The **Advisory Board** Company | Nursing Executive Center

The Patient Experience Toolkit

- Cultivating Caregiver Empathy
- Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience
- Diagnosing Institution-Specific Process Barriers

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Nursing Executive Center

Project Director
Sarah Aronson

Managing Director
Jennifer Stewart

Executive Director
Steven Berkow

Lead Designer
Keith Morgan

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Introduction to the Patient Experience Toolkit

While nurse leaders have been long-standing champions of enhancing the patient experience, there is now widespread interest in the topic across the C-suite—largely driven by the recent decision to link hospital reimbursement to patient satisfaction performance. Yet despite renewed investment in improving the patient experience, many institutions are struggling to achieve and sustain strong performance. In the Nursing Executive Center's opinion this is because institutions fall into one of two common pitfalls: defining the scope of the patient experience ambition too narrowly or pursuing a campaign-style approach.

The first step in achieving lasting improvements in patient experience scores is to reframe the scope of the ambition—so the goal becomes improving the overall patient experience, and not just performance on discrete HCAHPS measures. The second step is to shift performance improvement efforts from stand-alone initiatives to a holistic patient experience strategy. The rationale is that stand-alone initiatives require constant leadership attention and direction—whereas a holistic patient experience strategy provides a consistent framework that clarifies appropriate actions for frontline staff members. When these two steps are followed, institutions will find a "rising tide lifts all boats." They will successfully improve their overall patient experience, and as a result, will see their HCAHPS metrics rise as well.

The Nursing Executive Center's holistic strategy for improving the patient experience has three parts: cultivating caregiver empathy, overcoming universal process barriers to a patient- and family-centered experience, and diagnosing institution-specific process barriers. This toolkit provides seven tools that equip nurse leaders to bring the holistic strategy to life within their institutions.

Section I	Section II	Section III
Cultivating Caregiver Empathy	*Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience*	*Diagnosing Institution-Specific Process Barriers*

Section Goal: To equip caregivers to understand the patient experience and effectively convey their understanding to patients.

Tool #1: Patient Story Capture

Tool #2: Patient Personalization Posters

Tool #3: Empathy-Building Simulation Scenarios

Section Goal: To equip caregivers and nurse leaders to overcome the three most common barriers to an outstanding patient experience: unnecessary patient disruptions, unmet real-time patient needs, and unclear next steps for patients and families.

Tool #4: Disruption Identification Exercise

Tool #5: Hourly Rounding Design and Implementation Guide

Tool #6: Communication Board Design and Implementation Guide

Section Goal: To equip nurse leaders to identify their institution's unique process barriers by seeking the input of current and former patients.

Tool #7: Patient and Family Advisory Council Implementation Guide

Available Within Your Nursing Executive Center Membership

In recent years, the Nursing Executive Center has developed numerous resources to help nursing leaders improve the patient experience. Select resources are shown here. All resources are available in unlimited quantities through the Nursing Executive Center.

Enhancing the Patient Experience

Enhancing the Patient Experience[1]
Best Practices for Achieving and Sustaining High Patient Satisfaction

- Cultivating Caregiver Empathy

- Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience

- Diagnosing Institution-Specific Process Barriers

Enhancing the Patient Experience[1]
The Crosswalk is an interactive, online search engine that enables nursing leaders to easily identify Nursing Executive Center best practices that will advance individual HCAHPS domains.

Onsite Presentation of Enhancing the Patient Experience
Best Practices for Achieving and Sustaining High Patient Satisfaction

- Senior Nursing Executive Center faculty member speaks onsite at member institution and shares 19 best practices to enhance the patient experience

- Appropriate for nurse managers, directors, and members of the executive team

The Family as Patient Care Partner
Leveraging Family Involvement to Improve Quality, Safety, and Satisfaction

- Understanding the Family Perspective

- Hardwiring Family Involvement

- Enfranchising Clinical Staff

- Fostering Care Collaboration

ACCESS THESE RESOURCES

To access these and other Nursing Executive Center resources, please visit our website: **www.advisory.com/nec**

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[1] Available late spring 2012.

Beyond the Nursing Executive Center

Advisory Board Talent Development

In addition to the resources available through the Nursing Executive Center membership, The Advisory Board Company offers a variety of onsite services through our Talent Development programs.

Build Culture, Expand Capacity, and Elevate Outcomes

Through our Service Performance Acceleration program, the Advisory Board's Talent Development division mobilizes staff to meet executive-defined service performance objectives, and we equip participants to move beyond one-off success and achieve meaningful, sustainable long-term results. To date, we have collaborated on more than 4,000 employee-led improvement projects .

Cultivate Service Excellence

Having a fundamental appreciation of patients' actual experience can help hospital staff identify opportunities to better meet patients' physical or emotional needs. We provide participants in our Service Performance Acceleration series with the tools and skills to truly "walk in the patient's slippers."

We help participants map the patient experience to understand not just patients' interactions with hospital staff but their entire encounter with the health system—when they are alone, uncomfortable, frightened, or confused. This patient map becomes the starting point from which participants design a project to improve the patient experience.

We focus on service skills that staff need to make their projects successful, as well as organizational barriers that could threaten the long-term viability of the improvement. Finally, we help participants make sure that morale and motivation do not undermine service excellence, particularly in the clinical setting, where compassion fatigue can be an issue.

Moving Beyond Metrics—Creating Exceptional "Five-Star" Experiences

Too often, service improvement efforts focus solely on boosting satisfaction survey scores. While that is important, we help participants take a more expansive approach to service excellence—one that actually anticipates, and often exceeds, the patient's expectations, rather than just reacting to service failures. We help push participants beyond the usual thinking to design improvement projects aimed at delivering "five-star" experiences that drive the ultimate indicator of satisfaction: patients who would recommend the hospital to friends and loved ones.

GO BEYOND YOUR MEMBERSHIP

Request more information on Talent Development partnerships at:
beyond@advisory.com or www.advisory.com.

I. Cultivating Caregiver Empathy

- Tool #1: Patient Story Capture
- Tool #2: Patient Personalization Posters
- Tool #3: Empathy-Building Simulation Scenarios

Starting Questions

The scripting below is designed to help facilitators provide participants with an overview of the context and aim of the toolkit section on Cultivating Caregiver Empathy.

1. What is "Cultivating Caregiver Empathy"?

"Cultivating caregiver empathy" expresses the idea that is important for bedside caregivers to understand the patient experience—and equally important for caregivers to effectively convey this understanding to patients. When caregivers and patients share a common perception of the hospital experience (including common sources of patients' fears, embarrassment, and frustration) patients feel emotionally supported during their hospital stay.

2. Why is cultivating caregiver empathy an important component of enhancing the patient experience?

When caregivers have a full understanding of the patient experience, they have the necessary knowledge to carry out three actions important to enhancing the patient experience:

- First, caregivers can better anticipate common sources of patient anxiety and take steps to mitigate them.

- Second, caregivers can understand the importance of treating patients as unique individuals and take steps to treat their patients as not just conditions, but unique individuals with unique care needs and desires.

- Third, caregivers can internalize the need to consistently approach all aspects of care with compassion and sincerity.

3. How do the tools in this section cultivate caregiver empathy?

The first two tools in this section help caregivers look beyond a patient's condition to view the patient as a unique individual. This equips the caregiver to better relate to his/her patients and, as a result, treat each patient as an individual with unique needs. The first tool in this section, Patient Story Capture, guides participants through the process of learning a patient's personal history and preferences through a structured interview. The second tool in this section, Patient Personalization Posters, helps caregivers connect with patients by allowing patients to display personal information by their bedside. Caregivers can use the displayed information as a prompt to engage in personal and more meaningful conversation.

The third tool in this section, Empathy-Building Simulation Scenarios, helps caregivers better understand the challenges patients may face (and the emotions they may experience) while receiving care on the unit. Caregivers complete simulations of common patient experiences to better understand patients' perception of receiving care on the unit.

Overview of Tools for Cultivating Caregiver Empathy

Tool #1: Patient Story Capture

Overview: The goal of this exercise is to help frontline staff understand the importance of treating their patients as unique individuals—as opposed to defining them by an illness or condition. This tool provides participants with an interview guide to learn more about current patients. It includes a guided self-reflection to equip participants to apply the lessons learned from current patients to the care of future patients.

Type of exercise: Patient interviews and guided self-reflection

Tool #2: Patient Personalization Posters

Overview: The goal of Patient Personalization Posters is to enable patients (and their families) to share the desired level of personal information with their caregivers. This improves caregivers' knowledge of each patient as a unique individual and facilitates more personalized care delivery.

Type of exercise: Workflow modification

Tool #3: Empathy-Building Simulation Scenarios

Overview: The goal of this exercise is to help frontline staff gain a greater understanding of the challenges and emotions patients may experience while receiving care on the unit. This tool contains an interview guide, simulation scenarios, and a concluding group discussion to foster reflection.

Type of exercise: Competency development

Tool #1

Patient Story Capture

Overview: The goal of this exercise is to help frontline staff understand the importance of treating their patients as unique individuals—as opposed to defining them by an illness or condition. This tool provides participants with an interview guide to learn more about current patients. It includes a guided self-reflection to equip participants to apply the lessons learned from current patients to the care of future patients.

Type of exercise: Patient interviews and guided self-reflection.

Time required:

Step	Approximate Time Allocation	Owner
Two Patient Interviews	10 minutes per interview	Frontline Nurse
Guided Self-Reflection	30 minutes	Frontline Nurse
Concluding Discussion	30 minutes	Frontline Staff and Manager/Educator

Targeted skill: Looking beyond a patient's condition to uncover their unique perspective and needs.

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Manager/Educator
Staff Exercise	Frontline Nurse
Discussion Guide	Manager/Educator
Evaluation Guide	Manager/Educator

Tool Implementation Guide

I: Select frontline staff members to complete this exercise. This exercise is applicable for all staff members.

II: Share this exercise with participating staff members and agree upon a deadline. The Nursing Executive Center recommends setting a deadline of two to three weeks after sharing the exercise with participants. Establish regular check-ins across the exercise period to answer staff questions.

III: After participants complete the exercise, use the Discussion Guide on page 12 to initiate a conversation with individual participants (or a group of participants) about their experiences completing the exercise.

Tool #1
Patient Story Capture

Step One: Select a Patient to Interview. Select a patient for whom you are currently providing care and who is expected to remain on the unit for at least one more day. The patient should be alert, verbal, and strong enough to speak with you for a 10-minute interview.

Step Two: Request an Interview. Using the scripting below as a guideline, ask the selected patient to participate in the interview.

Sample Scenario:

Nurse: "Hi Mr. Jones. How are you doing today? Do you have a few minutes to talk?"

Mr. Jones: "Well, I've been better, but hanging in there. Sure, what can I help you with?"

Nurse: "I do everything I can to provide the best care to my patients, and I find that part of that is getting to know you better. Do you mind if I ask you a few questions about yourself, such as your interests, hobbies, and a little bit about your family? Participating is totally optional, so please feel free to say no."

Mr. Jones: "That would be fine. What will you do with the information?"

Nurse: "Good question. I hope to use what I learn to customize your care. The interview will take about 10 minutes. If it's okay with you, I'll take some notes while we chat."

Mr. Jones: "Okay, I feel comfortable with that."

