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St. Mary's Hospital, which has 115 beds, is part of St. Mary's Good Samaritan Inc., a two-hospital, multi-clinic network that operates in South Central Illinois.

St. Mary's Hospital was recently recognized by J.D. Power and Associates as a Distinguished Hospital for inpatient services. St. Mary's has also received HealthGrade's Outstanding Patient Experience Award. Additionally in 2011, St. Mary's employee participation (engagement plus satisfaction) ranked in the top 5% of PressGaney Hospitals in the United States and was one of six recipients of the Premier Quest Award for High Value Healthcare.

J.D. Power: St. Mary's has a unique shared governance structure. What role does this play in the hospital's success in providing patients with an outstanding patient experience?

Virginia: St. Mary's has had a hospital-wide shared governance model for greater than five years. It allows employees to be part of the decision-making in their area. Each unit has a shared governance team. Employees are allowed to make decisions at their level as it relates to their unit—this may include managing their time off between each other, scripting on certain phrases to enhance learning with their patients, rearranging storage in a unit for a better model, etc.

We feel this has attributed to our 95th percentile employee satisfaction. As the nursing leader, I try to attend everyone's SG meeting at least once or twice during a calendar year. This gives me an opportunity to answer questions and meet one on one with a lot of the staff. Across both campuses, we have a higher level of SG in nursing with employees who are able to collectively look at things that may be standardized. SG also holds a seat on the Administrative Council (CEO, presidents, vice presidents) to report any changes. In addition, we have a cross-campus Education SG Council of which I sit on with all educators. Decisions are made there for nursing education, skills checks, etc. across both campuses. I was on the original steering committee and am very glad we made the decision to go whole house rather than just nursing. SG empowers employees to manage their work—between the two campuses, we often standardize such things as documentation, protocols, policies and procedures.

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J.D. Power: Let's talk about some of the specific tactics you and nursing leadership have used to drive HCAHPS performance, starting with hourly rounding. You use a system called POINTS. Tell me about how this works.

Virginia: We know how important our HCAHPS is and have addressed many of those issues way up front. Yes, we do hourly rounding on all patients—the RN and the CNA alternate on odd/even hours. Each director and/or assistant is required to round on every patient, every day. This information is entered into a data base and everyone is accountable. The rounding does not stop with the staff. Even as a Vice President, I am required to do rounding and enter into a data base too. The POINTS system is a checklist of things the person rounding needs to address each and every time.

The POINTS is as follows:

P = Pain

O = Output

I = Intake

N = Noise

T = Turn

S = Safety

Two areas that we are struggling with are noise at night and the discharge process. We have teams working on both of these currently.

J.D. Power: Did this require an additional investment in nursing resources?

Virginia: The hourly rounding by staff did not require additional staffing; however, when we implemented this process, every patient would be seen every week day by the director. We did have to add an assistant to most directors. We have also added some additional people to work on the medication reconciliation and discharge process. We do not have an electronic record and won't have one until March 2013.

J.D. Power: Call button-responsiveness is a key driver of patient satisfaction. Do you have specific response time standards, and how do you monitor performance?

Virginia: We have the capability of running a report of any call light that takes greater than 5 minutes to answer. With the hourly rounding, we find we have very few call lights that take greater than 5 minutes to answer, and the number of call lights that are put on are much fewer.

J.D. Power: Hospital leaders today report that calling patients post-admission is an effective way to improve outcomes, increase patient satisfaction, and build patient advocacy and loyalty. What's been your experience?

Virginia: We added a RN to do patient call backs in November 2009 and she also enters everything into a data base. She goes over the medications the patient was discharged on and answers any questions they may have regarding care or medication. She makes sure they have made their follow-up visit with their MD. She visits all new admissions and lets them know who she is and that she will be making a telephone call soon after they go home. She will also ask if they were satisfied with their care while they were here. If there are

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any issues with that, she will refer to the appropriate nursing director. We also have a case manager that calls back CHF and cardiac patients. She often finds that patients may leave the hospital knowing they need meds but really can't afford them, and she will work with resources to help get those meds and keep them updated.

J.D. Power: Pay-for-performance, which will be partially based on patient experience scores in HCAHPS, is just around the corner. What advice would you offer to hospitals struggling to achieve measurable improvement in the patient experience?

Virginia: Our performance on evidence-based medicine measures is in the top decile of performance. Combining this with our HCAHPS performance, St. Mary's Hospital will perform very well under Value Based Purchasing. Our emphasis has been on patient safety, quality, and experience.

J.D. Power: Great leaders often turn to others for inspiration, what is the most influential book on your leadership?

Virginia: One of the best books I have recently read and refer to is "The Nurse Leader Handbook" by The Studer Group. I have read a number of Studer books and they are always good.

I am an avid believer in AONE—American Organization of Nurse Executives. I have worked my entire career in one facility and have been the chief nurse for about 28 years. I fully realized that I must know what is going on in the rest of the world, and I feel like AONE has been that link. I have also done a great deal of networking and have developed life-long friends within that organization.

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J.D. Power and Associates Distinguished Hospital ProgramSM

J.D. Power and Associates helps hospitals achieve competitive advantage by working with them to assess and drive measurable improvements in the patient experience. The *Distinguished Hospital Program* evaluates and accredits those hospitals who provide outstanding experiences for their patients. Certification through the *Distinguished Hospital Program* is available for five service lines: inpatient, outpatient, maternity, emergency and cardiovascular.

For more information on how J.D. Power can help improve patient experience or the Distinguished Hospital Program, please contact:

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J.D. Power and Associates helps hospitals achieve competitive advantage by working with them to assess and drive measurable improvements in the patient experience.

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