the patient’s attention and trigger a memory better than the written instructions. For example, show a picture of a plate of food next to a bottle of pills if the patient should take a medication with food.
  - Test the document by inviting patient advisory board members to review. Ask, “Is this difficult to read and follow? Why?”

Autonomy reduces suffering and increases awareness. Use the “teach-back” method to confirm that a patient understands about medication and its possible side effects. The teach-back method gives health care professionals a framework for ensuring that patients understand their medication(s) by asking patients to repeat or demonstrate what has been explained in their own words. The teach-back method can be implemented when a new medication is introduced at admission, during a hospital stay, and as patients are being prepared for discharge. There are several strategies for using the teach-back method to verify a patient’s understanding of his or her medication(s). Staff and physicians can:

- Ask open-ended questions to verify that the patient understands. For example, “What can you tell me about this medication’s possible side effects?”
- Ask the patient to explain what he or she understands about the information that has been provided. For example, “Tell me what kind of bad reactions you want to watch for.”
- Ask the patient to show you that he or she understands. For example, “Show me how much of this medication you’ll take each morning.”

When a patient cannot answer teach-back questions, it is time to review again. Repeat this method until you are certain that patients can use and understand information about medication.

Nurse managers should discuss medications and gauge patients’ understanding of the side effects during nurse manager rounds. Audits may reveal inconsistencies across all shifts/units and therefore a need to educate staff on explaining the purpose and side effects of medications to patients.
IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Medication Review Worksheet

Teach-Back Techniques for Improving Communication About Medication
Discharge Information

During this stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

QUESTION DEFINITION

This question assesses whether patients recall anyone talking with them about how they will manage after being discharged from the hospital. The question does not evaluate the quality of the discussion — simply whether such a discussion occurred. Therefore, improvement attempts should focus on increasing the rate at which these discussions are held (with a goal of 100% delivery) and methods to improve the ability of patients to recall the discussion.

VOICE OF THE PATIENT

The nurse who discharged us explained things well and was prompt with the paperwork.

I was not given discharge papers or given any information as far as a doctor’s appointment. I had to wait a long time to go home.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Document the anticipated discharge date on the whiteboard once available, as well as when the physician caring for the patient is confident about the patient going home.
- Discuss the anticipated discharge date and plan daily with patients and their family members.
- Frequently solicit concerns, questions and post-discharge needs of the patient and family, while also reminding them that getting the patient discharged and overseeing his or her own care is the end goal.
- Offer patients and family members a discharge packet that is well organized, clearly labeled and easily understood. Review the packet with them so that the patient and caring family members know where to find key information after they have left the hospital.

Processes/Operations

- Ensure that caregivers or family members are present during discharge care discussions to increase their understanding of the patient’s health concerns and care at home.
- Inquire about the patient’s concerns about returning home because patients may suffer anxiety related to leaving the hospital. Address stated and unstated concerns. Try to involve caregivers and family members in this conversation. Prepare the patient and family by asking questions such as:
What concerns you most about going home?
What questions do you have about what to do when you go home?
What questions can I answer for you before you go home?
What other information can I give you so that you have what you need when you leave the hospital?

To better coordinate care, provide patients with a contact information sheet that can be used after the transition to the home, rehabilitation unit, nursing home, etc. The contact information sheet can be used to facilitate the conversation about whether or not the patient will have the help he or she needs when leaving the hospital. The contact sheet should include:

- Whom the patient should contact if he or she has concerns.
- Community resources, since patients may need help beyond traditional care.
- Phone numbers that can be used to reach a member of the health care team (e.g., 24-hour hotline).
- Contact information for the patient’s local providers for follow-up appointments.

Begin discharge conversations days before discharge. Information shared only on the day of discharge is more likely to be forgotten.

