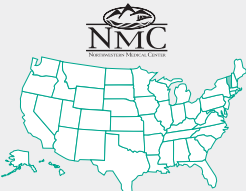




Employing a Concierge Services Program to Boost Patient Care Experience and Satisfaction

Since nurses can sometimes be tasked with a wide range of duties beyond their clinical responsibilities, implementing a concierge program can increase patient satisfaction and allow nurses to focus more on patients' medical needs. In addition to taking on some of nurses' nonmedical tasks, concierge staff members are used as a means to enhance patient experience by providing appropriate resources to fill voids from everyday life.

Northwestern Medical Center (NMC)—a 70-bed community hospital in St. Albans, Vermont—enhances patients' care experience and satisfaction with a concierge program that helps patients and family members feel less like their life has been put on hold for medical care. To learn more about the concierge program and how it has helped improve care satisfaction,



Northwestern Medical Center
St. Albans, Vermont

- Number of Employees: 600
- Annual Number of Inpatients: 1,900
- Annual Number of ED Patients: 28,000

The Academy spoke with Lisa Bovat, the Director of Hospitality, and two of NMC's concierges, Johanna Crane-Godin and Patty Rainville.

"Concierge Services was naturally the next step for NMC to be progressive and on the forefront of customer service," Bovat says. "The program was brought on for that exact reason—that we take care of the patients medically, but there is so much more that can be offered for them to feel comfortable in the environment and heal quickly."

Building a Caring and Active Staff

Currently, NMC's concierge program employs one full-time concierge and three per diems that report to the director of hospitality, who oversees the concierge program as well as the restaurant and catering services, environmental services, patient access, and volunteer services—all of which the concierge staff help support. Operating daily, the purpose of the concierge program is to provide nonmedical

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Identifying Lapses in Patient Safety Through PSI Review and Individual Case Analysis

Improved patient safety and reductions in adverse events remain continuous goals for many hospitals and health systems. However, inefficiencies in care processes, gaps in documentation, and other potential patient safety risks can sometimes go undetected. As a result, the Agency for Healthcare Research and Quality (AHRQ) developed Patient Safety Indicator (PSI) review guidelines as a framework to help hospitals alleviate operational inefficiencies and reduce potential opportunities for patient safety events.

Rush University Medical Center—a 664-bed academic medical center located in Chicago—has implemented effective data analysis strategies in its PSI review process to reduce patient safety events. In particular, Rush's PSI review allowed the organization to identify lapses in patient safety and key areas for quality improvement. To learn more about Rush's patient safety efforts and how it has focused on quality improvements

across the facility, The Academy spoke with Dr. Bala Hota, Chief Analytics Officer and Associate Chief Medical Officer.

"Patient Safety Indicators are claims-based algorithmic measures that detect patient safety episodes, so there's no substitute for a system really learning what the PSI indicators measure," Dr. Hota says. "PSI

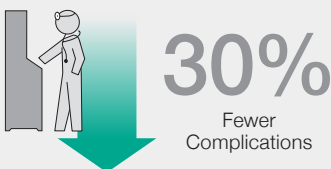
measures don't have perfect precision, but they do help to find safety events and assist with trending."

Collecting Trending Data and Finding Root Cause

PSI reviews rely on data analysis that measures trends and incidence of medical events or events where there may have been a patient safety concern. A large aspect of PSI reviews is a quality composite measure developed by Medicare for inpatient quality rankings called PSI 90. Meant to indicate a global view of patient safety against which hospitals and health systems can benchmark accordingly, PSI 90 consists of 10 component indicators for patient safety incidents selected by AHRQ, including pressure ulcers, perioperative hemorrhage, and postoperative sepsis, among others.

SEE PSI REVIEW ON PAGE 4

% Fewer Than Expected Potential Complications Experienced at Rush University Medical Center



From April 2015 to March 2016, Rush experienced 30% fewer potential complications than expected, demonstrating the effectiveness of the organization's process of identifying and limiting patient safety risks.

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support to staff, patients, families, and visitors to elicit higher patient satisfaction and improve the care experience.





The concierge staff consists of active community members who are considered “quick thinkers” and those who act with empathy to handle the vast range of responsibilities required of them in the hospital setting. Concierges can be easily identified by the maroon vests they wear to differentiate them from medical staff. Since they serve each hospital unit, NMC concierge staff are equipped with a cellphone and pager to maintain frequent communication with staff members in all departments, including the intensive care unit and emergency department, among any others that may need them.