Nurse: "Great—let's get started."

If that patient prefers to not be interviewed, use the scripting below as a guideline for your response. Then, approach a different patient to ask if he or she would like to participate.

Sample Scenario:

Mr. Jones: "Sorry, but I'm really not feeling up to having a conversation right now."

Nurse: "That's no problem at all. I understand and hope you can get some rest. Is there anything I can do to make you more comfortable?"

Mr. Jones: "I could use some water. Thank you."

Tool #1

Patient Story Capture

Step Three: Conduct the Interview. Use the interview guide below to learn more about your patient as a unique individual. Record your patient's responses in the blank spaces provided. Use the final blank space to record additional information you learn about your patient or use it to capture the answer to an additional question you would like to ask.

1.   Where did you grow up?

_____

_____

_____

2.   When did you move to this area?

_____

_____

_____

3.   What is your current (or former) occupation?

_____

_____

_____

4.   What are some of your hobbies?

_____

_____

_____

5.   What is your favorite sport and team?

_____

_____

_____

6.   Do you have a favorite book or TV show? What is it?

_____

_____

_____

Tool #1
Patient Story Capture

7. Who do you enjoy spending time with most?

_____
_____
_____

8. Do you have any pets?

_____
_____
_____

9. What are you looking forward to most after you leave the hospital?

_____
_____
_____

10. What would someone be most surprised to learn about you?

_____
_____
_____

Use the space below to capture any additional information you learned.

_____
_____
_____
_____
_____
_____

Tool #1

Patient Story Capture

Step 4: Conduct an Additional Patient Interview. Select an additional patient to interview. (This patient should meet all the selection criteria listed in Step One and be interviewed during a different shift than the first patient you interviewed.) Use the scripting in Step Two to request an interview. Record the second patient's responses in the blank spaces provided below.

1. Where did you grow up?

    _____
    _____
    _____

2. When did you move to this area?

    _____
    _____
    _____

3. What is your current (or former) occupation?

    _____
    _____
    _____

4. What are some of your hobbies?

    _____
    _____
    _____

5. What is your favorite sport and team?

    _____
    _____
    _____

6. Do you have a favorite book or TV show? What is it?

    _____
    _____
    _____

Tool #1

Patient Story Capture

7. Who do you enjoy spending time with most?

_____

_____

_____

8. Do you have any pets?

_____

_____

_____

9. What are you looking forward to most after you leave the hospital?

_____

_____

_____

10. What would someone be most surprised to learn about you?

_____

_____

_____

Use the space below to capture any additional information you learned.

_____

_____

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_____

Tool #1

Patient Story Capture

Step 5: Complete the Self-Reflection Questions. Answer the questions below by reflecting on the patient interviews you conducted.

1. How did your perception of your first patient change after you interviewed him or her? How did your perception of your second patient change after you interviewed him or her?

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2. Did you learn anything that led you to change the way you did (or will) care for these patients? How did you change your practice?

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3. How did your patients respond to the ways you customized care?

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Tool #1

Patient Story Capture

4. In the future, how will this exercise impact your interaction with patients and your nursing practice?

_____

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5. In the future, what steps might you take to learn more about the unique histories and preferences of your patients?

_____

_____

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_____

Tool #1

Patient Story Capture

Discussion Guide

Use the Discussion Guide below to initiate a conversation about participants' experiences completing the exercise and the impact of learning more about their patients' histories and preferences on their nursing practice.

1. How do you think your first patient felt when you interviewed him/her? How do you think your second patient felt when you interviewed him/her?

2. What question did your patients appreciate most?

3. What surprised you most about your patients' responses?

4. How did you feel when you asked your patients about their unique histories and preferences?

5. How did (or will) learning about patients as unique individuals change the way you care for these patients?

6. How did (or will) learning about patients as unique individuals change the way you care for other patients?

Evaluation Guide

Use the evaluation criteria below to assess participants' exercises. For each criterion, check the box with the text that most closely describes the participants' work. Check marks on the right-hand side of the spectrum may indicate a greater opportunity for improvement.

Guided self-reflection

☐	☐	☐	☐
All responses demonstrate clear understanding of connection between learning more about patients as individuals and customizing care	Majority of responses demonstrate clear understanding of connection between learning more about patients as individuals and customizing care	Responses demonstrate muddled understanding of connection between learning more about patients as individuals and customizing care	Responses demonstrate no understanding of connection between learning more about patients as individuals and customizing care

Contribution to discussion

☐	☐	☐	☐
Participant presents multiple, well-thought out ideas during discussion about how getting to know patients as individuals will impact his/her practice in the future	Participant presents one or two concrete ideas during discussion about how getting to know patients as individuals will impact his/her practice in the future	Participant demonstrates vague understanding of how getting to know patients as individuals will impact his/her practice in the future	Participant cannot articulate how getting to know patients as individuals will impact his/her practice in the future

Tool #2

Patient Personalization Posters

Overview: The goal of Patient Personalization Posters is to enable patients (and their families) to share their desired level of personal information with their caregivers. This improves caregivers' knowledge of each patient as a unique individual and facilitates more personalized care delivery.

Type of exercise: Workflow modification

Time required:

Step	Approximate Time Allocation	Owner
Selecting Patient Personalization Poster Template	30 minutes	Manager/Educator
Staff Training on Patient Personalization Poster Use	1 hour	Manager/Educator, Frontline Nurse
Patient Personalization Poster Completion Time	10 to 30 minutes	Patient/Family
Using Posters in Daily Practice for Each Patient	2–5 minutes per patient	Frontline Nurse
Staff Discussion About Piloting Patient Personalization Posters	30 minutes	Manager/Educator, Frontline Nurse

Targeted skill: Personalizing care delivery

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Manager/Educator
Selecting a Patient Poster Template (Part A)	Manager/Educator
Changing Unit Workflow (Part B)	Manager/Educator, Frontline Nurse
Completing a Patient Poster (Part C)	Frontline Nurse, Patient
Using Posters in Daily Practice (Part D)	Frontline Nurse
Discussion Guide	Manager/Educator

Materials required:
- Patient Personalization Poster template
- Pen for patients/families to complete poster
- Freestanding plastic frames that will fit on top of a table or counter near the patient bed

Tool #2

Patient Personalization Posters

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Tool Implementation Guide

I: Select frontline staff members to use Patient Personalization Posters with their patients during the designated pilot period.

II: Select a Patient Personalization Template appropriate for your unit. You may use either of the two samples provided on pages 15 and 16, or develop your own using the guidelines on page 18.

III: Prepare to change workflow for staff members piloting the posters to enable them (and their patients and family members) to adopt Patient Personalization Posters.

IV: Determine a pilot period and begin rollout. The Nursing Executive Center recommends a month-long pilot period before rolling out Patient Personalization Posters unit-wide.

V: Share the instructions for using posters in daily practice (part D) on page 21 with participating staff members.

VI: After the completing the initial rollout of Patient Personalization Posters (or pilot period), use the Discussion Guide on page 22 to initiate a conversation about staff members' experiences using Patient Personalization Posters.

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Tool #2

Patient Personalization Posters

Part A: Selecting a Poster Template

Step One. Select the Patient Personalization Poster template for staff on your unit to use. You may choose either Option #1 (displayed below) or Option #2 (displayed on the following page), or create your own template using the guidelines provided in Option #3.

Poster Template #1

This Patient Personalization Poster template, called "Getting to Know You," was created by frontline staff in the Liver Transplant Surgical ICU at UCLA Medical Center in Los Angeles, California.

To download a customizable copy of this template, please access the online version of this publication available at www.advisory.com/nec

Tool #2

Patient Personalization Posters

Poster Template #2

This Patient Personalization Poster template, called "Tree of Life," was created by St. Elizabeth's Regional Medical Center in Lincoln, Nebraska. Patients or family members use the instructions on the next page to fill out the Tree of Life.

To download a customizable copy of this template, please access the online version of this publication available at www.advisory.com/nec

Tool #2

Patient Personalization Posters

To download a customizable copy of this template, please access the online version of this publication available at www.advisory.com/nec

Tool #2

Patient Personalization Posters

Poster Template #3

Instead of using a template provided by the Nursing Executive Center, you can create a customized template for your unit's Patient Personalization Poster. The Center recommends all posters contain fields to capture the following elements:

☐ Patient's preferred name

☐ Hobbies or interests

☐ Family, friends, or other important people in the patient's life

☐ Favorite things, such as television shows, books, music, food, sports, etc.

☐ A blank or open-ended field for any additional information a patient or family wants to convey

Tool #2

Patient Personalization Posters

Part B: Changing Unit Workflow

Step One: Generate Staff Buy-In. Before piloting Patient Personalization Posters, ensure all participating unit staff understand the goal (and potential impact) of patient posters. To achieve staff buy-in, complete the exercise below with all staff members participating in the pilot.

- First, schedule an hour-long meeting with all unit staff who will help pilot Patient Personalization Posters.

- Give each meeting participant a poster template and a pen.

- Ask each staff member to partner with a peer. Give each staff member 10 minutes to complete his or her own poster. After each partner has completed a poster, ask them to exchange posters and closely read each other's posters for five minutes.

- After participants review their partners' posters, convene the group for a 20- to 30-minute discussion. Use the questions below as discussion prompts.

  1. What did you learn about your peer through this exercise?

  2. How much did you already know? What was new?

  3. How will this change the way you work together in the future?

  4. How might your patients feel after completing a poster?

  5. How might learning about your patient through the poster change how you deliver care?

Step Two: Gather Materials for Poster Completion. Reproduce enough patient poster templates for the pilot period. Gather pens and freestanding plastic frames that will fit on top of a table or counter near the patient bed. Place pens, frames, and poster templates in a central, easily accessible location for frontline staff. Let them know where the templates and pens can be found.

Step Three: Facilitate Poster Transfer. Alert other unit managers and transport staff that patients being transferred from your unit will be accompanied by a Patient Personalization Poster and that the poster should be placed next to the patient's bed. To ensure patients being discharged home to or to another facility are able to take the poster with them, add poster handoff to your unit's discharge planning checklist.

Tool #2

Patient Personalization Posters

Part C: Completing a Patient Poster

Step One: Prepare for Poster Completion. Obtain a blank copy of your unit's Patient Personalization Poster template and pen.

Step Two: Identify Individual Who Will Complete Poster. Determine who is able to complete the poster—for example, a family member or friend may be best suited if a patient is non-verbal or not strong enough to engage in conversation. Patients may complete the poster themselves if willing and able. If you are not sure who should fill out the poster, use the scripting in Step 3 to help determine who would like to complete the poster.

Step Three: Ask Identified Individual to Complete the Poster. Approach the individual best suited to complete the Patient Personalization Poster and gauge his or her interest in participation. Using your own words, ensure the following elements are included in your conversation:

- **What the Patient Personalization Poster is:** *The Patient Personalization Poster is this piece of paper right here [show template]. Once filled out, it enables me and everyone else on the unit to get to know you/your loved one better as a person and customize care. It includes information about your loved one's interests, aspirations, and anything else you would like to include.*

- **How the information will be used:** *The information you and/or your family provide will appear on the poster. I'll keep the poster by your bedside while you are here in this plastic frame, but you are welcome to take it home when you leave.*

- **Participation is optional:** *If you don't feel comfortable with us filling out the poster, it's no problem at all.*

- **Owner of poster completion:** *Who do you think would be able complete the poster?*

Step Four: Provide Materials for Poster Completion. Provide the patient and/or family with a pen and a blank copy of the Patient Personalization Poster template. When the poster is complete, ask them to leave the completed copy at the bedside. Then, place the poster in small plastic stand provided to you by your manager.