Map the current discharge process from start to finish with a subset of patients to improve care coordination. This exercise identifies all points of patient contact from the moment a patient enters the parking lot to the physical exit from the hospital, keeping in mind all things that might influence a patient’s discharge. Consider points of patient contact that are both hindering and helping along a successful discharge. Involve the entire care team in completing a discharge process map. Consider:

- Who determines and relays anticipated discharge date, based on patient diagnosis.
- If the anticipated discharge date is documented on the whiteboard and updated daily.
- If and when the anticipated discharge date is discussed with the patient and family.
- When the discharge packet is presented to the patient.
- When and if the concept of understanding is presented or used.
- When the official transition teaching session occurs.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UPI Webinar: HCAHPS Discharge Information Domain
Discharge Information

During this stay, did you get information in writing about what symptoms or health problems to look for after you left the hospital?

QUESTION DEFINITION

This question leaves the patient no opportunity to evaluate the quality of the information given (e.g., accuracy, clarity, understanding), but focuses explicitly on whether or not they received the information in writing. As with other “yes” or “no” questions, the response is affected by the patient’s ability to recall the receipt of written information about symptoms or health problems.

VOICE OF THE PATIENT

My discharge was speedy. I was given information I needed before going home.

They basically pushed me out the door when they discharged me and did not explain much of what else needed to be done in my care at home. The nurse was very rude and did not seem to care.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Discuss the anticipated discharge date and plan daily with patients and their family members. Offer patients a discharge packet that is well organized, clearly labeled and easily understood.
- Ensure that verbal discharge instructions mirror the content in written instructions.
- Review materials aloud. Whatever written materials are used, their effectiveness will be increased if the staff member reviews them aloud with the patient while he or she is still in the hospital. This gives the patient the opportunity to ask questions and provides another form of learning for patients who have difficulty reading. It is proven that a combination of showing and telling important information results in the greatest recall of information for adults.
  - Highlight, underline, circle or number key points to help patients remember key information about caring for themselves at home, what symptoms or health problems to watch for when they go home, etc.
  - Draw supplemental pictures and write out steps and directions for individual patients.
  - Ask patients to participate in this conversation by pointing out particular pieces of information in their written materials; this recall supports remembering the information later.
  - Demonstrate empathetic body language and communication skills when discussing discharge. Patients may suffer from anxiety related to returning home and having to care for themselves.
Processes/Operations

- Review discharge materials to ensure they will facilitate a seamless, successful transition to the next level of care. The goal for these materials should be to promote patient competency and confidence in self-care. As currently written, many discharge instructions fail to resonate with patients. To improve your discharge paperwork, consider the following questions:
  - How many other pieces of paper do your patients receive outside of what’s included in discharge materials? Chances are that written discharge instructions are just one of many handouts provided during the stay.
  - Does your discharge information stand out? Patients often don’t realize they are receiving discharge information because the materials get lost in the mix. Be sure that patients receive a discharge packet that is well organized and clearly labeled. For instance, the document may be titled “What to Look Out for After You’ve Left the Hospital.” The packet should include information about key elements important to the healing process so that patients remember receiving discharge information before moving on.
  - Create patient-friendly written discharge materials. Follow these guidelines to ensure that patients can benefit from written instructions about discharge:
    - Ensure that the reading level of patient materials matches the reading skills of patients. Write at or below the sixth-grade reading level.
    - Limit content to what patients really need to know. Avoid information overload.
    - Use only words that are well known to individuals without medical training. For example, use the term “strep throat” instead of “streptococcal pharyngitis.”
    - Ensure the content is age appropriate.
  - Is the information in your discharge packet easy to understand? Patients are in a vulnerable state of mind in the hospital and may not recall all of the necessary information. Further, written materials created by health care personnel are often difficult for patients to understand because materials have used words and terms that patients do not know. Think about what words and phrases may be confusing for patients. Replace confusing words and phrases with alternative plain language that will be recognized by the patient. Plain language thesauruses are available on the internet.
  - What information is vital for patients to know? Place vital information at the front of written discharge materials. For example, symptoms indicating a medical concern or emergency, what to do in an emergency, when to schedule follow-up appointments, etc.

