



# Pender Community Hospital

## Project Charter

**Project Name:** Post-Visit Call Implementation

**Project Leader:** Krista Trimble, Quality Improvement Project Coordinator

**Project Sponsor:** Katie Peterson, CNO; Dee Moeller, QRM Manager

**Product/Process:** Implementation of post-visit calls to increase patient satisfaction scores related to discharge processes and transitions of care and decrease patient harm events including readmission rates.

## PROJECT SCOPE

### Goals and Objectives

Goals	Objectives
Increase the HCAHPS Overall Patient Satisfaction Score to the 94 <sup>th</sup> Percentile as measured by Press Ganey	By implementing post-visit phone calls to include all inpatient, ER, OB, and inpatient surgery patients to proper follow-up of the patient's overall health goals, we hope to maintain the HCAHPS Overall Patient Satisfaction scores to the 94 <sup>th</sup> percentile as measured by Press Ganey.
Increase HCAHPS Standard Discharge Patient Satisfaction to the 91 <sup>st</sup> Percentile	By implementing post-visit phone calls to include all inpatient, ER, OB, and inpatient surgery patients to ensure proper follow-up of the patient's overall health goals, we hope to increase the HCAHPS standard discharge patient satisfaction scores from the 81 <sup>st</sup> percentile to the 91 <sup>st</sup> percentile indicating a 10-percentile point increase.
Increase the HCAHPS score of Good Understanding Managing Health to 71 <sup>st</sup> Percentile	By implementing post-visit phone calls to include all inpatient, ER, OB, and inpatient surgery patients to ensure proper follow-up of the patient's overall health goals, we hope to increase the HCAHPS "good understanding of managing health" scores from the 62 <sup>nd</sup> percentile to a 71 <sup>st</sup> percentile rank.
Decrease Total Patient Harm to 9.36 events per 1,000 patient days	By implementing post-visit phone calls to include all inpatient, ER, OB, and inpatient surgery patients to ensure proper follow-up of the patient's overall health goals, we hope to decrease the overall patient health as reflected by a decrease in Total Patient Harm to 9.36 events or less per 1,000 patient days. A total patient harm rate of 9.36 or less would reflect a \$20,000+ cost avoided savings for PCH as determined by CMS estimated cost per harm and PCH historical harm data.  ** The total patient harm goal set for Pender Community Hospital includes the re-admission rate and is therefore applicable to this project.



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### Project Deliverables

Milestone	Deliverable	Acceptance Criteria
July 2017	Review of current criteria of Post-Visit Calls	Initiating a meeting with the discharge team at PCH and the Health Coaches at PMC to review the current discharge process to find areas for improvement.
August 2017	Implementation / training of a discharge report in EHR.	Complete nurse training and implement a more specific discharge report in the EHR to ensure the correct information is collected to ensure a streamline process for post-visit phone calls.
October 2017	Develop specific questions sets to be implemented into the EHR as standard forms.	Complete EHR formatted questions in notes that will be available so that pertinent questions are always asked to streamline the call-back process.
December 2017	Post-Visit Call Rates	To ensure that the proper tools are working by showing that there is a 90% completion rate of post-visit phone calls for the above-mentioned patients.
FY2019	Post-Visit Call Implementation for ancillary services	Increase the volume of post-visit phone calls to patients to include outpatient services, radiology, laboratory, and therapy.

### Organizational Impacts

**Pender Community Hospital** is dedicated to delivering high quality healthcare to our hospital district and communities. Discharge instructions from inpatient hospitalization can be hurried, confusing, and communicated to patients ineffectively. Poor discharge experiences can result in a decrease in patient adherence to instructions, and increase risk of adverse events, and an increase in readmissions. These negative events tend to reflect on the patient's overall healthcare experience. Post-Visit phone calls have been proven to be an effective intervention to mitigate these problems. Press Ganey has examined inpatient survey returns and determined that patients who receive a post-visit phone call are more likely to rate their overall care experience more positively than patients who did not receive a post-visit phone call. Press Ganey has actually determined that a post-visit phone call can increase the overall patient satisfaction score by a difference of 55 percentile ranks. It is the aim of Pender Community Hospital to increase overall patient satisfaction and decrease patient harm by implementing an effective post-visit phone call process.



## Pender Community Hospital

### Project Team

Project Team Role	Project Team Member(s)	Responsibilities
Post-Visit Call Action Group	Quality Improvement Project Coordinator, Health Coaches, Inpatient Nurse Manager, Discharge / Utilization Review Coordinator, Med Surg Coordinators	This group is responsible for the review, implementation, and training of the Post-Visit Phone Call process as outlined above.
Post-Visit Call Measurement Team	Quality Improvement Project Coordinator	This person is responsible for coordinating meetings of the Action Group, collecting data for process review, and ensuring success of this program in conjunction with the action group.

### Communication Plan

Status reports will be given to Katie Peterson, CNO; Dee Moeller, Manager of QRM, and the Quality Council on a monthly basis. Information will be shared with senior leadership at Pender Community Hospital when requested.

### Metrics/Measurements

Metrics	Description	FY2017	FY2018 Goal
HCAHPS Overall Patient Satisfaction Rate to the 94 <sup>th</sup> Percentile Rank	HCAHPS Overall Patient Satisfaction is measured by surveys sent to patients from Press Ganey.	93 <sup>rd</sup> Percentile Rank	94 <sup>th</sup> Percentile Rank
HCAHPS Standard Patient Discharge Satisfaction	The HCAHPS Standard Patient Discharge Satisfaction is measured by surveys sent to patients from Press Ganey.	82 <sup>nd</sup> Percentile Rank	91 <sup>st</sup> Percentile Rank
HCAHPS score of Good Understanding Managing Health	The HCAHPS score of Good Understanding for Managing Health is measured by surveys sent to patients from Press Ganey.	62 <sup>nd</sup> Percentile Rank	71 <sup>st</sup> Percentile Rank
Total Patient Harm	Total patient harm is measured by Pender Community Hospital and includes Readmission Data.	10.73 events per 1,000 patient days	9.36 events or less per 1,000 patient days



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Post-Visit Call Rate	To measure the number of completed post-visit phone calls completed throughout this project as measured by Health Coach auditing.	Currently not recording.	90% Compliance
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\*\* The Total Patient Harm goal measured at PCH has changed for FY2018 to include four additional measures than previously measured for the current fiscal year.



## Pender Community Hospital

### Inpatient Discharge Note Template

We hope that you received great care while you were here.

In the next week, what are 2 things that you will do to help you recover from this hospitalization? ☐

May we call to see how you are doing after discharge? ☐

What is the best phone number to reach you at? ☐

What is the best time to call? ☐

What is the name and phone number of your caregiver (if applicable)? ☐

Who can we talk to on your behalf regarding your recent health issues? ☐

Are you having pain now? ☐

**If YES**

How will you manage your pain at home?

Tell me 2 things you are concerned about regarding your health or care when you get home. ☐

### Discharge Note

Discharge Instructions and medication teaching sheets reviewed with patient and family.

Patient/Family verbalize understanding

Questions answered. Personal belongings and home medications returned to patient.

Discharged in stable condition.

Discharged to: ☐

Patient leaves per: ☐

Accompanied by: ☐

### Medication Education Template

#### DISCHARGE MEDICATION EDUCATION:

Reviewed discharge medication list with:

New medications:

Changed medications:

Stopped medications:

Information sheets provided (yes/no):

Method of prescriptions supplied to patient (paper/ePrescribe):

Patient educated to return bubble packs to pharmacy for repackaging (yes/no):

Additional comments: