Best Practice Briefings

Patient Experience

Improve Pain Management with Strong Nursing Care Quality
Pain management and nursing care are important contributors to the overall patient experience. In fact, nursing care influences inpatients’ overall ratings and likelihood to recommend more than staff care, physician care, and the environment. Hospitals can successfully achieve organizational pain management goals by ensuring nursing care is at the highest level possible. To promote quality patient experiences, provide training programs for nurses that include the value of insights obtained through the HCAHPS survey, the importance of pain control, and effective communication with patients.

Adapted from “Evaluating the Influence of Perceived Pain Control on Patient Satisfaction in a Hospital Setting” by Angela R. Craig et al.

Improve the Pediatric ED Experience Through Patient- and Family-Centered Care
Commitment to the patient- and family-centered care of pediatric emergency department patients and their families ensures that their perspectives guide the practice of coordinated and culturally sensitive care. To promote patient dignity, comfort and autonomy in the pediatric ED setting, adhere to the following principles:

- Value the patient and family as key decision-makers regarding the patient’s medical care.
- Encourage the option of family member presence for all aspects of ED care.
- Address health literacy and provide timely and culturally effective professional interpreter services.
- Collaborate proactively with all health care professionals along the entire continuum of care.
- Solicit patient and family input on all institutional policies (e.g., environmental design, staffing).

Adapted from “Patient- and Family-Centered Care of Children in the Emergency Department” by Dr. Nanette Dudley et al.

Implement Palliative Care Best Practices to Improve Inpatient End-of-Life Care
The majority of deaths in the developed world occur in hospitals. The inpatient experience for terminal patients can be improved with evidence-based palliative care. To optimize hospital-based end-of-life care, include the following patient and family priorities in palliative care redesign:
• **Effective communication and shared decision making.** Communicate honestly about medical conditions and the efficacy of available treatments, and encourage patients to choose a preferred decision-maker.

• **Expert care.** Provide good physical care, effective symptom management, and team-based care that is integrated and well-coordinated.

• **Respectful and compassionate care.** Preserve patient dignity, take a personal interest in the patient, and support the presence of family members as part of the care team.

• **Trust and confidence in clinicians.** Build trust and confidence through patient- and family-centered communication, and by understanding and responding to patients’ needs and end-of-life concerns.

Adapted from “Dying in the Hospital Setting: A Systematic Review of Quantitative Studies Identifying the Elements of End-of-Life Care that Patients and Their Families Rank as Being Most Important” by Claudia Virdun et al.

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**Reduce Readmissions with Discharge Phone Calls**

Patients’ failure to understand discharge instructions can result in significantly higher rates of negative health outcomes. Discharge phone calls allow staff to address issues patients may have with their medications or follow-up appointments, and to provide patients an opportunity to ask questions after discharge. Incorporate the following components into discharge phone call protocols to improve quality of care and reduce readmission rates:

• **Medication management.** Confirm patients have filled all prescriptions. Use teach-back to make certain patients understand how to take their medications.

• **Follow-up appointments.** Ensure that patients have scheduled their follow-up visits or assist them in scheduling appointments if necessary.

• **Patient questions.** Find out if patients have any problems post discharge and if they have questions about their medical care.

Adapted from “Discharge Phone Calls: A Technique to Improve Patient Care During the Transition From Hospital to Home” by Kristin A. Schuller et al.

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**Clinical Quality**

**Advance Nursing Shared Governance with Leadership Mentoring**

Engaging staff nurses to resolve operational failures improves RN engagement with organizational decision making, RN-RN working relationships, empowerment and trust in leadership. Nursing leaders and educators must mentor staff to use research and improvement methods. In turn, nurses develop the
confidence and skills necessary to manage process improvement. The following activities are essential for effective shared governance:

- **Engage nursing staff.** Offer participation in quality improvement (QI) to all nurses to ensure a broad range of opinion. Proactively seek input from all shifts to secure their representation in decision making.

- **Assign mentors.** Leaders must dedicate time to building relationships with nurses. Coach nurses in process improvement methodologies and best-practice research without taking over nurse-led change processes.

- **Maintain enthusiasm.** Frontline QI nurses should “talk up” meeting activities with routine staff updates and celebrate every success. Call for member changes when progress stagnates to rejuvenate efforts.

Adapted from "Bridge to Shared Governance: Developing Leadership of Frontline Nurses" by Valorie A. Dearmon et al

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**Improve Pressure Ulcer Prevention Efforts with Nurse Engagement**

Owning the process for reducing hospital-acquired pressure ulcers (HAPUs) increases staff nurse awareness of their value in reducing patients’ suffering and enhances dedication to the effort. Reduce the incidence of HAPUs with a nurse-led initiative for prevention supported by the Chief Nursing Officer for resource allocation. Key components for nurse engagement and HAPU reduction include:

- **Staff-led initiatives.** Encourage a nursing team approach to research best practices, identify gaps in current practice and drive peer-to-peer accountability.

- **Education.** Mandate HAPU-prevention training that includes early identification of stage I ulcer development. Sustain knowledge and process adherence with annual competency testing and wound-care consulting services.

- **Daily accountability.** Add skin assessments requiring nurse signatures to vital sign or rounding documentation. Incorporate skin assessment into bedside shift reports to eliminate delays in repositioning patients at shift change and promote continuity of ulcer care. Require that managers follow up with non-compliant staff.