- Conduct patient and family focus groups to gather outside detailed feedback on the internal discharge transition processes. Ask attendees to:
  - Share their experiences with the discharge process.
  - Review existing discharge packets and materials to assess the level of understandability, use of plain language, etc.
  - Identify the vital information (all other information should be omitted form discharge materials).
- Conduct staff focus groups and create discharge cross-functional teams. Include nurses, doctors, social work staff, pharmacists and other stakeholders who work with the discharge process. Ask the team to:
  - Share their experiences with the discharge process.
  - Review existing discharge packets and materials to assess the level of understandability, use of plain language, etc.
  - Identify the vital information (all other information should be omitted from discharge materials).
  - Identify gaps and redundant information.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Checklist for Creating Patient-Friendly Written Materials

UP! Webinar: HCAHPS Discharge Information Domain
Care Transition
Care Transition

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

QUESTION DEFINITION

This question measures patients’ perceptions of the degree to which physicians, nurses, discharge planners, social workers, etc. took the personal preferences of the patient and family or caregiver into consideration while preparing for the patient to be discharged. When the preferences of patients and family members are taken into consideration, adherence to treatment is more likely. Optimal adherence leads to improved clinical benefit, symptom relief, improvements in quality of life, and reductions in health care expenses.

VOICE OF THE PATIENT

My nurses asked me if I would prefer to do my physical therapy at home or by coming back to the hospital. I am in a lot of pain and doing this at home is best for me.

No one asked my husband about what I needed at home. He takes care of me and he is not in the loop with my doctors and nurses.

IMPROVEMENT SOLUTIONS

**Essential Behaviors**

- Listen for verbal cues. When patients, family members and caregivers ask questions about anything regarding care after discharge, it is important to listen. These questions may indicate an unmet physical or emotional need that the patient, family member or caregiver has not expressed.
  - Ask open-ended questions to probe for more information in order to solicit patients’ needs and preferences. For example, if a patient asks why a test is necessary post-discharge, this may be an indication that the patient doesn’t understand the reason for the test, doesn’t understand why the test can’t be done while in the hospital, fears managing this information on his or her own, etc. In this instance, it would be appropriate to ask the patient things such as, “What details about the test are you unclear about?” or, “Are there other concerns that you have about going home?”

- Build rapport with patients in order to learn more about their personal preferences and concerns.
  - Ask about patients’ hobbies, passions, relationships, careers, etc. when appropriate.
  - Discuss current events, sports, the weather and other general topics to encourage the patient to talk with you.
  - Use information you have learned about the patient in discussions about his or her future health care needs. For example, if you learn that a patient enjoys walking his...
grandson to school, use the goal of doing that again to give him motivation to complete his rehabilitation exercises.

**Processes/Operations**

- Actively ask about the preferences of patients, family members and caregivers. Assessment of patients’ preferences can be used to individualize the health care provider’s approach to a given patient. Therefore, it is crucial to offer patients options available for health care needs after discharge. For example, ask patients, family and caregivers if they’d like appointments to be made by the hospital staff for follow-up care and post-discharge testing, or if they’d prefer to make arrangements themselves. If patients, family members and caregivers ask that hospital staff members make the appointments, offer times and locations that are convenient and practical for the patient.

- Give patients, family and caregivers a discharge-planning checklist. This checklist will encourage patients and their families or caregivers to ask questions and express preferences regarding care after discharge. Include information about follow-up appointments, post-discharge testing, medications, plans of action if problems arise, etc. See the “Patient and Family Discharge Planning Checklist” resource below in the Improvement Portal Resources section.

- Train staff to consider the cultural practices of patients, families and caregivers when planning to send patients home or to another setting of care. Cultural differences can influence beliefs about social interaction, communication styles, end-of-life issues, and views on health and healing. Staff should be trained to ask questions such as, “Do you have any cultural, spiritual or religious needs that we should know about?”

**IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)**

Patient and Family Discharge Planning Checklist
Care Transition

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

QUESTION DEFINITION

This question asks patients to reflect on the quality of the explanations surrounding their health while in the hospital and whether or not they felt prepared to manage on their own after leaving the hospital. This communication includes current condition, possible symptoms or outcomes after leaving the hospital, necessary medications, side effects, dietary needs and/or restrictions, follow-up care after discharge, information about tests, etc. Ensuring that explanations are effective is important because millions of adults in the United States have low health literacy (the basic skills they need to easily understand health information). When patients can’t understand information related to managing their health, it makes it very difficult to make appropriate health decisions or to follow instructions for treatment.

VOICE OF THE PATIENT

I have a lot of health issues that will be hard to handle on my own, but my nurses and doctors helped me and my husband understand what’s needed and what follow-up appointments will be necessary.

To be sent home with so little information about what’s next is scary. I didn’t feel ready to go home.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Watch for red flags from your patients that might signal low health literacy in a patient. Red flags include:
  - Nodding politely without asking questions when being given an explanation or instructions.
  - Asking questions that are not aligned with the explanations being provided.
  - Joking that they have a terrible memory when asked about their medical conditions.
  - Saying, “I can’t find my glasses. Can you read this to me?”
  - Staring blankly or not paying attention when you are discussing medical information.
- Even when these red flags aren’t present, you might still be dealing with a patient with low health literacy. Most individuals with low health literacy go undetected by the health care system.
- Ask patients if they need to be shown how to perform any tasks that require special skills, such as changing a bandage or giving a shot. Show patients how to do these tasks (even if you’ve already shown them) and offer contact information for the patient and family member or caregiver in case there are questions after leaving the hospital.
- Allow patients to determine when the explanation will take place and explain how long it will take. This restores autonomy to patients and facilitates understanding about managing their health. For
example, a staff member might say, “Mrs. Lehman, is now a good time to go over some of the information you’ll need to manage your health at home? This should take about 10 or 15 minutes.”

**Processes/Operations**

- Train staff to leverage patients’ experiences to ensure a healthy understanding of the responsibilities they will have for managing their health post-discharge. Teach staff to ask patients:
  - If they have any experience with the symptom(s), condition, illness, etc. that they’ll be required to manage when leaving the hospital. For example, a nurse might say to a patient, “Tell me what you know about bladder infections.” (The patient says she’s heard that bladder infections are common for women and that those are caused by bacteria.)
  - About their personal interests, hobbies, relationships, career, etc.
  - Associate the patient’s prior experiences with new information.
  - In this example, the nurse would say, “You’re correct. A bladder infection is caused by bacteria, and if not treated, it can lead to kidney infections. I’d like to talk with you about the medicine you’ll be taking at home so you’ll know how you need to take it in order to get rid of the infection.”

- To better coordinate care, provide patients with a contact information sheet that can be used after the transition to the home, rehabilitation unit, nursing home, etc. The contact information sheet can be used to facilitate the conversation about responsibilities the patient will have for managing his or her health after leaving the hospital. The contact sheet should include:
  - Whom the patient should contact if he or she has concerns.
  - Community resources because caring transcends diagnosis and patients may need help beyond traditional care.
  - Phone numbers that can be used to reach a member of the health care team (e.g., 24-hour hotline).
  - Contact information for local providers for follow-up appointments.

- Include caregivers or family members in conversations about managing the patient’s health after leaving the hospital. Including caregivers or family supports the patient’s ability to manage his or her health after leaving the hospital. It also encourages caregivers or family to hold the patient accountable for following through with the necessary steps for managing his or her care effectively after leaving the hospital.

- Conduct role-play scenarios with staff to help them gain a better understanding of patients’ comprehension about managing their health after leaving the hospital.
  - Use non-clinical staff to act as patients while simulating patient education scenarios.
  - Pair clinical staff members with non-clinical staff members to act out a scenario in which a patient is being educated about the things that he or she will be responsible for in managing his or her health.
  - Debrief with non-clinical staff.
  - Share findings to make revisions and targeted improvements.
UP! Webinar: A Patient Experience Strategy to Reduce Readmissions
Care Transition

When I left the hospital, I clearly understood the purpose for taking each of my medications.

QUESTION DEFINITION

This question measures patients’ perceptions of the degree to which health care professionals effectively explained the reasons for taking each medication the patient would be required to take at home. Patients will consider how much time health care professionals took to explain each medication and if possible side effects were discussed; if benefits of taking the medication were presented; if the necessary duration for taking each medication was explained; etc. Patients will also consider how much opportunity they were given to ask questions about each medication.

