

Summary – Best Practices in Patient Experience at Critical Access Hospitals: Incorporating Lessons from COVID-19

Update to A Study of HCAHPS Best Practices in High Performing Critical Access Hospitals

Amidst the disruption of the coronavirus pandemic, critical access hospitals (CAHs) found innovative pathways to improve patient and clinician communication, mitigate increased stress and anxiety suffered by patients and families and meet their health care needs while safeguarding best practices for patient experience.

This summary captures suggested strategies for improving patient experience and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey performance as gathered from high-performing CAHs across the country during a virtual CAH HCAHPS Best Practice Summit convened in August 2022.

Details on additional strategies and best practices for each HCAHPS performance area, topic, or composite that reflect the best practices cited most frequently by Summit participants are [available in the full study](#).

Included in this summary are the following:

- [Innovative strategies](#) to improve patient experience based on lessons learned from the Coronavirus disease 2019 (COVID-19) pandemic.
- [Best practices](#) for improving performance by HCAHPS domain.

CAH HCAHPS Best Practice Summit Findings

The hospitals selected to participate in the Best Practice Summit have some of the best patient experience scores among CAHs across the country. We invited participants to share what has contributed to their overall HCAHPS success over time, independent of interventions utilized to respond to the COVID pandemic.



Best Practice Key Themes

- Organizational culture and leadership support of service excellence
- Staff engagement, including recruiting, hiring, onboarding, and ongoing training, is essential to establishing a culture and practices which support patient-centeredness
- Clear and consistent communication with patients, families, and across all levels of the hospital (administration, clinicians, support staff) is foundational to a good patient experience
- Data transparency about patient experience scores drives continuous improvement
- Gathering patient input by improving HCAHPS response rates and soliciting real-time patient feedback
- Key Strategies to influence response rates:
 - Integrating survey information in conjunction with discharge papers.
 - Using scripting in interactions with patients
 - Educating and informing patients about the survey and what to expect, including during leadership rounding
 - Post-discharge or transition of care phone calls made within 72 hours, with a reminder to expect the survey

COVID Adaptations and Lessons Learned

This section highlights the changes or innovations Summit participants implemented during the pandemic to address how patients experience their care and/or how hospitals received feedback or measured patients' care experience focusing on technology, visiting policies, physical structure, clear and consistent communication, and cross-staff support.

Technology

Using technology to support communication was a common strategy. Most hospitals provided patients with iPads/tablets to facilitate virtual visiting hours via FaceTime and/or social media platforms. Care conferences and specialty follow-up visits were conducted using virtual meeting platforms to allow for family presence and engagement, eliminate unnecessary travel, and maintain social distancing practices. Facilities also leveraged virtual platforms to train family members to provide home-based support post-discharge. All participants who discussed increased use of technology to support patient visitation or to expand access to service delivery indicated these practices would continue indefinitely.



Technology Key Strategies

- Virtual visiting hours, care conferences, and specialty follow-up visits
- Virtual platforms to train family members to provide home-based support post-discharge
- Increasing use of telemedicine

Visiting Policies

Throughout the pandemic, health care facilities have been called to manage visitors to reduce the risk of transmission of COVID-19. For many, this meant updating visiting policies to limit or halt visitation, especially during times of surge. The critical access hospitals participating in the Summit took varying approaches to accommodate visitation during this time.



Visiting Policies Key Strategies

- Scheduled visits
- Placing patients in single rooms to the extent possible
- Aligning visitation thresholds with positivity rates in the area
- Working with families to stagger visitors to allow for a two-week quarantine period once a visitor has been with a COVID-positive patient

Physical Structure

Physical structure also came into play as hospitals adapted to social distancing requirements and the Centers for Disease Control and Prevention (CDC) visiting guidelines. These adaptations made it possible for hospitalized patients to visit with their families, friends, and even pets with reduced risk of exposure. Here, too, hospitals indicated these creative visiting spaces would remain post-pandemic.



Physical Structure Key Strategies

- For one-storied or ground-level hospitals, creating visiting spaces outside patient rooms with room numbers on the windows canopies to protect visitors from the elements
- Planting flowers, adding artwork, and installing bird feeders to make the outdoor spaces more inviting for patients and visitors

Clear and Consistent Communication

Regardless of how hospitals modified their visiting policies or changed visiting accommodations, their commitment to clear and consistent communication remained steadfast. Hospitals used a variety of channels, including television, radio, and social media, to inform patients, families, and the communities served of what to expect at regular intervals as the pandemic evolved and guidelines were updated or changed.



Clear and Consistent Communication Key Strategies

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Cross-Staff Support

Other COVID-related interventions supporting patient experience focused on hospital culture and cultivating a spirit of teamwork.



Cross-Staff Support Key Strategies

- Cross-training to make it easier to allocate staff to areas with the greatest need, even if the work was not the employee’s primary job function
- Increasing housekeeping staff and cleaning schedules to enhance cleaning in high-patient areas
- Hiring more nurses to provide one-to-one care for COVID patients
- Hiring COVID screeners stationed at points of entry to manage the flow of people into the hospitals
- Forming multidisciplinary incident command teams to make decisions and address challenges due to changing visitation policies and other COVID-related adaptations

Other Lessons Learned and Ongoing Opportunities

The COVID-19 pandemic strained health care systems around the world, requiring all systems to contend with limitations related to staffing, supplies, and space and rapidly adapt to new modes of care and workflows. Though we are not yet post-pandemic, hospitals reflected on the last two years and what they might do differently.



