

CASE STUDY

LEADERSHIP, MULTIDISCIPLINARY ROUNDS BOOST HCAHPS SCORES



OVERVIEW

Despite overwhelmingly positive feedback from patients, a Northern Texas teaching hospital and tertiary care facility was seeing lower-than-desired scores on its Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys.

531 STAFFED BEDS

25K DISCHARGES

OPPORTUNITY

The medical director for Sound’s hospital medicine program set out to find a more sustainable way to educate patients, increase engagement, and help close the care loop for physicians. Historically, moving the needle on HCAHPS is hard to do, but the team saw promise in revamping their approach. When asked, patients were willing to share feedback — however, less than a third even knew about the patient survey.

SOLUTION

Sound’s medical director and clinical performance nurse (CPN) implemented leadership discharge rounding with patients. They visited patients nearing discharge to ask them a series of questions about their care and experience during their stay. Two months after implementing leadership rounding, the team also implemented a more formalized approach to multidisciplinary rounds (MDRs), coordinating care and discharge for patients who were ready to go home.

Leadership discharge rounding protocol



Leverage MDRs to identify patients for outreach



Meet with at least 100 patients per month



Engage with patients nearing discharge



Spend, on average, 10 minutes with each patient



Go through consistent questions with each patient



KEY RESULTS

Within a month of leadership rounding, the hospital's HCAHPS scores improved. The data shows a direct correlation between increased leadership rounds, MDRs, patient completion of the surveys, and improvement to HCAHPS. By centralizing MDRs, the team was able to connect with 85 to 90 percent of Sound patients prior, the team was connecting with roughly 25 percent of patients.

This new rounding protocol also had some unintended, positive benefits: the hospital saw a decrease in length of stay (LOS).

8.4 percent
absolute improvement
in **HCAHPS score** over
six months

0.8 days
LOS reduction within
five months of the
MDR redesign

In seeing these patients on or near their date of discharge as part of their rounding process, the team was able to uncover barriers to a timely discharge, such as whether the patient had called their family to let them know they'd been cleared to leave, needed transportation, or had received their medication and dosage instructions.



I really like the new MDR format. I feel like it's effective, and it's a great opportunity to collaborate with all the providers in one space and really elevate patient care.

– *Hospital nurse manager*



To learn more, reach out to
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