

**Allen Hospital
PERFORMANCE IMPROVEMENT
QUARTERLY SUMMARY REPORT**

| | | | | | |
|--------------------------|------------------------------|---------------------------------------|--|--------------|--|
| Department: | DHC Tower Park | Reviewed By Director: | | Date: | |
| Completed By: | J. Miller RN, BSN, CGRN | Reviewed By President/CEO, VP: | | Date: | |
| Period of Report: | 2 nd Quarter 2016 | Reviewed By QI: | | Date: | |

| INDICATOR/SUMMARY OF FINDINGS (include the what and why it happened) | ACTIONS TAKEN/RESOLUTIONS (include who, what, when, and how—be specific) |
|---|--|
| Patient/Family Experience – Press Ganey score Information about delays | <ul style="list-style-type: none"> • Patient service coordinator role continues with a priority focusing on keeping patients and families informed on a regular basis with delay information. An informational brochure has been in place and provided to each patient highlighting the department philosophy, process, and expectations. All staff continuing to round with patients/families to inform them of expected/unexpected delays. |
| Press Ganey scores regarding waiting time before procedure | <ul style="list-style-type: none"> • Reinforcement to all staff provided at huddles and unit meetings the importance of keeping patients/families informed of all delays. Service recovery kit will also be used for delays over designated time allotted. Continuing with staff reinforcement to emphasize length of expected stay (3-4 hours) to patients/families during pre-calls. A pre-call script is in place to ensure accuracy and consistency with pre-calls. A DHC website is also being developed that will provide patient education regarding expectations. |
| Press Ganey scores regarding nurses concern for comfort | <ul style="list-style-type: none"> • All staff will be responsible for ensuring patient/family comfort. Measures may involve: providing warm blankets, asking before leaving room if any other needs, providing call light and TV remote, answering call lights immediately, providing drink/snack to family while waiting and to patient/family in recovery, informing of delays and making frequent return checks to room, and providing the option for family to stay in admission/recovery area at patient bedside. The evaluation and management lead will be developing a revised patient letter that is sent to the clinic patients. This is to further improve communication regarding expectations for these patients. In the procedural area, family members will be present during the admission/recovery process per patient approval to decrease anxiety and provide reassurance to both patient and family. |
| Press Ganey scores regarding helpfulness of phone personnel | <ul style="list-style-type: none"> • Scores will be monitored monthly. Information will be provided at monthly unit meetings to increase staff awareness regarding these measures. Press Ganey comments regarding this will be shared for staff awareness. The front desk lead will also develop scripting to be used by all registration personnel so that the same information is given to all patients. |

| | |
|---|--|
| Press Ganey scores regarding helpfulness of registration person | <ul style="list-style-type: none"> • Scores will be monitored monthly. Information will be provided at monthly unit meetings to increase staff awareness regarding these measures. Press Ganey comments regarding this will be shared for staff awareness. The front desk lead will also develop scripting to be used by all registration personnel so that the same information is given to all patients. |
| Team Training This Quarter: | <ul style="list-style-type: none"> • Team huddles on a daily/weekly basis dependent on needs • GI education days on quarterly basis. These events combine both locations and education is provided by staff members and providers on various topics related to DHC. • Staff rounding is done on a quarterly basis by supervisors, leads, and managers. • Director communicates with managers and leads at a weekly meeting. • Monthly unit meetings |

1. Submit to Director quarterly by Apr 15, Jul 15, Oct 15, and Jan 15.
2. Director will review, sign, date, and forward to the President/CEO, Vice President.
3. President/CEO, Vice President will review, sign, date, and forward to the Quality Improvement Department.