VOICE OF THE PATIENT

As I was getting ready to go home, the nurse went over each of my medicines with me. I appreciated her taking the time to do that. There’s so much to remember.

I was prescribed all of these drugs, and I have no idea why I need so many. Confusing.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Provide information in easily digestible amounts. Teach patients about one medication at a time and then stop to assess the patient’s understanding about each medication before moving on to the next one. See information about the “teach-back” method below. This method can be used to assess a patient’s understanding about a medication.
- Provide patients with access to multiple resources explaining the purpose of each medication they'll need at home, including written materials they can review on their own. This gives patients the opportunity to go beyond the essential information you wish to share in the hospital and become as knowledgeable about each medication as they wish. Resources can include:
  - Reliable websites
  - Information from health care foundations
  - Material created by the hospital
  - Access to videos

Processes/Operations

- Train health care providers to use the teach-back technique to assess patients’ level of understanding about the purpose for taking each of their medications before they go home. To use the teach-back technique, ask patients to repeat (in their own words) what they understood from your explanation about the purpose of each medication. If a patient cannot repeat important
information provided about the purpose of each medication, the information provided should be clarified and then the patient’s understanding should be reassessed (by trying the teach-back technique method again).

- Keep preprinted sheets about commonly used medications readily available for nurses and physicians to distribute to patients or to aid any discussions about the purpose of medications. Each sheet should cover a specific drug. Be sure to include:
  - Purpose of the medication
  - Common names often used for the drug
  - Possible side effects associated with this medication
  - Important things to know about this medication, such as the importance of taking the medication with food

- Provide patients with an alphabetized list of all of the medications they’re taking and the appropriate dosages. Encourage patients to update this list and carry it with them to all of their doctor’s appointments, ER visits, etc.

- Train staff on the basic principles of adult learning theory to educate patients about the purpose(s) of their medication(s). Adult learning theory tells us how adults learn best. Train staff on the CARE principle to apply the basic principles of adult learning theory to medication education for patients.
  - Control. Restore autonomy to patients by giving them control over the situations in which they are learning about their medication(s). This can be done by giving them choices about:
    - How to learn about their medication(s). Patients can listen to explanations from nurses about the purpose(s) of their medication(s), read literature about the medication(s) provided by hospital staff, watch a short video about the medication(s), review the medication’s purpose and other details in a back-and-forth exchange with a nurse, etc.
    - When to learn about their medication(s). Patients may feel more focused and ready to learn after eating lunch or before tests and treatment, for example. Give patients choices about when to learn about the purpose(s) of their medication(s) to restore autonomy and reduce unnecessary suffering caused by the anxiety of having to learn something new.
    - Where to learn about their medication(s). Patients might feel more comfortable learning about their medications if sitting close to a family member who can talk through the details with them, or by sitting up in bed and making eye contact with a health care provider (rather than lying down and looking up).
  - Active. Adults learn best when their education includes them. Create interactive education that allows patients to solve a problem, rather than listen to a lecture about a medication. For example, a nurse could invite a patient to choose which condition or disease a medication is intended to cure. After having the opportunity to choose the correct answer, the nurse could reveal which condition or disease is correct.
  - Relevant. Adults are more interested in learning about subjects that have immediate relevance to their lives. They are ready to learn when new knowledge and skills can be applied immediately. For example, a patient recently diagnosed with diabetes would benefit from learning to check his or her own glucose levels immediately after a nurse has provided verbal instructions for doing so.
  - Experience. Experience provides the basis for learning activities. In order to make something "stick," an educator must link training to learners’ prior experiences. Health care staff, for example, could use a patient’s experience with overcoming a previous
sports injury to the work it will take to recover from surgery. The staff member might say something such as, “Remember when you had to exercise every day after your golf injury? You’re going to have to do very similar activities to recover from surgery.”

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Medication Review Worksheet

UP! Webinar: A Dose of Medication Education and Comfort Techniques to Improve HCAHPS Performance
Global Ratings
Global Ratings

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

QUESTION DEFINITION

This question is a single-item indicator of the hospital experience: a summary judgment of the care received, which the patient carries away from the hospital. Low ratings on this question are critical indictments that should be taken seriously.