Identifying Patients' Everyday Needs

The day-to-day responsibilities for NMC's concierges change constantly depending on what is happening in the hospital. Most frequently, concierge staff duties consist of checking in on patients and families to offer assistance, including getting them items they ask for, filling special food requests, delivering newspapers, replacing hearing aid batteries as needed, and answering calls from hospital staff. They also provide support to grieving families and materials to keep children entertained in the ED when they arrive with a sick family member.

“The cellphone and pager are often going off at the same time, so the concierges are quick on their feet,” Bovat says. “They

Responsibilities of Concierge Services Staff at Northwestern Medical Center

			
Check in with patients and families to offer assistance	Run errands for patients at grocery store, laundromat, or doctor's office	Hold babies in family birthing center	Respond to calls from hospital units

Since concierge staff at NMC respond to a wide array of requests from all units, providers who traditionally performed these duties have more time to focus on their patients' medical needs.

are constantly reprioritizing, and if it's not the cellphone or pager, then someone is tapping them on the shoulder asking for something in the hallway.”

NMC's concierge staff can fill many patient and family requests for items by utilizing their concierge office, which they call their “toolbox.” This toolbox is filled with common items that patients may forget on their way to the ED, such as a phone charger or reading glasses. The concierge service at NMC stresses that such items are what can drastically improve a patient's experience in the hospital. Additionally, the office holds other items for entertainment or comfort like laptops, coloring books, games, white noise makers, hard candy, toiletry supplies, and clothing. One of the most special items kept in this room are comfort quilts created and donated to the concierge program by a volunteer and auxiliary member. These comfort quilts are then presented to patients or their families when they are reaching the end of life.

“We keep an excess number of the quilts in our office,” Crane-Godin says. “Sometimes we give two or three out in a day, which can be tough. But anything the patient may ask for, we can try to get for them.”

Understanding Concierge Services

The qualifications for a concierge to effectively handle their position do not require a medical background, but instead focus on the ability to anticipate others' needs and think critically in difficult situations. Depending on the events in the hospital, concierge staff may undergo stressful moments that can put their own emotional state at risk, which is why their director encourages the concierges to step away from their roles for a moment after dealing with a difficult situation. In addition, they occasionally debrief with larger groups for especially difficult situations that may have occurred in the ED, or they act as an

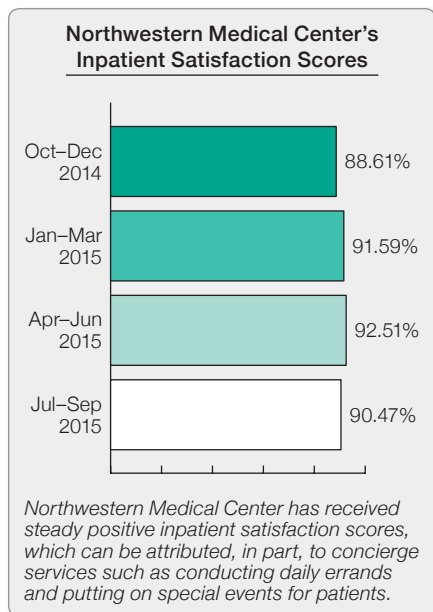
emotional support system for other staff when the responsibilities and experiences of their work take a toll on them.

“This job can be very exhausting,” Crane-Godin says. “We could be upstairs rocking babies in the family birthing center one moment then in the emergency department holding the hand of somebody passing away the next—it just depends on the day.”

Although concierge responsibilities include supporting people through some of the most difficult times in their lives, they get to experience uplifting moments as well. They have many opportunities to make a patient's day better by handing them their favorite food or putting together a last-minute event that may have been missed due to their hospitalization. For example, NMC concierge services have planned in-hospital weddings for patients and even a surprise prom for a high school student who would not be discharged in time to attend his own prom. The entire hospital collaborates to ensure authenticity by including special clothing, music, food, and decorations. By paying close attention and listening to the details the patients tell them, the concierges are able to pinpoint something that will brighten the patient's day and do what they can to make their stay exceptional.

For other organizations attempting to improve or implement a concierge program, the practices of Northwestern Medical Center can provide valuable insight. By finding the right people for the position, supplying patients with resources to make their hospital stay more enjoyable, and supporting staff in the hardships of the position, hospitals and health systems can improve patient care experience and overall satisfaction with their healthcare.