Lessons Learned and Ongoing Opportunities Key Strategies

- Remodeling to accommodate single rooms
- Improving transfer communication by resolving discrepancies in health information exchanges from location to location
- Focusing on the importance of outpatient scheduling and follow-up with patients, families, and primary care providers to enhance the transfer from hospital to home
- Managing drift in practice by reaffirming patient care and priorities

Best Practices by HCAHPS Domain

While the Best Practice Summit did not include a specific discussion of the eleven HCHAPS domains, hospitals were given an opportunity to address them in a pre-Summit survey. The following summarizes those best practices, ranked from the most frequently used to the least used. Specific tactics listed in this section are based on best practices identified by CAHs in the [2017 study](#).

Communication with Nurses

As in 2017, patient whiteboards were the most frequently cited impactful intervention related to nursing communication. Other interventions included nurses rounding with physicians, multidisciplinary rounding, and mandatory scrub colors. During the Summit, participants discussed data transparency, visual display, and review as significant driving forces of overall HCAHPS success. Hospitals in 2022 report that bedside shift report is strongly encouraged, but it does not occur consistently, and some hospitals have struggled to hardwire the practice.



Communication with Nurses Key Strategies

- Patient whiteboards as an active tool to share information
- Data feedback and discussion
- Nurse bedside shift report
- Daily Interdisciplinary Huddles
- Scripting or Key Words

Communication with Physicians

Engaged physician leaders as a key driver for influencing communication with physician scores was cited by all but one of the twelve hospitals that completed the pre-Summit survey. This is a significant change from 2017, where the leading driver was “nurses managing up” (i.e., nurses softening, compensating, or preparing patients for the behavior of physicians that have not yet transcended the bedside manner learning curve). While not the leading driver, it was still a topic included in the focus group discussion.



Communication with Physicians Key Strategies

- Engaged physician leaders
- Nurses accompany physicians on rounds
- Data feedback, friendly competition
- Sit down during patient visits
- Note pads and pens at bedside for patient questions
- Hospitalist programs

Responsiveness of Hospital Staff

Hourly rounding was the most common practice offered as a key hospital staff responsiveness patient satisfaction driver in 2017. The prevalence of culture and use of technological devices in 2022 could result from the increased attention on culture and the use of technology because of the coronavirus pandemic.



Responsiveness of Hospital Staff Key Strategies

- Culture
 - Standards of behavior
- Technological devices
 - Call light systems
 - Two-way speakers
 - Nurse communication devices
- Hourly Rounding
 - May alternate RNs with CNAs
 - Address Four Ps (pain, potty, position, and personal effects)
 - Documented
- No Pass Zone
 - Everyone answers call lights
 - Anyone can provide non-clinical support

Pain Management (no longer an HCAHPS domain, but an essential aspect of patient experience)

The use of the whiteboard to document pain-related information continues to be the leading strategy for pain management, followed by discussing expectations and goals with patients, alternative therapies, and automated pain reassessment reminders. Quality improvement work around pain assessment and reassessment was noted by one hospital to improve process failures related to pain management.



Pain Management Key Strategies

- Patient whiteboards as a communication strategy
- Setting goals and expectations
- Use of Alternative therapies
- Automated pain assessment reminders

Communication about Medications

Engaging a pharmacist in patient education about medicines was a key attribute to success in this domain in 2017 and continues to be a strategy employed by high performers in 2022. Other practices thought to drive HCAHPS communication about medicine scores include discharge phone calls, medication reconciliation, and using keywords or scripting, such as “education on your medications” and “side effects of your medications.”



Communication about Medications Key Strategies

- Patient Education
 - Easy to read
 - Teach back
- Culture
 - Standards of behavior
- Pharmacist Visits
- Key Words/Scripting

Cleanliness of Hospital Environment

One hospital also mentioned a rounding by the director of environmental services (EVS) to help improve cleanliness scores. After the director at this hospital rounds, they share their findings with the team to recognize outstanding work and identify improvement opportunities.



Cleanliness of Hospital Environment Key Strategies

- Cleanliness auditing
- Cleaning schedules
- Notices of cleaning services

Quietness of Hospital Environment

Hospitals reported using designated “quiet time,” where lights are dimmed, and noise interruptions are kept to a minimum, to help improve quietness scores. Other hospitals limit overhead paging and send frequent reminders to staff to minimize noise considering the varying levels of patient complexity on the floors.



Quietness of Hospital Environment Key Strategies

- Awareness/Reminders
- Environmental Noise Control
- Structural Changes

Discharge Information and Care Transitions

Discharge planning is a key focus for one pre-Summit survey respondent. This hospital provides each patient with a discharge/education folder that includes pertinent information about the patient from all disciplines. The hospital has modified the electronic health record (EHR) to build specific templates that include key discharge components that nurses can check off once complete. One hospital noted that its readmissions team had been transformed and now addresses care transitions throughout the organization.



Discharge Information Key Strategies

- Discharge Planning
 - Starts at admission, interdisciplinary involvement
- Discharge Education
 - Discharge packet, written information, teach-back
- Discharge Phone Calls or Home Visits



Care Transitions Key Strategies

- Care transition planning
 - starts at admission, involves patient and family, interdisciplinary and cross-setting involvement
- Care transitions education
 - in writing, video, teach-back
- Community collaborative with representatives from different care settings to develop working relationships, consistent care transition processes, and shared terminology
- Pharmacist visits
- Scripting
 - “We want to ensure you understand what will happen when you leave the hospital.”

Resources Used by Participants to Improve HCAHPS Performance

The original study participants were asked what culture of patient safety or customer service resources they found helpful to HCAHPS performance improvement. A complete listing of the resources recommended by the focus group participants is located in Appendix B [of the 2017 study](#).