Tool #2

Patient Personalization Posters

Part D: Using Posters in Daily Practice

Once the Patient Personalization Poster is implemented on your unit, most patients will have a poster by their bed. Use the following steps to incorporate the poster into your practice.

Step One: Look for the Poster. Enter the patient's room and look for the poster next to the patient's bed.

Step Two: Use the Poster as a Conversation Starter. Review the completed poster and use the information you learned as a starting point for conversation. For example, you may learn that you and your patient share the same hobbies or love for the same sports team. You may want to ask your patient or patients' family a question about something you learned on the poster that intrigued you. Potential conversation starters include:

- Mentioning an interest you and the patient have in common

- Asking the patient and family to tell you more about something that seems unusual, like an interesting former profession or a rare hobby

- Asking the patient and family to tell you more about something the patient seems especially proud of, such as grandchildren or a special accomplishment

- Asking the patient to tell you a little more about anything he or she has written on the poster

Step Three: Transport Poster. Remove the poster from the plastic frame when the patient is ready to be transferred to another unit or discharged from the hospital.

Unit Transfer Instructions: If the patient is being transferred to another unit, give the poster to a patient's family member or friend. If the patient is alone, give the poster to the unit transporter to ensure it accompanies the patient to his or her next unit.

Hospital Discharge Instructions: If the patient if being discharged from the hospital, check the box for poster handoff on the discharge planning checklist (or however your manager asks you to the document poster transfer). Ensure the patient's family member, friend, or the patient leaves with the poster, if desired.

Tool #2

Patient Personalization Posters

Discussion Guide

After the conclusion of the initial rollout or pilot period, use the Discussion Guide below to initiate a conversation about frontline nurses' experience with Patient Personalization Posters.

1. How have your patients responded to Patient Personalization Posters? Do you see any impact on patient care from as a result of using Patient Personalization Posters?

2. What surprised you most about Patient Personalization Posters?

3. What was the most challenging part of Patient Personalization Posters?

4. How do Patient Personalization Posters change your practice?

5. What, if any, changes would you make to the process to improve it?

6. How have Patient Personalization Posters impacted your ability to connect with your patients?

Tool #3

Empathy-Building Simulation Scenarios

Overview: The goal of this exercise is to help frontline staff gain a greater understanding of the challenges and emotions patients may experience while receiving care in the hospital. This tool contains an interview guide, simulation scenarios, and a concluding group discussion to foster reflection.

Type of exercise: Competency development

Time required:

Step	Approximate Time Allocation	Owner
Patient Interview	5 to 10 minutes	Frontline Nurse
Simulation Selection	30 minutes	Manager/Educator
Simulation Completion and Reflection Questions	50 minutes	Frontline Nurse
Facilitated Discussion	45 minutes	Frontline Nurse, Manager/Educator

Targeted skill: Ability to empathize with patients and better meet the physical and emotional needs of patients on the unit

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Manager/Educator
Patient Interview (Part A)	Frontline Nurse
Simulation Selection (Part B)	Manager/Educator
Simulation Exercise (Part C)	Frontline Nurse
Discussion Guide (Part D)	Manager/Educator
Evaluation Guide	Manager/Educator

Tool #3

Empathy-Building Simulation Scenarios

Tool Implementation Guide

I: Select frontline staff members to complete this exercise. This exercise is applicable for all staff members.

II: Share the Patient Interview Guide (Part A) with participating staff members and agree upon a deadline for completion. The Center recommends setting a deadline of two to three weeks after sharing the exercise with participants. Establish regular check-ins across the exercise period to answer staff questions.

III: Complete the Simulation Selection (Part B).

IV: Share Simulation Exercise and Discussion Preparation (Part C) with participating staff members and agree upon a deadline for completion. The Nursing Executive Center recommends setting a deadline of two to three weeks after sharing the simulations with participants. Establish regular check-ins across the time period to answer staff questions.

V: After participants complete the patient interview (Part A) and simulations (Part C) use the Discussion Guide (Part D) to lead a conversation with all participants about their experiences completing the exercise.

Tool #3

Empathy-Building Simulation Scenarios

Part A: Patient Interview Guide

Step One: Select a Patient to Interview. Select a patient for whom you are currently providing care and who is expected to remain on the unit for at least one more day. The patient should be alert, verbal, and strong enough to speak with you for a 10-minute interview.

Step Two: Request an Interview. Using the scripting below as a guideline, ask the selected patient to participate in the interview.

Sample Scenario:

> Nurse: "Hi Mr. Jones. How are you doing today? Do you have a few minutes to talk?"
>
> Mr. Jones: "Well, I've been better, but hanging in there. Sure, what can I help you with?"
>
> Nurse: "I do everything I can to provide the best care to my patients, and I find that part of that is understanding what your experience at the hospital has been like so far. Do you mind if I ask you a few questions about yourself about what being in the hospital has been like for you? Participating is totally optional, so please feel free to say no."
>
> Mr. Jones: "That would be fine. What will you do with the information?"
>
> Nurse: "Good question. The information is completely confidential, and I will use it to help make your experience here even better."
>
> Mr. Jones: "Okay, I feel comfortable with that."
>
> Nurse: "Great—let's get started."

If the patient prefers to not be interviewed, use the scripting below as a guideline for your response. Then, approach a different patient to ask if he or she would like to participate.

Sample Scenario:

> Mr. Jones: "Sorry, but I'm really not feeling up to having a conversation right now."
>
> Nurse: "That's no problem at all. I totally understand and hope that you can get some rest. Is there anything I can do to make you more comfortable?"
>
> Mr. Jones: "I could use some water. Thank you."

Tool #3

Empathy-Building Simulation Scenarios

Part A: Patient Interview Guide (cont.)

Step Three: Conduct the Interview. Use the following interview guide to learn more about your patient's experience in the hospital. Record your patient's responses in the blank spaces provided. Use the final blank space to record additional information you learn about your patient or use it to capture the answer to an additional question you would like to ask.

1. What has been most difficult about being in the hospital?

_____

_____

_____

2. During this hospital stay, what has been your biggest source of anxiety?

_____

_____

_____

3. How has being in the hospital impacted your friends and family?

_____

_____

_____

4. During this hospital stay, which aspects of your care have been especially uncomfortable or painful?

_____

_____

_____

5. In your experience here so far, is there anything that you wish would have happened differently?

_____

_____

_____

Use the space below to capture any additional information you learned.

_____

_____

_____

_____

Tool #3

Empathy-Building Simulation Scenarios

Part B: Simulation Selection

Step One: Identify Common Patient Experiences. Review the list of patient experiences listed below. If this list does not include experiences that are common to patients on your unit (based your unique patient population), you may add them in the blank spaces.

- Using a bedpan

- Experiencing pain

- Experiencing impaired vision (from conditions such as a cataract)

- Experiencing embarrassment

- Experiencing difficulty walking or with mobility

- Being awoken every four hours

- _____

- _____

- _____

- _____

Step Two: Select Common Patient Experiences for Staff to Simulate. Review the list above. Circle between one and five common patient experiences (including any experiences you added to the list) for which you would like staff to develop greater empathy.

Step Three: Map Patient Experience to Corresponding Simulations. Add the experiences you circled in Step Two to the chart on the following page by writing them in the blank boxes in the left-hand chart column (labeled "Patient Experience"). For the patient experiences you added to the chart, brainstorm possible ways to simulate the experience and write the simulation instructions in the center column (labeled "Simulation"). Record the materials required for the simulations in the right-hand column (labeled "Required Materials").

Tool #3

Empathy-Building Simulation Scenarios

Part B: Simulation Selection (cont.)

	Patient Experience	Simulation	Required Materials
☐	Using a bedpan	Sit on a bedpan for ten minutes	Bedpan
☐	Experiencing pain	Placing your hand in ice water for two minutes	• Bucket • Ice cold water • Timer or stopwatch
☐	Experiencing impaired vision	Wearing goggles smeared with Vaseline for five minutes while trying to locate an object	• Goggles • Vaseline
☐	Experiencing embarrassment	Walking the halls in a hospital gown while pushing an IV pole	• Hospital gown • IV pole
☐	Experiencing difficulty walking or with mobility	Navigating the halls in the wheelchair or walker	Walker or wheelchair
☐	Being awoken every four hours	Setting an alarm every four hours during the night while sleeping	Alarm clock/stopwatch
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____

Tool #3

Empathy-Building Simulation Scenarios

Part B: Simulation Selection (cont.)

Step Four: Select Simulations. Check the boxes of the experiences listed in the chart on the facing page you want staff to simulate.

Step Five: Assign Simulations to Participants. Review the checked experiences in the chart and decide how you will allocate them among unit staff. You may assign a single simulation to staff members or ask each staff member to stimulate a different experience. You may also ask participants to complete more than one stimulation (depending on available time). Determine which simulations each participant will enact independently across a two-week period. Participants may complete the simulations on the unit or at home.

Step Six: Give Simulation Instructions to Participants. To formally assign a simulation to a participant, download/print (or photocopy) and complete the template on the following page for each participant. To complete the template, fill in the blank spaces for the assigned simulation, materials required, and appropriate deadlines. When completing the template, refer to the table on page 28 to identify the required materials.

Step Seven: Reserve a Date and Time for a Facilitated Discussion Among Participants. Set a deadline for participants to complete the scenarios. After the deadline, schedule time for a 45-minute group discussion about participants' experiences with the simulation(s).

Tool #3

Empathy-Building Simulation Scenarios

Part C: Simulation Exercise and Discussion Preparation

Instructions: The goal of this exercise is to help you better understand the hospital experiences of your patients. One of the common experiences for patients on your unit is listed below. Please simulate this experience by completing the instructions below. It will take roughly 20 minutes. Then complete the self-reflection questions. This will take roughly 30 minutes.

The patient experience this exercise simulates is:

_____

To simulate this experience, gather the following materials:

_____

To simulate this experience, follow the steps below.

_____

Other nurses on your unit will participate in similar simulations. On _____, you will convene to discuss your respective experiences and what you learned. Bring this sheet with you to your scheduled discussion.

To prepare for the discussion, please answer the following questions below.

1. How did the simulation make you feel?

    _____

    _____

    _____

2. Before you completed this simulation, how had you assumed your patients felt about this experience?

    _____

    _____

    _____

3. After completing this simulation, how do you think patients feel about this experience?

    _____

    _____

    _____

4. Will what you learned during the simulation change how you care for patients who experience something similar? How?

    _____

    _____

    _____

5. Please record any other thoughts or feelings about your simulation.

    _____

    _____

    _____

Tool #3

Empathy-Building Simulation Scenarios

Part D: Discussion Guide

Use the discussion guide below to initiate a discussion with staff on your unit about their patient interviews and assigned simulations.

1. Use the following questions to lead a discussion about the patient interviews.

    • What was it like to ask patients about their hospital experiences?