VOICE OF THE PATIENT

Overall, this hospital has the most courteous and professional medical staff in the city. That's why I prefer this organization for my medical needs.

This was a really bad experience for me. The right hand and the left hand of this organization don't talk to each other. Nothing is coordinated.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Tell patients and family members stories about positive patient experiences at your organization.
- "Talk up" your fellow colleagues, physicians, support staff, etc. Boast about the talents and abilities of the staff at your organization.
- Use empathetic phrases when responding to patient concerns. Say things such as, "You must have been so afraid when ..." Reassure patients using empathetic body language, such as holding the hand of a patient in pain.
- Acknowledge suffering. Every hospital stay evokes some form of suffering, whether it be avoidable (e.g., hospital acquired infection) or unavoidable (e.g., symptoms of disease including pain). Reliably providing evidence-based clinical care is essential to reducing patients' suffering, but it is not the only way. Caregivers must also build trust and relieve anxiety to acknowledge and reduce suffering. For example, a staff member could inform the patient and family of what to expect prior to a procedure.

Processes/Operations

- Embrace transparency by posting patient experience scores for all of the leaders, staff and physicians to see.
Post the patient experience data (mean scores, top box scores, mean ranks and/or top box ranks) on bulletin boards, the organization’s intranet, in employee newsletters, and in global emails.

Update data on a monthly or quarterly basis. Posting out-of-date data sends the message that patient experience is not a priority.

Be sure that the materials display the organization’s goals and how current performance is tracking against set goals.

Include information in postings, emails, etc. about what the organization is doing to address top opportunities.

Tell stories in posted materials about wins in patient experience. For example, explain how one staff member’s idea for improving the patient experience has been adopted hospital-wide.

Establish a formal reward and recognition program for associates who create exceptional patient experiences. Employees who are recognized often are more likely to be committed to the organization and its mission. To reward associates, managers can:

- Meet with each team member to determine individual recognition preferences.
- Provide each employee with quarterly feedback regarding his or her positive contributions to the team, the organization and the patient experience.
- Invite staff members to recognize others on a team who do something especially helpful.
- Invite clinical staff members to recognize hospital staff members with no direct patient contact who helped them make patient care better.
- Write thank-you notes and emails to individuals when they do something especially well and send it to the person’s home.

Institute leader rounding. Executive teams round on their staff and patients to connect teams’ work to outcomes and to improve the patient experience. Rounding provides a time to not only build relationships, but also to be a role model, assess employee morale, recognize wins, and identify and remove barriers that prevent staff from doing their jobs. In addition, it provides real-time feedback on how the hospital is meeting patients’ and families’ needs and identifies opportunities for improvement. Effective leaders know that organizations can only get better if they listen to patients and to the caregivers on the front line.

- Leaders should ask the following questions during leader rounds:
  - What are we doing well?
  - What are we not doing well?
  - What can we do to improve staff and patient satisfaction?

To determine goals for the leader rounding process, use the organization’s patient experience priority index to identify the variables that are most important to patients.

Duration and length of rounds will vary by area, but should be scheduled on a consistent basis per predetermined guidelines. It is important to establish a calendar for leader rounding as a means to ensure a consistent practice on a regular basis. Schedule leader rounds so as not to surprise staff and physicians.

It is critical to follow up on issues identified during leader rounds.

- Document identified issues during every round.
- Track and review trends recognized through rounding.
- Keep staff informed of progress on issues of interest to develop the trust that makes leader rounds effective.
Post the patient experience scores in places where patients can view them. Embrace transparency with patients by placing patient experience information on the hospital’s website, hallway bulletin boards, on social media, and in marketing materials. Include the following components of patient experience information:

- Top strengths of the organization
- Top opportunities of the organization
- Comments from real patients
- Stories about improvements made to the organization based on patient experience performance and patient feedback

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP! Webinar: Social Media and the Patient Experience
Global Ratings

Would you recommend this hospital to friends and family?

QUESTION DEFINITION

This question gauges the patient’s propensity to spread positive or negative word of mouth about your hospital. As a “yes or no” question, it forces patients to make a choice about future visits.