“The most important thing we have in our toolbox is a caring, helping hand,” Rainville says. “That's not something that we buy. It's something that we feel and we give from ourselves.” ■



Highlights from The Academy’s Spring Member Retreat: Engaging Patients in Their Care

Successfully enhancing the patient experience can have numerous positive benefits, including improved outcomes, a greater understanding of care, and a more engaged patient. As such, many organizations are striving to identify the best opportunities to improve patients’ care experience through a variety of approaches. However, despite this becoming an area of greater focus for many hospitals and health systems, a recent survey of hospital executives on the East Coast found that most believed their patients were barely engaged with care.

Just as engaged patients can lead to positive results, unengaged patients can contribute to a number of undesirable consequences, such as poor patient outcomes and adverse events. At The Academy’s recent Spring Member Retreat, industry experts spoke on a variety of topics—including one presentation that focused on the core facets of the patient experience and the importance of utilizing best practices to creatively engage patients in their care to avoid these undesirable outcomes.

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As sharing best practices and learning from the experiences of others are vital steps in the continued journey toward high quality care, The Academy has summarized some of the key insights on engaging patients in healthcare through patient and family advisory councils (PFACs) and has included specific attendee questions on this topic.

Regional Patient and Family Advisory Councils

In addition to supporting better outcomes, involving patients and family members can offer extremely valuable input to help improve hospital operations. Gundersen Health System—headquartered in La Crosse, Wisconsin—has created PFACs at 11 of its rural clinic locations near the border of Wisconsin, Iowa, and Minnesota in order to help drive improvement efforts. Sharing insights at the Spring Retreat on the advisory council meetings and how they have enhanced engagement were Ellen Gianoli and Ingri Gundersen, Patient Relations Specialists at Gundersen.

Retreat Questions and Answers

In addition to the presentation by Ellen Gianoli and Ingri Gundersen on the organization’s best practices for managing a PFAC, attendees were given an opportunity to ask the speakers questions regarding advisory council meetings. Summarized here are a number of questions from the event, which further describe Gundersen’s PFACs.

Q: How are council members given feedback on their work and updated on what they have accomplished?

Gundersen: We always do a good job at reporting back to members. The PFAC’s agenda sets aside time to review what we’ve talked about in previous meetings. We’ve done a really good job at making sure our members know that they are the advisors to the health system, so we’ll bring in individuals from different areas in the hospital—like revenue cycle or the quality department—to give them feedback on their ideas and their work.

Q: How do you ensure that learnings from each of the different councils are disseminated to the other councils?

Gianoli: As two individuals that always attend meetings, we will first make sure to update each of our councils on any important successes. We also keep minutes for each meeting that others can refer to, and we have a document on our shared drive that keeps track of what specific improvement effort a council did, which date that action took place, and a comment on the success of that action.

The overall intent of the 8–12 member PFAC meeting is to create a setting for patients and families to provide input into policy and program development, as well as actively help plan, develop, and implement changes at the clinics in which they receive care. To ensure these meetings run smoothly, finding the right candidates to act as advisors was an important first step for the health system.

At Gundersen, patients are initially referred to the PFAC by clinic managers or staff members based on perceived interest in the health system’s happenings or unhappiness with current practices. After identifying candidates, outlining participation expectations, and having each council member sign a PFAC contract, the group is then ready to meet on a quarterly basis in order to discuss feedback from the community.

To better outline expectations and more thoroughly prepare council leaders and members, Gundersen created a leader’s guide describing areas such as council guidelines, member selection, and strategic plans, as well as a participant’s guide that includes information on the council’s purpose, the member contract, and a confidentiality form.

Additionally, meeting planning tools were created to help guide council meetings. Specifically, Gundersen’s PFACs use the same agenda template to keep meetings brief and to-the-point. Each meeting begins with a patient story, includes

follow-up information from the previous meeting, and allows time for members to discuss what they are hearing about Gundersen around the community.

Improvement Efforts and Results

By thoroughly preparing council members, incorporating guiding tools in the operations of the meetings, and taking community feedback, Gundersen’s PFACs have helped drive a number of improvement efforts, including:

- Placement of registration forms on website
- Participation in community needs assessment
- Identification of wayfinding and signage issues
- Improved verbiage on patient information form
- Input in marketing design and distribution of materials

As a result of its efforts to effectively establish its PFACs and commitment to supporting them, Gundersen has seen strong engagement from council members, which has led to a 90% increase in the number of PFACs at the organization since 2013, with 16 advisory councils altogether—including the 11 at the regional clinic locations. ■

For full recordings of this and other Spring Retreat presentations, please visit The Academy’s web portal.