    • What was the most important thing you learned?

    • What surprised you most about your patient's responses?

    • What do you think you can do to ensure patients have a more positive experience in the future?

2. Transition the discussion from the patient interviews to the assigned simulations. You can explain to the group, "Now that we've talked about what our patients said about their experiences, let's talk about what it was like to experience some of these issues firsthand." Then, ask participants to share what simulation they were assigned.

3. Use the following questions to lead a discussion about the assigned simulations.

    • What did it feel like to simulate that experience?

    • How did you think your patients coped with this experience before you underwent it personally? How has your thinking changed?

    • How does having a greater understanding of these experiences impact your practice?

    • Did you have any "a-ha" moments during the experience? What were they?

    • Is there anything you will stop doing as a result of this experience?

    • Is there anything you will start doing as a result of this experience?

4. Wrap up the conversation using the following questions:

    • Based on each of your simulation experiences, is there anything we can do to improve the overall patient experience on our unit?

    • What steps should we take to improve this aspect of care?

    • What metrics might we use to gauge success?

Tool #3

Empathy-Building Simulation Scenarios

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Evaluation Guide

Use the evaluation criteria below to assess participants' exercises. For each criterion, check the box with the text that most closely describes the participants' work. Check marks on the right-hand side of the spectrum may indicate a greater opportunity for improvement.

Simulation and discussion preparation

☐	☐	☐	☐
All responses demonstrate clear understanding of the connection between simulation and a typical patient experience	Majority of responses demonstrate clear understanding of the connection between simulation and a typical patient experience	Responses demonstrate muddled understanding of the connection between simulation and a typical patient experience	Responses demonstrate no understanding of the connection between simulation and a typical patient experience

Discussion participation

☐	☐	☐	☐
Participant presents multiple, well-thought out ideas during discussion and articulates how the interview and simulation are related	Participant presents one or two concrete ideas during discussion and articulates how the interview and simulation are related	Participant demonstrates vague understanding of how the interview and simulation are related	Participant cannot articulate how the interview and simulation are related

II. Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience

- Tool #4: Disruption Identification Exercise
- Tool #5: Hourly Rounding Design and Implementation Guide
- Tool #6: Communication Board Design and Implementation Guide

Starting Questions

The scripting below is designed to help facilitators provide participants with an overview of the context and aim of the toolkit section on Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience.

1. What are the universal process barriers to a patient- and family-centered experience?

Nearly all institutions struggle with three common barriers to an outstanding patient experience: unnecessary patient disruptions, unmet real-time patient needs, and unclear next steps for patients and families.

2. Why is overcoming universal process barriers to a patient- and family-centered experience an important component of enhancing the patient experience?

Even if caregivers consistently provide compassionate and clinically excellent care at an individual level, universal processes barriers—including unnecessary patient disruptions and unmet real-time patient needs—can prevent an outstanding patient experience. These universal process barriers are often the result of hospital processes and policies designed to promote nurse and physician efficiency. To deliver an outstanding patient experience, hospital leaders must restore the appropriate balance between caregiver efficiency and a patient-centered experience.

3. How do the tools in this section overcome universal process barriers?

The first tool in this section, Disruption Identification Exercise, helps caregivers identify the many types of disruptions (including those to rest and routine) patients may experience while receiving care. The tool also equips caregivers to take steps to mitigate the identified disruptions.

The second tool in this section, Hourly Rounding Design and Implementation Guide, equips frontline managers to implement and sustain hourly rounding on their units. It provides a systematic method for soliciting frontline staff input into the hourly rounding process. When performed thoroughly and consistently, hourly rounding can help caregivers identify and meet real-time patient needs.

The third tool in this section, Communication Board Design and Implementation Guide, equips senior nursing leaders with the skills to implement communication boards across the hospital. It provides a systematic method for soliciting frontline staff and former patient input into communication board design and workflow. Communications boards can be a highly effective tool for clarifying next steps between patients and families and the care team.

Overview of Tools for Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience

Tool #4: Disruption Identification Exercise

Overview: The goal of this exercise is to help frontline staff gain a greater understanding of the disruptions that patients encounter while receiving care on the unit. This tool contains two key steps—the first focuses on identifying patient disruptions and the second on changing workflow to minimize them.

Type of exercise: Workflow modification

Tool #5: Hourly Rounding Design and Implementation Guide

Overview: This tool equips frontline managers with the skills to introduce (or re-introduce) hourly rounding on their units. The goal of this tool is to ensure managers have a systematic method for soliciting frontline staff input into the hourly rounding process—with the objective of directly investing frontline staff in the success of hourly rounding.

Type of exercise: Workflow modification

Tool #6: Communication Board Design and Implementation Guide

Overview: This tool equips nurse leaders to introduce (or re-introduce) communication boards across the hospital. The goal of this tool is to ensure leaders have a systematic method for soliciting frontline staff and former patient input into communication board design and workflow—with the goal of directly investing frontline staff in the success of communication boards and ensuring communication boards meet both staff and patient needs.

Type of exercise: Workflow modification

Tool #4

Disruption Identification Exercise

Overview: The goal of this exercise is to help frontline staff gain a greater understanding of the disruptions that patients encounter while receiving care on the unit. This tool contains two key steps—the first focuses on identifying patient disruptions and the second on changing workflow to minimize them.

Type of exercise: Workflow modification

Time required:

Step	Approximate Time Allocation	Owner
Disruption Identification	3 hours across 1 week	Frontline Nurse
Disruption Classification Exercise	60 minutes	Frontline Nurse
Concluding Discussion	10 to 30 minutes	Manager/Educator

Targeted skill: Equipping caregivers to be more aware of patient disruptions and modifying unit workflow and individual practice to minimize targeted disruptions

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Manager/Educator
Staff Exercise	Frontline Nurse
Discussion Guide	Manager/Educator
Evaluation Guide	Manager/Educator

Tool Implementation Guide

I: Select frontline staff members to complete this exercise. This exercise is applicable for all staff members.

II: Share this exercise with participating staff members and agree upon a deadline for completion. The Nursing Executive Center recommends setting a deadline of two to three weeks after sharing the exercise with participants. Establish regular check-ins across the exercise period to answer staff questions.

III: After completion, assess the exercise using the Evaluation Guide. Use the Discussion Guide to initiate a conversation about participants' experiences completing the exercise.

Tool #4

Disruption Identification Exercise

Step One: Identify Common Patient Disruptions. Spend one week closely observing the care of your patients and the care of other patients on your units. Your goal is to identify the most acute sources of disruptions for patients on your unit. Answer the questions below to identify these disruptions.

1. What elements of care disrupted your patients while they were sleeping or resting?
   Sample: *Vital signs taken every four hours*

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

2. What elements of care (or experiences on the unit) represent the largest disruptions to patients' at-home routines?
   Sample: *Meals delivered at set times instead of patients eating when they want to*

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

3. What hospital rules or regulations do patients find unnecessarily strict or inflexible?
   Sample: *Visiting hours limited*

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

Tool #4

Disruption Identification Exercise

Step Two: Brainstorm How to Eliminate or Minimize Identified Disruptions. Select three to five of the disruptions you identified in Step One. In the chart below, write each disruption in a separate box in the column labeled "Identified Disruption." For each disruption, answer the corresponding questions in the chart

Identified Disruption	Is the disruption within the control of a single RN, unit, or the whole hospital?	If within the control of an RN or unit, how can it be solved?	If it is within the control of the whole hospital, how can it be minimized in your practice?
Hospital policy does not allow pets; patient misses her dog	*Whole hospital*	*N/A*	*Ask patient's daughter to bring in pictures of the dog*

Tool #4

Disruption Identification Exercise

Evaluation Guide

Use the evaluation criteria below to assess participants' exercises. For each criterion, check the box with the text that most closely describes the participants' work. Check marks on the right-hand side of the spectrum may indicate a greater opportunity for improvement.

Disruption identification

☐	☐	☐	☐
Participant captures wide range of patient disruptions	Participant captures handful of important patient disruptions	Participant captures limited number of patient disruptions	Exercise incomplete

Viability of proposed next steps

☐	☐	☐	☐
Participant presents multiple, well-considered responses to identified disruptions	Participant presents between one and two, well-considered responses to identified disruptions	Participant presents impractical or ambiguous responses to identified disruptions	Participant fails to identify responses to identified disruptions

Discussion Guide

Use the Discussion Guide below to initiate a conversation about participants' experiences completing the exercise.

1. Which disruption was most acute for your patients?

2. How does that disruption impact patients?

3. How do you think your proposed next steps will mitigate that disruption moving forward?

4. What disruptions did this exercise surface that you hadn't thought about before?

5. How does greater awareness of patient disruptions impact your practice?

Tool #5

Hourly Rounding Design and Implementation Guide

Overview: This tool equips frontline managers to introduce (or re-introduce) hourly rounding on their units. The goal of this tool is to ensure managers have a systematic method for soliciting frontline staff input into the hourly rounding process—with the objective of directly investing frontline staff in the success of hourly rounding.

Type of exercise: Workflow modification

Time required:

Step	Approximate Time Allocation	Owner
Hourly Rounding Design Process	Approximately 4 hours across 2-week period, including meeting with frontline staff	Frontline Staff and Manager/Educator
Preparing to Give Feedback on Hourly Rounding	Approximately 30 minutes	Frontline Staff
Hourly Rounding	Between 2 and 5 minutes per patient	Frontline Staff

Targeted skill:
• Meeting real-time patient needs
• Proactively addressing anticipated needs

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Manager/Educator
Hourly Rounding Design Preparation (Part A)	Manager/Educator
Hourly Rounding Materials for Staff Review (Part B)	Frontline Staff
Hourly Rounding Facilitated Discussion (Part C)	Manager/Educator and Frontline Staff
Hourly Rounding Proposal Development (Part D)	Manager/Educator and Frontline Staff
Hourly Rounding Instructions (Part E)	Frontline Staff

Tool Implementation Guide

I: Select (or ask) approximately eight frontline staff members to participate in developing an effective and sustainable hourly rounding process for the unit.

II: Complete Parts A through D in collaboration with selected unit staff to design the unit's hourly rounding process.

III: Share Hourly Rounding Instructions (Part E) with participating staff members. Because hourly rounding represents a significant change in process and unit culture, the Nursing Executive Center recommends the system be piloted by a group of unit volunteers prior to rollout across the full unit. These can be the same staff members who volunteered to complete Part A, but should also include a handful of frontline staff who were not involved in the hourly rounding development process.

IV: Determine a pilot period and begin rollout. The Nursing Executive Center recommends a month-long pilot period before rolling out hourly rounding unit-wide.

Tool #5

Hourly Rounding Design and Implementation Guide

Part A: Hourly Rounding Design Preparation

Step One: Explain Why You Are Introducing Hourly Rounding. Tell staff on your unit that you plan to roll out hourly rounding and will be seeking the input of frontline staff members interested in shaping the process. To explain why you are rolling out hourly rounding, share evidence of the impact of hourly rounding on quality and service. The following resources contain evidence of the positive impact of hourly rounding on quality and service metrics. The Center recommends sharing these resources with staff to explain why hourly rounding is important and why you are adopting it.

> Halm M, "Hourly Rounds: What Does the Evidence Indicate?" *American Journal of Critical Care,* 2009, 18: 581-584.