Adapted from “Driving Hospital-Acquired Pressure Ulcers to Zero” by Donna Morehead and Brenda Blain.

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**Reduce Fall Rates with the Ruby Red Slipper Program**

Timely assistance is critical to falls prevention. At-risk patients receive more timely assistance when they are easily identified and everyone is watching out for them. Add an obvious differentiator such as red slippers to distinguish patients at risk of falls and expand the responsibility for falls prevention to all hospital workers. Include the following in a falls risk program:
Educate all disciplines. Employ gerontology experts to train hospital workers in team-building, falls risk assessment and prevention, and data use. Experts participate in unit rounds for ongoing support.

Identify at-risk patients. Have patients at risk of falls wear red slippers. Apply a sign to the front of charts alerting transporters and others to the fall risk.

Invest in safety equipment. Standardize beds throughout the hospital with low height and alarm capabilities. Utilize fall impact mats selected by nursing staff.

Disseminate data. Be transparent about fall rates on each unit to encourage excellence and maintain awareness of the improvement effort.

Adapted from “The Ruby Red Slipper Program: An Interdisciplinary Fall Management Program in a Community Academic Medical Center” by Sharon Stahl Wexler et al.

Improve Electronic Health Record Implementation with Scribes

Partnering physicians with dedicated scribes improves productivity and EHR implementation. It also can increase patient and clinician satisfaction with interactions. Medical scribes are direct employees or contract workers who perform such tasks as summarizing medical histories, entering progress notes and typing visit summaries. The following tactics optimize the value of scribes:

Formal job description. Communicate specific requirements and expectations in writing. Use licensing and clinical knowledge to limit scribe activities (e.g., only licensed practitioners can enter orders).

Site-specific orientation. Familiarize new scribes with software and documentation practices.

Dedicated scribes. Assign one scribe per physician per shift to record encounters in real time.

Clinician accountability. Practitioners review and sign scribe documentation to authenticate entries.

Adapted from “The Use of Medical Scribes in Health Care Settings: A Systematic Review and Future Directions” by Drs. Cameron G. Shultz and Heather L. Holmstrom.

Organizational Culture

Foster a Culture of Team-Based Care to Improve ACO Performance

High-quality, efficient care is the goal of accountable care organizations (ACOs). However, many problems related to quality, access, and cost result from the fragmentation separating medical organizations, specialties, departments, buildings and payment systems. The antidote is integration through teamwork that leverages experience, information and technology to provide value for the patient.
Foster an ACO-wide culture that views teamwork as essential to delivering patient-centered care. With a unifying focus on shared values, teams from distinct and otherwise independent organizations can achieve a high level of collaboration by becoming a “team of teams” delivering compassionate, connected care.

Adapted from “Team-Based Care at Mayo Clinic: A Model for ACOs” by Leonard L. Berry and Dan Beckham.

Focus on Teamwork to Enhance Nurse-Physician Communication
To develop collaborative interprofessional partnerships, organization leaders often must change the culture of communication. Two elements necessary for culture change are language and behavior. Assess nurses’ and physicians’ language and behavior to ensure day-to-day communications (words, tone of voice, body language) are nonthreatening and positive. To further enhance communication and teamwork, physicians and nurses should:

- Respectfully greet each other and introduce new staff members to other care providers.
- Establish a non-hierarchical and collaborative communication structure emphasizing respect, openness, active listening and a free flow of patient-centered information.
- Use a structured tool, such as SBAR, to focus communication on patient care needs.

Adapted from “The Challenges of Nurse-Physician Communication: A Review of the Evidence” by Dr. Cecelia L. Crawford et al.

Create an Improvement Culture: A Health Care Leader's Checklist
Health care executives face multiple challenges today, increasing the need for rapid and effective organizational change and improvement. Teamwork and cooperation increase the likelihood of successful change and accelerate the improvement process. To foster an organizational culture that supports change and improvement efforts:

- Make a compelling case for change and identify desired performance outcomes.
- Develop an effective implementation plan with realistic timelines.
- Create buy-in and ownership with the people who are responsible for implementing the plan.
- Clarify the roles, goals and performance expectations for each individual involved in the change improvement effort.
- Provide teams with the time, resources and support necessary to create real change.

Adapted from “Why Hospital Improvement Efforts Fail: A View from the Front Line” by Clinton O. Longenecker and Paul D. Longenecker.
Target Compassion Fatigue to Reduce Suffering

A nurse’s innate capacity to nurture patients and embrace suffering can be conceptualized as compassion. However, with the continuous giving of themselves, nurses are at risk of developing compassion fatigue and increasing patient suffering. By acknowledging, discussing and providing interventions, organizations help caregivers understand that compassion fatigue can be a normal response to caring in difficult situations. To reduce caregiver suffering:

- **Put compassion fatigue on meeting agendas.** Managers can take time in regular unit meetings to discuss patient care situations and ways to reduce compassion fatigue.

- **Acknowledge staff contributions.** When leaders recognize and thank nurses for their compassionate caring, they help combat the sense of fatigue and the feeling that efforts to care do not matter.

- **Institute workplace timeouts.** Use timeouts when nurses are working in high-acuity areas or caring for patients during intense periods. Nurses can step away, reflect and refresh when they feel unable to care for or empathize with patients or families.

Adapted from “Nursing on Empty: Compassion Fatigue Signs, Symptoms, and System Interventions” by Chelsia Harris and Mary T. Quinn Griffin.