Respondents are implicitly asked to consider everything that happened during the stay when deciding whether they would recommend the hospital. The patient may overlook some service failures and dissatisfactions in deciding to make a recommendation. Other factors beyond the stay also will factor in the recommendation (e.g., location of the hospital, referral, past experiences).

Some view the responses to positive word-of-mouth questions as a “leading indicator” of future sales or visits. In health care, positive word of mouth is deemed a more appropriate market question than a “repurchase-intention” question, since many people hope they will not need to use a hospital’s services again.

VOICE OF THE PATIENT

I have already recommended this hospital to several friends because of the personalized care I received. My nurses took the time to get to know me, and I felt like they really cared about what would happen to me.

The nurses were great overall, but due to the awful experience with the birth certificate and lack of available lactation consultant, I would not recommend this hospital to family or friends.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Speak positively about the organization. Tout the organization’s strengths in front of patients and family members.
- Thank patients for choosing your health system.
- Invite patients to share details about the things they love. Use that information to make their experience at your hospital extra special. For example, if you learn that a patient finds tea to be especially comforting when she’s ill, bring her a cup of warm tea after she has settled into her room.
- Use body language that conveys compassionate, connected care. For example, sit at the eye level and maintain contact with a patient during any discussion about his or her treatment.
Processes/Operations

- Pay for performance. Tie the hospital’s patient experience performance goals to compensation for staff and physicians by:
  - Determining patient experience metric(s) to which you will hold staff and physicians accountable. Organizations can use global ratings questions or questions that pertain directly to the staff members’ or physicians’ care for patients. Many organizations use both. For example, a hospital may use the global ratings questions, “Would you recommend this hospital to friends and family?” and, “During this hospital stay, how often were your room and bathroom kept clean?” as patient experience metrics for Environmental Services staff.
  - Include selected metrics in physician or staff members’ evaluations.
  - Provide comments in written evaluations that outline how staff members or physicians have supported (or did not support) the organization’s goal(s).
  - Discuss ways in which staff members and physicians support the organization’s goal(s).
  - Pay the staff member or physician based on whether or not the organization met its goal(s) and how the individual supported or detracted from the goal. Payment can be delivered in the form of merit increases or bonuses.

- Empower staff members to effect change. Although frontline caregivers have the most direct impact on a patient’s experience, everyone within the organization has an important role to play. From groundskeepers to the chief financial officer to the head nurse of the surgical unit to the filing clerk in medical records, everyone contributes to the organization’s mission and vision, as well as to smooth care coordination. Many times those who do not deal with patients on a daily basis struggle to understand their roles in the patient experience. Implement these tactics to ensure that making the patient experience a positive one is “everybody’s job”:
  - Create structured systems for submitting new improvement ideas. These can be project-focused where employees are asked to submit ideas for a specific issue or more generic submission of all ideas.
  - Establish follow-up protocols for all employees’ ideas. All submissions should be acknowledged and properly thanked, even if never initiated.
  - Provide opportunities to lead and execute recommended ideas. If a project is formed based on an employee’s suggestion, that person should be included on the committee/team.
  - Dedicate resources given to any committee charged with developing or improving a process. Committees should be given a budget that is at their will to utilize. Actions requiring further resources will need additional approval, but a certain level of investment should be established.
  - Establish a predetermined span of authority to institute recommended changes. For true empowerment, committees should be granted more authority than simply recommending ideas. Spans of authority can include which department can be affected and what processes can be altered. Recommend that changes outside of the span of authority have a formal review procedure. While senior leaders can review ideas to make the final decision, a committee’s wishes should take priority.

- Institute nurse manager rounding. Frontline managers serve as a critical link between hospital management and the patient’s overall experience. They are extremely important in building a culture that leads to excellence, yet may feel overwhelmed and solely responsible for improving the patient experience. Nurse managers should round on patients, asking patients things such as:
- Have staff members met your personal needs?
- Have staff members come to see you hourly?
- What concerns do you have?
- Has any staff member gone above and beyond to make your experience better?

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UPI Webinar: Targeted Performance Improvement: Supporting Frontline Managers