> Meade C, et al., "Effect of Nursing Rounds on Patients' Call Light Use, Satisfaction, and Safety," *American Journal of Nursing,* 2006, 106(9):58-70.

> Ulanimo V, et al., "Patient Satisfaction and Patient Safety: Outcomes of Purposeful Rounding," *Topics in Patient Safety,* VA National Center for Patient Safety, 11(4): 1, 4.

> Tea C et al., "Proactive Patient Rounding to Increase Customer Service and Satisfaction on an Orthopaedic Unit," *Orthopaedic Nursing,* 2008, 27(4):233-240.

> Ford B, "Hourly Rounding: A Strategy to Improve Patient Satisfaction Scores," *MEDSURG Nursing*, 2010, 19(3): 188-191.

> Leighty J, "Hourly Rounding Dims Call Lights," available at: http://www.studergroup.com/ dotCMS/knowledgeAssetDetail?inode=319742. Updated December 4, 2006. Accessed November 18, 2011.

Step Two: Identify Group of Frontline Staff to Provide Input on Hourly Rounding. Convene a group of frontline staff who want to help customize the hourly rounding process for the unit. You can ask for volunteers or draw upon a pre-existing task force or unit council.

Step Three: Schedule a Meeting to Solicit the Group's Input. Schedule a meeting with this group (in advance) for approximately one hour.

Step Four: Prepare Frontline Staff to Offer Input. Prepare frontline staff to offer input on the hourly rounding process by sharing the materials on pages 42 and 43, which include key hourly rounding workflow elements. Ask staff to spend at least 30 minutes reviewing these materials and recording their impressions prior to your scheduled meeting.

Tool #5

Hourly Rounding Design and Implementation Guide

Part B: Hourly Rounding Materials for Staff Review

The following table includes a variety of options for hourly rounding workflow. It will help inform a group discussion on how to design the right hourly rounding process for your unit. To prepare for the discussion, review the table below. For each row, there are a number of potential options for how to structure hourly rounding. For each row, circle the option that seems like the best fit for your unit. If you want to suggest an option that isn't listed, write it in the blank space provided. In the right-hand column, jot down a few notes about why you circled the option.

Workflow Element	Potential Options to Evaluate	Comments
Acronym (to help structure staff rounds)	• ABCDE (Activity, Bathroom, Comfort, Dietary, Environment) • TLC (Turn/Toilet, Listen, Comfort/Communication) • PEEP (Pain, Environment, Elimination, Positioning) • _____	_____ _____ _____ _____
Training	• Staff uses role play to practice rounding • Staff shadow staff from a unit that has successfully implemented hourly rounding • _____	_____ _____ _____ _____
Responsibility	• Performed by RNs only • Performed by RNs and PCTs or nursing assistants • Performed by any caregiver who enters the patient room • _____	_____ _____ _____ _____

Tool #5

Hourly Rounding Design and Implementation Guide

Part B: Hourly Rounding Materials for Staff Review (cont.)

Workflow Element	Potential Options to Evaluate	Comments
Timing	• Rounds occur hourly, around the clock • Rounds occur hourly during the day, every two hours at night • _____	_____ _____ _____ _____
Documentation	• Rounds are recorded on the whiteboard • Rounds are documented using paper sign-off sheets kept with the patient record or at the nurses' station • Rounds are tracked using a clock in each patient room; during rounds, nurses update the clock to show the time rounds will next occur • _____	_____ _____ _____ _____

Tool #5

Hourly Rounding Design and Implementation Guide

Part C: Hourly Rounding Facilitated Discussion

Gather the staff who volunteered to provide their input on the new hourly rounding process together at the prescheduled meeting time. Use the following questions to capture staff input on the materials they reviewed and collaboratively design the unit's rounding process.

1. Explain the objective of the meeting is to discuss the feedback staff prepared for this meeting on each of the hourly rounding workflow elements. The goal is to create an hourly rounding process that meets the needs of patients and staff on the unit.

2. Lead the meeting by discussing each hourly rounding workflow element listed in the table on the following page, one at a time.

   • For each workflow element, ask staff to share which option they selected and the rationale underlying their selection.

   • Record the preferences and comments of the group in the column labeled "Staff Preferences" in the following table.

Tool #5

Hourly Rounding Design and Implementation Guide

Part C: Hourly Rounding Facilitated Discussion (cont.)

Workflow Element	Staff Preferences
Acronym	
Training	
Responsibility	
Timing	
Documentation	

Tool #5

Hourly Rounding Design and Implementation Guide

Part D: Hourly Rounding Proposal Development

Step One: Develop Hourly Rounding Proposal. After the meeting, review the feedback provided by frontline staff. Based on feedback shared in the meeting and the overall discussion, develop a proposal for each of the hourly rounding workflow elements and record it in the table below. When drafting this proposal, consider staff preferences, feasibility of selected options, and impact on patients.

Workflow Element	Proposal
Acronym	_____
Training	_____
Responsibility	_____
Timing	_____
Documentation	_____

Tool #5

Hourly Rounding Design and Implementation Guide

Part D: Hourly Rounding Proposal Development (cont.)

Step Two: Give Frontline Staff Participants a Final Opportunity to Provide Feedback. Ensure staff have one last opportunity to weigh in on the newly proposed hourly rounding process for the unit. Provide staff who participated in the hourly rounding brainstorming session with your hourly rounding proposal in hard copy or via e-mail. Ask staff to consider their own preferences, feasibility of selected options, and impact on patients when providing additional feedback on the hourly rounding proposal. Set a deadline of no more than two weeks for staff to provide you with additional feedback on your proposal.

Step Three: Incorporate Additional Feedback into Proposal. Incorporate the suggested changes of staff as appropriate. Share the revised proposal with all staff who provided feedback before communicating the new hourly rounding process to the remainder of unit staff.

Step Four: Communicate Hourly Rounding Process to Entire Unit. Communicate the final proposal to the entire unit. Reserve a portion of a standing meeting to discuss the new process and answer any questions. During that meeting, or soon thereafter, if appropriate, apprise the unit of an official pilot rollout date.

Tool #5

Hourly Rounding Design and Implementation Guide

Part E: Hourly Rounding Instructions

Use the following guidelines to conduct hourly rounding on your unit.

Step One: Knock on the patient's door and enter.

Step Two: Introduce yourself, if you haven't already, and use the hourly rounding scripting provided by your manager.

Step Three: Document that you completed hourly rounding by using the method specified by your manager.

Tool #6

Communication Board Design and Implementation Guide

Overview: This tool equips nurse leaders to introduce (or re-introduce) communication boards across the hospital. The goal of this tool is to ensure leaders have a systematic method for soliciting frontline staff and former patient input into communication board design and workflow—with the goal of directly investing frontline staff in the success of communication boards and ensuring communication boards meet both staff and patient needs.

Type of exercise: Workflow modification

Step	Approximate Time Allocation	Owner
Communication Board Design Process	Approximately 6 hours across a 6-week period, including 1 meeting with frontline staff and former patients and 1 additional staff-only meeting	CNO or Director Overseeing Communication Board Implementation, Frontline Staff, Former Patients, and Manager/Educator
Preparation for Communication Board Design Meeting	30 minutes	Former Patients
Preparation for Communication Board Design Meeting	30 minutes	Frontline Staff
Completing Communication Board	2 to 5 minutes per patient, per shift	Frontline Staff

Targeted skill:
• Clarifying next steps for patients and families
• Care team-to-patient communication

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	Nurse Leader Overseeing Communication Board Design Process
Preliminary Instructions for CNO or Director (Part A)	CNO or Director
Instructions for Leader Overseeing Communication Board Redesign (Part B)	CNO or Director
Gathering Frontline Feedback on Communication Boards (Part C)	Frontline staff
Gathering Former Patient Feedback on Communication Boards (Part D)	Former patients
Feedback on Other Institution's Communication Boards (Part E)	Frontline staff and former patients
Facilitation Guide for Communication Board Design "Dots" Activity (Part F)	CNO or Director (with staff and former patients in attendance)
Follow-Up Meeting with Frontline Staff (Part G)	CNO or Director (with staff in attendance)
Communication Board Workflow Development (Part H)	CNO or Director
Implementing Communication Boards on Your Unit (Part I)	Manager/Educator

Tool #6

Communication Board Design and Implementation Guide

Tool Implementation Guide

I: Complete Preliminary Instructions for CNO or Director (Part A) and Instructions for Leader Overseeing Communication Board Redesign (Part B)

II: Distribute Gathering Frontline Feedback on Communication Boards (Part C) to frontline staff, Gathering Former Patient Feedback on Communication Boards (Part D) to former patients, and Feedback on Other Institution's Communication Boards (Part E) to both frontline staff and former patients.

III: Facilitation Guide for Communication Board Design "Dots" Activity (Part F), Follow-Up Meeting with Frontline Staff (Part G), and Communication Board Workflow Development (Part H).

IV: Distribute Implementing Communication Boards on Your Unit (Part I) to all unit managers/ educators implementing communication boards on their units.

Tool #6

Communication Board Design and Implementation Guide

Part A: Preliminary Instructions for CNO or Director

Step One: Determine Communication Board Project Ownership. After making the decision to implement or revise your communication boards, decide whether you would like to personally lead the project or instead delegate. The recommended process of designing and launching communication boards will entail gathering frontline staff and former patient input on communication board components and creating the communication boards. If you are delegating the process, share the remaining parts of this tool with the individual you select.

Step Two: Notify Other Leaders. Notify all unit managers and other key leaders about the planned Communication Board implementation and an approximate rollout date for all units.

Tool #6

Communication Board Design and Implementation Guide

Part B: Instructions for Leader Overseeing Communication Board Redesign

Step One: Identify Frontline Staff to Provide Input on Communication Boards. Identify a group of frontline staff to provide input on communication board components. You may leverage an existing structure, such as unit councils or task forces, or assemble a new task force with the express purpose of shaping communication board design and workflow. The group should include at least one frontline staff member from each unit to ensure each unit's needs are represented.

Step Two: Identify Former Patients to Provide Input on Communication Boards. Work with the director of volunteer services or the individual who oversees your Patient and Family Advisory Council to find at least two former patients who are willing to be involved in the communication board creation process. Participation entails preparing for and attending one 60- to 90- minute meeting on communication board design. These individuals should be former patients or family members of former patients.

Step Three: Schedule a Meeting to Solicit Staff and Patient Feedback on Communication Board Design. Schedule a joint meeting with the frontline staff and former patients who have volunteered to provide feedback on communication board design. Give the group ample advanced notice and schedule the meeting at a time when the frontline and former patient volunteers are able to attend. The meeting should last between 60 and 90 minutes.

Step Four: Schedule an Additional Staff-Only Meeting to Discuss Communication Board Workflow. Schedule an additional 60-minute meeting with frontline staff within a few days of the joint meeting with former patients. Let them know the purpose of the first meeting is to decide upon communication board elements and design, and the goal of the second meeting is to discuss workflow-related elements of communication boards.

Step Five: Prepare Participants for the Meetings. To ensure both frontline staff and former patients can provide informed input on communication board elements and design at the scheduled meetings, share the applicable materials with each group (listed below). Remind frontline staff the first meeting will focus only on communication board design and to reserve their feedback on workflow for the second staff-only meeting.