FROM PSI REVIEW ON PAGE 1

For the PSI review process at Rush, the organization utilizes two main data gathering and analysis techniques. The first involves a data feed from the electronic health record that is sent to a software system produced by AHRQ that indicates overall rates over time for each PSI. The software returns output to Rush for ongoing surveillance of patients and identification of trends. The other analysis strategy relies on benchmarking tools that provide incidence rates and benchmarking for PSI indicators overall.

In addition to using data analysis software, Rush appoints certain patient safety staff to act as patient safety consultants to review potential cases that may be linked to a PSI event by conducting root cause analysis. The safety consultants identify challenges such as inadequate documentation or improper coding to determine where these gaps in care processes happen. Following these analyses, they target areas where workflows can be improved by reeducating staff and further monitoring care processes.

Adjusting Processes for Improved Patient Outcomes

The PSI reviews at Rush make it easier for leaders to identify areas where patient safety improvements should be targeted. In

addition to patient safety consultants, the facility assigns patient safety officer positions to physicians and champions from each department in the medical center to work with the consultants. These teams formulate plans and change management initiatives, such as ordering practices in specific circumstances, to fix potential problems in patient safety.



“Themes will emerge of why certain cases occurred,” Dr. Hota says. “And that leads to change by looking at the measures on an ongoing basis and drilling down the specific patient charts to identify areas for improvement.”

In order to determine how to develop patient safety improvement initiatives, Rush uses a goal threshold rate for each measured PSI in a dashboard approach and evaluates performance by whether the organization is above or below that target. Additionally, observed and expected rates are calculated for the PSIs based on comorbidity scores, which allows for the observation of specific patient populations in which Rush is seeing higher incidence rates. These comparative measures have helped improve Rush’s innovations in patient safety by detecting improvement needs and hidden lapses in the safety of care.

By analyzing goal threshold rates and expected and observed rates for 11 PSIs, including pressure ulcers, iatrogenic pneumothorax, central line-associated bloodstream infections, postoperative hip fractures, deep venous thrombosis embolisms, and more, Rush was able to measure its performance in patient safety. From April 2015 to March 2016, Rush experienced 30% fewer potential complications than the expected rate based on patient acuity. This reduced measure indicates the focus that Rush’s staff have on PSI rates and individual cases for preventing future incidents.

For other organizations attempting to enhance current PSI review processes or implement more structured data analysis to lessen operational inefficiencies, the practices of Rush University Medical Center can provide valuable insight. By recognizing patient trends and conducting thorough data analyses, identifying root causes in patient safety events, and implementing change management plans in everyday operations, hospitals and health systems can reduce potential adverse events and improve care quality throughout the system.

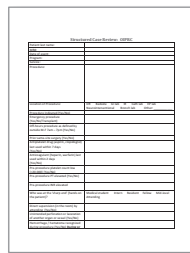
“We try to instill a culture of transparency and openness to change,” Dr. Hota says. “At the end of the day, this is a change management process, and getting folks to change their behavior and improve care is the ultimate goal.” ■

Now Available on The Academy Member Portal

Structured Case Review: OIPRC

hbinsights.com/viewid/61216

Shared by Rush University Medical Center, this template is used to collect and assess pertinent information regarding individual patient safety cases before being reviewed by the Official Installation Practitioner Review Committee to determine if any lapses in patient safety practices occurred while performing any given procedure.

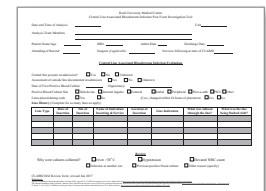


Suggested Keywords to Search: Case Review, OIPRC, Safety Indicator, PSI

CLABSI Postevent Investigation Tool

hbinsights.com/viewid/61217

This document, shared by Rush University Medical Center, is utilized by its data analysis teams when conducting Patient Safety Indicator reviews. Including checkboxes and short answer questions, this tool aims to investigate why and how a particular central line-associated bloodstream infection materialized.



Suggested Keywords to Search: CLABSI, Central Line, Bloodstream Infection, PSI, Safety Indicator

Download these tools from our members-only website. As a reminder, your email is your user ID. To set up accounts for additional members of your team, contact The Academy’s membership services at 888.700.5223. We would be happy to schedule an orientation for new members!

