

Cultivating the Healing Environment: Changing the Cultural Perception of Quietness in the Hospital

DIGNITY HEALTH SYSTEM
ST. JOHN'S REGIONAL MEDICAL CENTER

by

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THE CHALLENGE OF PATIENT EXPERIENCE

Putting patients first requires more than simply providing top-quality health care. It is no longer enough to just treat a patient's health issue: One must treat the patient's perceptions of their hospital *experience*. These perceptions can be a challenge, as a patient does not require literacy in medicine to "know" whether they received good treatment or not. Patients need only the ability to know if the service provider "cared" and showed concern.¹

The seemingly elusive positive patient experience goal remains the proverbial pebble in the shoe for many hospitals. As one CNO states, "There is no neutrality in the patient experience: It is either positive or negative." Multiple touch points throughout a patient's hospital stay provide countless opportunities for both positive and negative experiences, and what may have been a positive experience to begin with can quickly change with a single negatively-perceived incident. Inconsistency is the prime killer of patient experience, yet it takes years to hardwire practice consistency into every moment.

Dignity Health encompasses more than 60,000 caregivers and staff delivering care to diverse

communities across 17 states. Founded in 1986 and headquartered in San Francisco, CA, Dignity Health is the fifth largest hospital provider in the nation and the largest hospital system in California. There exist within Dignity Health thousands of touch points between staff and patients, and countless opportunities to impact patient experiences. Dignity Health's St. John's Regional Medical Center (Oxnard, CA) recognized that delivering high quality care as effectively and efficiently as possible is required in order to achieve operational and financial success in the future. To realize this success, the hospital leaders knew they needed to transform their hospital culture. They chose the "Healing Hospital" concept as their platform for organizational change, promoting caregivers as healers with a duty to provide

Dignity Health

- Over 40 hospitals across California, Arizona, and Nevada
- Fifth largest hospital provider in the U.S. and largest hospital system in California
- Care Centers providing: Urgent Care, Ambulatory Surgery, Home Health, Hospice, Imaging, Laboratory, and Specialty Services
- Dignity Health foundations raise funds to continually improve and expand upon ways to heal

thoughtful, compassionate care to patients and families during their vulnerability, treating patients' needs holistically, which in turn would impact the overall patient care experience.

Far from simply sending patients home well or whole, what makes a "Healing Hospital" are building blocks such as human interactions, empowering patients through education and information, healing arts, human touch and complementary therapies. While *curing* focuses on the disease, illness, or injury, *healing* is multifaceted, involving the structural (physical environment), process (interactions with caregivers), and outcomes (interactions of process and interpersonal encounters).

A focus on healing can turn the caregiver's attention from the clinical to the personal, influencing how they perform treatments and interact with patients, providing high-quality care that is "patient centered" and responsive to patients' preferences, needs, and values.¹ In other words, a focus on patient experience.

TRANSFORMING CULTURE: WHY IT MUST CHANGE

Trent Haywood, MD, JD, writes that patterns of patient experience in the hospital setting reveal opportunities and risks involving both community reputation and financial rewards for healthcare organizations. Community reputation may be enhanced through the public reporting of patient

experience scores.² Even voluntary online ratings on websites such as Yelp should be acknowledged, as their posted results carry the distinct possibility of influencing consumer choice behavior.³

Therefore, the ability to recognize patterns and improve practice designs of patient experience is a timely pursuit for health care organizations.²

In January 2011, St. John's Regional Medical Center began a quest to improve the patient experience through the innovation of transforming the hospital culture. This journey toward cultural transformation included precise changes such as developing a roadmap for introducing principles that lead up to a "Healing Hospital," which increased opportunities for leadership and frontline employees to collaborate together, and in turn increased trust; formation of a Service Excellence Steering Committee, which increased employee engagement to share the importance of the patient experience; and Sacred Work Retreats for all leadership and frontline staff that teach the principles of building a "Healing Hospital," which in turn also speaks about the patient experience.