- Share Part C with frontline staff

- Share Part D with patient volunteers

- Share Part E with **both** frontline staff and patient volunteers

Tool #6

Communication Board Design and Implementation Guide

Part C: Gathering Frontline Feedback on Communication Boards

Step One: Select Communication Board Elements. Review the potential communication board elements listed below. Check the elements you believe should be included in your institution's communication boards. If the list does not include important elements you believe should be included in your institutions' communication board, please write any missing elements in spaces provided.

☐ Patient goal for the day	☐ Patient preferences
☐ RN name and number	☐ Patient goal for the day
☐ Physician name and number	☐ PCA name and number
☐ Rapid response team line	☐ Case manager name
☐ Procedures for the day	☐ Dietary aid name and number
☐ Patient/family questions	☐ Time of last pain medication
☐ Spokesperson's name	☐ _____
☐ Estimated discharge date	☐ _____
☐ Pain scale	☐ _____
☐ Charge nurse name and number	☐ _____

Tool #6

Communication Board Design and Implementation Guide

Part C: Gathering Frontline Feedback on Communication Boards (cont.)

Step Two: Provide Additional Communication Board Feedback. Answer the following questions to prepare for the group discussion on communication board design and workflow.

Which elements would our patients find most helpful on our communication boards?

_____

_____

_____

_____

Who should be responsible for filling out the information on communication boards? When?

_____

_____

_____

_____

Where will we place communication boards to ensure all staff can easily access them?

_____

_____

_____

_____

Should all communication boards look the same, or will some units want to customize them?

_____

_____

_____

_____

How should each unit train staff to complete the new communication board?

_____

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part C: Gathering Frontline Feedback on Communication Boards (cont.)

Step Three: Consider Communication Board Auditing Methods. In the column titled "Impressions" in the table below, record your feedback on the relative effectiveness and fairness of each potential method for auditing communication board compliance among caregivers.

Auditing Method	Benefits	Impressions
Weekly Compliance Report Review: Nurses mark initials on piece of paper in each room at change of shift indicating that board has been updated; compliance report sent to nurse managers weekly for distribution	• Gives sense of ownership • Relies on honor system	
Bedside Report Peer Audit: Communication boards updated at bedside shift report; offcoming and oncoming nurses hold each other accountable for compliance	• Incorporated into pre-existing workflow for frontline staff • Promotes peer accountability	
Random Weekly Spot-Check: Combination of frontline staff volunteers and leaders each audit 10 rooms weekly	• Maximizes efficiency • Promotes accountability from peers and managers	
Regular Manager Audits: Managers audit compliance during daily rounding	• Incorporated into pre-existing manager workflow • Emphasizes importance of compliance to bedside staff, patients and families, and hospital leadership	

Tool #6

Communication Board Design and Implementation Guide

Part D: Gathering Former Patient Feedback on Communication Boards

Step One: Select Communication Board Elements. Review the potential communication board elements listed below. Check the elements you believe should be included in your institution's communication boards. If the list does not include important elements you believe should be included in your institutions' communication board, please write any missing elements in spaces provided.

☐ Patient goal for the day	☐ Patient preferences
☐ RN name and number	☐ Patient goal for the day
☐ Physician name and number	☐ PCA name and number
☐ Rapid response team line	☐ Case manager name
☐ Procedures for the day	☐ Dietary aid name and number
☐ Patient/family questions	☐ Time of last pain medication
☐ Spokesperson's name	☐ _____
☐ Estimated discharge date	☐ _____
☐ Pain scale	☐ _____
☐ Charge nurse name and number	☐ _____

Tool #6

Communication Board Design and Implementation Guide

Part D: Gathering Former Patient Feedback on Communication Boards (cont.)

Step Two: Provide Additional Communication Board Feedback. Answer the following questions to prepare for the group discussion on communication board design and workflow.

As a patient, what information would it be most important for staff to write on the communication board?

_____

_____

_____

_____

As a patient, what kind of information did you not know that you would have liked to know? Would a communication board be a good place to provide future patients with this information?

_____

_____

_____

_____

Would you find a designated field where patients and families could write questions or comments helpful?

_____

_____

_____

_____

What is the best place to display communication boards to ensure all patients can see them?

_____

_____

_____

_____

How often do you think communication board information should be updated?

_____

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part E: Feedback on Other Institution's Communication Boards

In the blank box at the bottom of each page, provide feedback on the four sample Communication Boards shared on the following pages. You may wish to comment on the elements included on the Communication Board, overall design, what is worth replicating on your institution's Communication Boards, and what you would want to improve upon.

Medical Center Arlington

Day: _____ Date: _____

Preferred Name: _____

Room #: _____ Phone #: 817-467-7486 Ext. _____

Doctor: _____

Nurse: _____ Ext. _____

PCA: _____ Ext. _____

Supervisor: _____ Ext. _____

Anticipated Discharge Date: _____

What Is The Most Important Thing We Can Do For *You* Today?

Other Important Numbers:

Emergency Contact:

Pain Control is our GOAL

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Time of Last Pain Medication: _____

Thank you for choosing Medical Center Arlington!

Overall Impressions:

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part E: Feedback on Other Institution's Communication Boards (cont.)

Sentara Bayside Hospital

Your are in Room #:	The Phone # is:	SENTARA
Your Care Team for this shift is:		Today's Date:
		Your Physician(s):
Our goal for today:		What you have scheduled for today:

Your Special Precautions:

☐ Fall Risk ☐ Other

☐ Isolation ☐ NPO-nothing by mouth

Family Initiated Rapid Response Safety Team

FIRRST: Dial 5-555

If You're Concerned, So Are We

Spokesperson: ? Your Questions and/or Comments:

Opportunity for Excellence

1.
2.
3.

Your care is our highest priority. If you would not rate your care as excellent, Please speak with the Charge Nurse of this unit.

Overall Impressions:

_____

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part E: Feedback on Other Institution's Communication Boards (cont.)

Women & Infants

Today's Date

My Room: 4103
My Phone: 401-274-1122 Ext. 2453
Meals / Dietary: Ext. 1528

Attending:

Nurse:

Med Team:

Plan of Care:

Visiting Hours:

Questions:

?

Additional Notes:

Pain Management:

0	2	4	6	8	10	Pain Goal is
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst	

We want your stay to be very good. Please contact the Nurse Manager with any questions or concerns at Ext. 1886

Overall Impressions:

_____

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part E: Feedback on Other Institution's Communication Boards (cont.)

Vidant Medical Center

TODAY'S DATE: _____
S M T W TH F S

ROOM #: _____

ROOM PHONE #: _____

UNIT PHONE #: _____

PATIENT AND
FAMILY INFORMATION

_____

_____

_____

_____

_____

PATIENT AND FAMILY QUESTIONS ? SPECIAL INSTRUCTIONS ☑ GOALS AND PROGRESS

PAIN CONTROL IS OUR GOAL. TELL US HOW YOU FEEL

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Emergency Response Team | 847-2223
For Medical Emergencies

PATIENT AND
FAMILY INFORMATION

CONTACT NAMES AND
PHONE NUMBERS

_____

_____

_____

_____

_____

Overall Impressions:

_____

_____

_____

_____

Tool #6

Communication Board Design and Implementation Guide

Part F: Facilitation Guide for Communication Board Design "Dots" Activity

The goal of this activity is to determine which elements should be on your institution's communication board. Each participant should be given 15 sticky dots. Each dot can be used to vote for a communication board element. After each participant has cast 15 votes, find the elements with the most votes to help determine which elements should be included in the final communication board design. For additional details on how to conduct the exercise, read the instructions below.

How to Prepare for the Communication Board Design "Dots" Activity

Step One: Create a Poster. Write down or type out the list of communication board elements found on page 53. You can also use the Nursing Executive Center's pre-populated template available in the online version of this publication. Leave ample space next to each element for participants to place their dots.

Step Two: Acquire Necessary Material. In addition to the poster, acquire enough sticky dots[1] for each participant to have 15 dots.

Step Three: Determine a Dot Scoring Threshold. Decide on the number of dots (i.e., votes) required for an element to be considered in the final communication board design.

Conducting the "Dots" Activity

Step One: Explain to participants there are two main goals for the meeting: first, to determine what elements to place on the communication board, and second, to get feedback on where communication boards should be placed in patients' rooms.

Step Two: Distribute 15 dots to each participant.

Step Three: Ask the group if there are any other elements they would like to add to the list. If the group consents, write the additional element on the poster.

Step Three: Based on the thought exercises they completed prior to this meeting, ask participants to place a dot next to each element they would like to see included on the final communication board. Participants may place multiple dots next to elements they consider especially important.

Step Four: After everyone has voted, circle all the elements that meet the predefined threshold for consideration. Let the group know these are the communication board elements you will prioritize in drafting the communication board proposal. If there are more than 15 potential elements in the final count, work with the group to winnow the list down to no more than 12 to 15 elements through a discussion.

Guide for Concluding Group Discussion

Step One: Ask the group to provide any additional feedback on the dots activity.

Step Two: Gather feedback on where to place the communication board in the patient room. To inform the conversation, ask participants to refer to the written questions they answered to prepare for the meeting.

Step Six: Let the group know you will follow up in the coming weeks with a mock-up of the communication board design based on the feedback gathered through this meeting.

[1]Sticky dots are thumb-print sized, round, colored stickers. They can be purchased at office supply stores.

Tool #6

Communication Board Design and Implementation Guide

Part G: Follow-Up Meeting with Frontline Staff

Step One: Draft Proposed Communication Board Design. Based on the meeting with former patients and staff, create a draft communication board. You will share this with staff members at your scheduled staff-only communication board meeting. At least one week in advance of the meeting, circulate copies of your draft for participants to review.

Step Two: Circulate Draft Communication Board and Ask for Feedback on Design. Record staff suggestions on a personal copy of your draft communication board. Let staff members know you will incorporate their feedback and share an updated copy within a few weeks.

Step Three: Solicit Feedback on Communication Board Workflow. Ask the group to share their prepared feedback on each of the questions about communication board workflow listed in the table below. State the question and then ask for participants to respond. If there are differences of opinion, ask participants to explain the rationale for their answers. Then move to the next question. Record staff feedback in the table below.

Question	Staff Feedback
Who will be responsible for filling out the information on communication boards? When?	
Should all communication boards look the same, or will some units want to customize them?	
How will each unit train staff to complete the new communication board?	
What did staff think about each of the potential auditing methods they reviewed prior to the meeting?	

Tool #6

Communication Board Design and Implementation Guide

Part H: Communication Board Workflow Development

The goal of this section is to draft a proposal of how communication boards can be built into a unit's workflow. You will invite frontline staff to provide input on your draft in Step Two.

Step One: Design Proposed Workflow. Reflect on the responses you captured in the table on page 63 and the rationale offered by staff. In the table below, craft a proposal that reflects the most popular and feasible option for each workflow element.

Communication Board Workflow Element	Proposal
Caregiver responsible for Communication Board completion	
Which units, if any, will have customized Communication Boards	
Training plan	
Auditing Method	

Step Two: Incorporate Feedback. Share the workflow proposal and the revised communication board design with all committee members via email (or through their preferred method of communication) and incorporate additional feedback, as appropriate.

Step Three: Roll Out Communication Board Plan. Update all managers and other leaders about the status of the communication board implementation process. Provide a short summary of communication board development process to date. Then share the proposed communication board layout and workflow and incorporate additional feedback, as appropriate. Once manager feedback is incorporated, send managers a copy of the finalized communication board layout and workflow so they can share it with frontline staff.

Step Four: Have Communication Boards Printed. Contact a vendor to begin communication board creation. Before calling make sure you have determined:

- Overall budget
- Number of communication boards needed
- Whether all board designs will be the same, or if there will be some units with customized communication boards

Tool #6

Communication Board Design and Implementation Guide

Part I: Implementing Communication Boards on Your Unit

Step One: Notify Frontline Staff. Use your unit's preferred mode of communication (e.g. email, in-person, etc.) to let staff know the unit will be adopting communication boards per a house-wide initiative spearheaded by their peers. Provide a target rollout date and arrange an additional in-person meeting to answer questions and describe the implementation plan.

Step Two: Facilitate a Communication Board Implementation Meeting.

- Begin the meeting by offering an overview of the process (as it was described to you) used to arrive at this communication board design and workflow process. If an individual who participated on the task force works on your unit, ask him or her to describe the process.

- Show staff a sample communication board, highlighting elements they will find especially helpful.

- Describe the training plan for unit staff.

- Describe generally how the communication boards will be used, including: who will be responsible for filling them out, when they should be updated, and how they can ensure patients and families fully leverage them.

- Describe the process that will be used to audit staff compliance with communication boards.

Step Three: Address Concerns. Conclude the meeting by addressing staff questions or concerns.

III. Diagnosing Institution-Specific Process Barriers

- Tool #7: Patient and Family Advisory Council Implementation Guide

Starting Questions

The scripting below is designed to help facilitators provide participants with an overview of the context and aim of the toolkit section on Diagnosing Institution-Specific Process Barriers.

1. What are Institution-Specific Process Barriers?

Institution-Specific Process Barriers are challenges that are specific to an institution and stand in the way of it delivering an outstanding patient experience. These process barriers can vary greatly between institutions, so the most effective way to identify them is to learn the specific details of patients' experiences at an individual institution.

2. Why is Diagnosing Institution-Specific Process Barriers an important component of enhancing the patient experience?

Even if caregivers consistently provide compassionate and clinically excellent care at an individual level, processes barriers can prevent an outstanding patient experience. While the Center recommends leaders first address the three universal process barriers shared on page 34, each institution will have additional unique processes and policies that are specific to the institution and detract from the patient experience. In order to take the final step toward delivering an exceptional patient experience, hospitals must identify and overcome their unique barriers that are limiting the patient experience.

3. How do the tools in this section Diagnose Institution-Specific Process Barriers?

To identify institution-specific process barriers, hospital leaders need to seek detailed input from current and former patients (and family members). Only patients (and their family members) can provide a firsthand perspective on the patient experience and opportunities for improvement. The tool in this section equips hospital leaders to systematically gather patient input through a Patient and Family Advisory Council. Patient and family advisors should offer their perspective on hospital initiatives and work on improvement projects informed by their hospital experience.

Overview of Tools for Diagnosing Institution-Specific Process Barriers

Tool #7: Patient and Family Advisory Council Implementation Guide

Overview: This tool equips nurse leaders to establish (or reinvigorate) an active Patient and Family Advisory Council (PFAC). The goal of the PFAC is to enable current and former patients to offer their input and perspective on hospital initiatives and to work on improvement projects that are personally meaningful. This tool provides step-by-step guidance on creating a PFAC, including: creating an effective committee structure, recruiting former patients/family members and current staff to serve on the committee, and ensuring patient and family advisors work on meaningful projects.

Type of exercise: Hospital infrastructure modification

Tool #7

Patient and Family Advisory Council Implementation Guide

Overview: This tool equips nurse leaders to establish (or reinvigorate) an active Patient and Family Advisory Council (PFAC). The goal of the PFAC is to enable current and former patients to offer their input and perspective on hospital initiatives and to work on improvement projects that are personally meaningful. This tool provides step-by-step guidance on creating a PFAC, including: creating an effective committee structure, recruiting former patients/family members and current staff to serve on the committee, and ensuring patient and family advisors work on meaningful projects.

Type of exercise: Hospital infrastructure modification

Step	Approximate Time Allocation	Owner
Recruiting Patient Advisory Council Members	Approximately 6 hours across a 1-month period, including hosting a 1-hour information session for PFAC candidates at least once per month	Nursing or Patient Experience Leader Overseeing PFAC Development
Preparing to Facilitate PFAC Meetings	Approximately 2 hours per monthly meeting	Nursing or Patient Experience Leader Overseeing PFAC Development
Participating in PFAC Meetings	Approximately 90 minutes per month	Patient Advisors, Staff Advisors, Nursing or Patient Experience Leader Overseeing PFAC Development and Patient/Staff Advisors
Following up from PFAC Action Items	Approximately 3 hours of follow-up across a 1-month period	Nursing or Patient Experience Leader Overseeing PFAC Development and Patient/Staff Advisors
Ongoing PFAC Recruitment	Approximately 2 hours per month	Nursing or Patient Experience Leader Overseeing PFAC

Targeted skill:
Capturing the unique perspective of current and former patients to uncover (and overcome) institution-specific process barriers that negatively impact the patient experience

Tool contents and intended audience:

Section	Audience
Tool Implementation Guide	CNO or Senior Nursing/Patient Experience Leader
Instructions for CNO or Senior Nursing Director (Part A)	CNO or Senior Nursing/Patient Experience Leader
Instructions for PFAC Owner (Part B)	Nursing or Patient Experience Leader Overseeing PFAC Development

Tool Implementation Guide

I: Complete Instructions for CNO or Senior Nursing Director (Part A)

II: Share Part B with Nursing or Patient Experience Leader Overseeing PFAC Development and ask them to complete the listed steps. Establish regular check-ins across the PFAC development period to answer the leader's questions.

Tool #7

Patient and Family Advisory Council Implementation Guide

Part A: Instructions for CNO or Senior Nursing Director

Step One: Determine Patient and Family Advisory Council Scope. Decide if you want to establish a hospital-wide Patient and Family Advisory Council or a unit-/service line-specific PFAC. For most organizations that are launching a new PFAC, the Nursing Executive Center recommends starting with a house-wide council. However, to help inform your decision making at your unique institution, the potential benefits of each approach are described in the table below.

House-Wide Council	Unit-/Service Line-Specific Council
• Larger potential pool of patient volunteers	• Easier to pilot by dedicated champion at manager or staff level
• Larger potential pool of staff volunteers	• Select patient populations may be especially interested in volunteering to participate and potentially easier to recruit
• Council able to tackle larger systematic challenges occurring on multiple units	• Council able to tackle granular unit- and service line-specific challenges

Step Two: Assign Ownership for PFAC Creation. You will need to assign a clear owner for the creation and facilitation of the PFAC. The scope of the council (house-wide vs. unit- or service line-specific) will determine who should oversee it. If you are creating a hospital-wide PFAC, the Nursing Executive Center recommends a senior nursing director or individual currently overseeing patient experience efforts at your institution assume ownership. This individual should have a broad, hospital-wide perspective on how former patients can help improve the patient experience. If you are creating a unit- or service line-specific PFAC, this individual should be a director or manager who works closely with the unit or service line.

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner

Step One: Define PFAC Commitments. While the PFAC members themselves will customize their roles, estimate the time commitment associated with the role—for example, how often and when the PFAC will meet, and how long term limits will be. (The Nursing Executive Center recommends the PFAC meets at least every eight weeks, but preferably monthly, and membership terms be of two years to ensure the PFAC represents current hospital experiences).

Step Two: Determine PFAC Stipend. Work with the appropriate team of individuals, including staff in finance, to determine if you can offer a small stipend to PFAC volunteers (even if just enough to cover travel expenses and parking). Determine the amount that is available so you can communicate this to former patients and family members as you recruit them.

Step Three: Determine Logistics of PFAC Information Session. Select a date and time for an initial PFAC information session to formally begin the PFAC recruitment process. Reserve a location.

Step Four: Ask Managers for Former Patient Recommendations for the PFAC. Email all unit managers to ask for a list of names of patients who have stayed on their units within the past year who would be interested in PFAC participation. Encourage managers to reach out to frontline staff directly for their recommendations as well.

Step Five: Send Letter and Application to PFAC Candidates. Send a letter notifying former patients of upcoming PFAC information session and application for joining the PFAC. The Center recommends initial outreach details include the estimated time commitment asked of participants. (You can customize the template provided on pages 74 and 75, and download them from the online version of this publication available at www.advisory.com/nec).

Tool #7

Patient and Family Advisory Council Implementation Guide

Sample Recruitment Letter

Tool #7

Patient and Family Advisory Council Implementation Guide

Sample Application

Tool #7

Patient and Family Advisory Council Implementation Guide

Sample Application (cont.)

I/We would be interested in helping with (identify all of your interest areas):

☐ Reviewing patient and family satisfaction tools.

☐ Developing/reviewing educational materials.

☐ Planning for the hospitalization (inpatient) care experience.

☐ Planning for the surgical experience.

☐ Planning for the clinic (outpatient or ambulatory) care experience.

☐ Planning for the emergency care experience.

☐ Ensuring patient safety and the prevention of medical errors.

☐ Educating medical students and residents, new employees, and other staff about the experience of care and effective communication and support.

☐ Participating in facility design planning.

☐ Improving the coordination of care and the transition to home and community care.

☐ Long-term advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive.

☐ Issues of special interest (please describe).

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What are some specific things that health care professionals did or said that were most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

Do you know other individuals and/or families who have experienced care at University of Washington Medical Center who might be interested in serving as advisors? Please call them for us or list their name(s) and phone number(s) here:

Please return this form to:
Hollis Guill Ryan, Program Coordinator
Patient and Family Centered Care Program, UWMC
1959 N.E. Pacific St., Box 359420, Seattle, WA 98195-9420
Phone: 206-598-2697 Fax: 206-598-7821
Email: hollisr@u.washington.edu

\\ITS-FILESHARE01\Dept$\UWMCPCS\UNITS\Unit PFES\PFCC\Recruitment Info\Application Form for Patient and Family Advisors.doc   © University of Washington Medical Center
11/2011

Tool #7

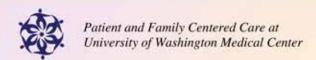# Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Six: Equip Frontline Staff to Generate Patient Interest in PFAC Participation. Equip current unit staff with the following scripting (in addition the applications you created) to pique patient interest in becoming a PFAC member before they are discharged.

> "Hello Ms. Morris. I've really enjoyed working with you during your stay here. I wanted you to know about a new initiative here at the hospital. We are currently recruiting volunteers for a committee called the Patient and Family Advisory Council. It's a group of former patients and family members who work to improve the experience of future patients based on their own hospital experiences. I think you'd be a great fit for this role. Would you mind if our PFAC lead sends you an application and a little bit more information about this?"

Step Seven: Publicize Information Session. Post fliers around the hospital (and if possible, on the hospital website) to recruit new members to an upcoming information session. Use the poster on the following page as a model.

Tool #7

Patient and Family Advisory Council Implementation Guide

Sample Recruitment Poster

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Eight: Recruit Current Volunteers as PFAC Candidates. Recruit former patients currently volunteering in other capacities to join the PFAC. Work with the director of volunteer services to determine who might be a good fit. Provide the individuals with fliers for the information session and applications to the PFAC.

Step Nine: Recruit Hospital Staff to PFAC. The Center recommends each PFAC have at least one hospital staff member (in addition to the facilitator) to ensure council conversations reflect both the patient and staff perspective. To recruit staff to participate, email unit directors and ask them to inform their staff of the opportunity to volunteer with the PFAC. You may provide them with the following talking points:

- The new Patient and Family Advisory Council is looking for a few staff representatives.

- The goal of the PFAC is to identify barriers to a best-in-class patient experience and work on targeted projects to overcome them.

- The role of staff members will be to provide balanced perspective at each of the meetings and help assess the feasibility of new project ideas based on their understanding of the hospital operations and realities.

- Frequency, length, and time of meetings.

Step Ten: Hold an Information Session for Potential Patient Advisors.

Step 10A: Remind PFAC Candidates of Information Session. Reach out to the current and former patients who responded to your recruitment efforts through their preferred method of communication (phone, email, etc.). Remind them of the upcoming information session and share an additional copy of the application. Ask them to email it back to you ahead of time or bring it to the first session.

Step 10B: Ask Participants to Tell Their Stories. During the session, ask each participant to introduce him- or herself and share a two- to three-minute version of his or her story about receiving care in the hospital. Listen carefully to how each participant frames his or her story and assess his or her level of comfort with public speaking and talking about his or her hospitalization. Comfort and skill in storytelling is a key patient/family advisory competency. Make note of which advisors would be a good fit for the committee and which advisors' talents might be better leveraged elsewhere.

Step 10C: Discuss Impetus for PFAC Creation. Discuss the impetus for the PFAC's creation and goals for the committee. Recommended goals for PFAC members include: asking interested members to lead improvement projects informed by their own hospital experience, asking PFAC members to formally serve on hospital committees and share the patient perspective on committee initiatives, and pairing PFAC members with staff leading projects who would benefit from hearing the patient perspective.

Step 10D: Distribute and Then Collect Completed Applications. Ensure each PFAC candidate completes an application and leaves it with you.

Step 10E: Describe Next Steps. Let the potential patient advisors know you will reach out to them directly to schedule an interview to determine if they would be a good fit for the PFAC.

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Eleven: Further Screen Recruits *OR* Bolster Recruitment Efforts. If turnout to your information session is robust and you receive more than 30 applications, narrow the candidate pool through an interview process to select between 10 and 20 final qualified advisors. To screen candidates and narrow the applicant pool to only those individuals most suited to serve as advisors, conduct an in-person or phone interview with each candidate individually, using the questions below.

Question	What to Look for in the Response	Red Flags
Tell me about your experience at a patient in our hospital.	• Thoughtful recounting of story • Comfort with telling one's story	• Individual too emotional to convey story • Individual harbors anger or hostility toward hospital he or she cannot look past
Why do you want to be an advisor?	• Desire to improve the patient experience for others • Certain experience left an impression (positive or negative) but motivated to change it for the better for other patients • Desire to help others • Interest in problem solving	• Individual seems to hold a grudge or be fixated on negative hospital experience • Unable to articulate why he or she would like to be an advisor
What are some things you hope to accomplish as an advisor?	• Describes at least one concrete idea for improving the hospital experience	• Unable to articulate any concrete aspirations
Tell me about a time when an experience in your life (positive or negative) led you to advocate for a change.	• Response demonstrates an ability to problem solve based on a personal experience	• Change individual advocated for was not constructive or he or she did not follow through on the change
How much time can you commit to being an advisor?	• Individual's schedule aligns with proposed meeting frequency	• Schedule too full to accommodate the proposed commitment

If your information session did not yield more than five potential PFAC participants, hold an additional session and continue the recruitment efforts described on the previous pages.

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Twelve: Finalize PFAC Roster and Contact Each Advisor. After finishing the recruitment process, create your final list of advisors. Email all advisors separately to let them know they have been selected to serve as advisors using the email template below.

> Dear Mr. Katz,
>
> It is my great pleasure to inform you that you have been selected as a patient advisor at Magnolia Hospital. I am excited to work with you to improve the patient experience.
>
> I am in the process of arranging the committee's very first meeting. Please respond to this email with the days and time of day you are generally able to meet for about 1 hour. I will be in touch as soon as I have compiled all of the other advisors' schedules.
>
> If you have any questions or concerns, please do not hesitate to reach out to my directly.
>
> All the best,
>
> Gretchen Morgan, Patient and Family Advisory Council Facilitator

If you do not believe someone would be a suitable addition to the PFAC, try to offer that individual a different type of patient volunteer opportunity, such as providing feedback on draft patient education materials. Use the following sample letter as a guide. Fill in the blank with the patient volunteer activity that would be a better fit for the individual.

> Dear Mrs. Miller,
>
> Thank you for your interest in Magnolia Hospital's Patient and Family Advisory Council. Unfortunately, we are unable to offer you a spot on the council at this time. We appreciate your generous offer. We were very fortunate to receive many responses to our outreach looking for volunteers, so at this time I'd like to instead offer you an opportunity to _____. If you are interested, please email me directly at GMorgan@MagnoliaHospital.org.
>
> All the best,
>
> Gretchen Morgan, Patient and Family Advisory Council Facilitator

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Thirteen: Prepare for Inaugural PFAC Meeting.

Step 13A: Develop Short List of Projects That Would Benefit from a Patient Perspective.
Send an email to current task force leaders spearheading improvement projects and all unit leaders
to determine what projects currently under way at your institution would benefit from former patient
guidance. Create a list based on the responses. Bring this list to the inaugural PFAC meeting to get PFAC
members involved in current projects immediately.

Step 13B: Develop Short List of Committees That Welcome Former Patient Involvement. Email
current standing hospital committee leads to gauge their interest in having a patient advisor join the
committee, either in a standing capacity or as a one-off arrangement. You can model your outreach on
the template provided below. Bring a list of committees interested in incorporating advisors to the first
PFAC meeting.

> Dear Arlene,
>
> As you may know, I am currently spearheading the development of a Patient and Family
> Advisory Council here at Lilac Medical Center. As part of this effort, I was hoping to place some
> of the patient advisors on select committee across the hospital, and naturally, I thought of your
> committee. The role of the advisor is to provide feedback from the patient perspective and
> ensure that patient interests are considered in all decisions the committee makes. If you would
> be comfortable with one or two advisors participating on your committee, please let me know.
>
> I appreciate your consideration. I know advisor presence on your committee will make a big
> difference in the patient experience here at Lilac.
>
> Best,
>
> Gretchen Morgan, Patient and Family Advisory Council Facilitator

Step Fourteen: Schedule Inaugural PFAC Meeting. Determine the time and day when most advisors are
available to meet and schedule the first meeting at least two weeks in advance.

Step Fifteen: Prepare PFAC Meeting Agenda. Prepare an agenda for the first meeting. First meeting agenda
items should include:

1. Group Introductions

    a. Introduce yourself and ask each of the Patient and Staff Advisors to introduce themselves
       and tell their stories (or for staff, why they joined the PFAC).

2. PFAC Logistics and Structure

    a. What is the best time for the committee to meet and how often? (The Nursing Executive Center
       recommends the PFAC meets at least every eight weeks, preferably monthly).

    b. Should we instate membership terms? If so what should they be? (The Nursing Executive Center
       recommends membership terms of two years to ensure the PFAC represents current hospital
       experiences).

    c. What is the right balance of patients and staff on the PFAC? (The Nursing Executive Center
       recommends no more than 50% of the council represent staff.)

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

3. Advisor Role Orientation

    a. Provide a PFAC orientation modeled after the example on page 83.

4. Prepare Group to Work on Key Projects and Hospital Committees

    a. Ask the group to generate a list of things they experienced in the hospital they would like to change for future patients. Create a preliminary list of projects and brainstorm an immediate next step for each project pursued. Build on this list in upcoming PFAC meetings.

    b. Distribute the list you created of projects on which leaders have requested PFAC involvement.

    c. Distribute a list of committees seeking PFAC involvement.

    d. Have each advisor select at least one (and no more than three) of the above opportunities to pursue.

5. Announce the date for next meeting. Summarize to-dos and key milestones to achieve before the meeting ends and email them out to the group after the meeting.

Tool #7

Patient and Family Advisory Council Implementation Guide

Sample PFAC Member Orientation

MEMORIAL HEALTHCARE SYSTEM
ORIENTATION FOR PATIENTS AND FAMILIES

When patients or their family members join an MHS Advisory Council, they receive a thorough orientation not only to the work of the Council, but also to the "culture" of the organization and the "dos" and "don'ts" of their new role.

TOPICS COVERED IN THE GENERAL ADVISORY COUNCIL
ORIENTATION:

1. The vision and goals of Memorial Healthcare System.

2. An overview of the Patient and Family-Centered Care approach to healthcare.

3. The role of the Advisory Councils, and how they assist the organization in achieving its vision and goals.

4. How to be an effective Council member.

5. Serving on organizational committees:
   o Communicating effectively — techniques for getting your message across:
   o Telling your story so people listen.
   o How to ask tough questions.
   o What to do when you don't agree.
   o Listening to and learning from other's viewpoints.
   o Thinking beyond your own experiences.

6. Advisor Self-Study Guide & Test – required of all volunteers

7. Required documents: HIPAA & IT Security Forms, Consent to Photograph

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SPECIFIC FACILITY ORIENTATION
(PFCC Coordinators: Add to this as needed)

1. Who's who in the organization.
2. Meeting attendance expectations of members.
3. The roles and responsibilities of members, officers, and staff on the Council or committee.
4. How the meeting is conducted: Robert's Rules of Order (if they are used), committee reports, reaching consensus, and approval of minutes.
5. How to prepare for a meeting: what to wear, what to do ahead of time, what to bring.
6. Honoraria for family faculty; stipends for regular hospital committee attendance; recording time; W9 submission.

Tool #7

Patient and Family Advisory Council Implementation Guide

Part B: Instructions for PFAC Owner (cont.)

Step Sixteen: Recruit New Advisors on an Ongoing Basis. To ensure robust PFAC participation at all times, facilitate ongoing recruitment efforts through the following steps:

Step 16A: Attend unit meetings periodically to remind frontline staff and managers to actively recruit potential PFAC members while they (or a family member) are receiving care. Continually replenish copies of the application for each unit to generate a robust pipeline of potential advisors. Ensure this individual has enough copies of the application and other recruitment materials to continually recruit members

Step 16B: Ensure the director of volunteer services is knowledgeable about the PFAC and can direct volunteers to the PFAC who would be a valuable addition. Ensure this individual has enough copies of the application to continually recruit new members.

Step 16C: After the PFAC is established, hold information sessions every two to three months to recruit new members using the steps described on the following pages.

Step 16D: Work with your hospital's website administrator to create a dedicated page to recruit new advisors to the PFAC.

Step 16E: Ask currents Advisors to recommend other friends or families who would be a valuable addition to the PFAC.