The defined purpose created by the Service Excellence Steering Committee drove the initiative toward the culture of healing:

The Service Excellence Steering Committee acts as the organized change agent in creating a culture where we continuously demonstrate our healing mission, vision, and values.

The objective of the Steering Committee is to develop a world class environment through establishing deliberate strategies, organizational characteristics, and defined practices to ensure every encounter and experience is valued as a "sacred encounter" and aligned with the core values of the organization.

The innovation of this approach resided in being able to look at the bigger picture of the patient experience. HCAHPS questions may be defined in each composite, though innovation does not take place simply by solving how a hospital can score higher in each of the questions patients answer. Innovation takes place because the multidisciplinary teams—and the hospital as a whole—begin to understand the importance of the overall patient experience through storytelling, instruction and leadership commitment.

St. John’s also established a formal HCAHPS team in 2012 that developed specific innovative tactics relevant to HCAHPS. This team established seven initial main action items (Table 1) involving the hospitals’ HCAHPS scores. Under each action item, they developed specific opportunities and tactics to improve each area by hardwiring the supporting strategies. Specificity in not only subject but also solution only made the efforts to improving the patient experience stronger. As a result, scores trended steadily upward.

Table 1: Summary of HCAHPS team’s initial action plan

<p>Communications with Nurses</p> <ul style="list-style-type: none"> • “Take 5” initiative • Chairs in the rooms used during conversations • Revised patient whiteboards to include patient’s preferred name • Teach-back, limiting the use of medical terminology • Hardwired hourly rounding 	<p>Communications with Physicians</p> <ul style="list-style-type: none"> • Shadowing Hospitalist/Customer Service Accountability of each physician through individual scorecards pulled from Avatar • Chairs in the rooms used during conversations • AIDET principles • Sacred Work retreat (future) Increasing MD/RN Collaboration
<p>Communications about Medications</p> <ul style="list-style-type: none"> • House-wide education to reinforce patient education on medication purpose and side effects during each administration • Revised patient whiteboards to include medications and side effects • Medication Reconciliation visual cues every 12 hours in Quadramed (EMR) and tab in patient chart 	<p>Pain Management</p> <ul style="list-style-type: none"> • Education gap assessment and training developed through gaps • Introducing medication alternatives for pain relief • Training for staff to become pain resource nurses • Increased rounding by nurse pain specialists • Referral to physician pain specialists • Patients with pain levels greater than 6 reminded during daily huddles
<p>Responsiveness</p> <ul style="list-style-type: none"> • AIDET principles • “No Pass Zone” • Hardwired hourly rounding • Service Recovery/LEASH principles • Call light re-routed to appropriate staff 	<p>Cleanliness/Quietness</p> <ul style="list-style-type: none"> • Turn down service • Hardwired rounding three times daily • Include EVS contact information in patient whiteboard • Quiet Research • HUSH Program • Evening Prayers signifies silence
<p>Discharge Information</p> <ul style="list-style-type: none"> • Discharge phone calls • Discharge packets with education material on patient’s discharge diagnosis • Daily multidisciplinary rounding, including primary and charge nurses, case management, house supervisor, and managers 	

Source: St. John’s HCAHPS teams, January 2012.

Of particular note were the concepts of Cleanliness/Quietness. Trent Haywood, MD, JD, performed research for Dignity Health on patterns of patient experiences and opportunities for new practice design. In one section of his research, Haywood focused on two key aspects: cleanliness and quietness in the patient environment. He observed that the perception of cleanliness is impacted by the expectations and experiences of the patients, and the perception of quietness is impacted by patient expectations relative to various factors such as instruments, visitations and time of day.² Timing of the sound and the expectations associated with such sound also impacted the perception of quietness.

LEADERSHIP IN TRANSFORMATION

Driving change in any environment requires great responsibility and accountability in leadership. As St. John's educated frontline staff that a healing environment included taking care of the people who take care of the patients, they acknowledged that the best way to demonstrate this concept was in the collaboration of hospital operational and clinical leadership and how they were taking care of their people. The innovation was through connecting the dots between frontline staff engagement, structured approaches, and cultural transformation and cementing that with the "glue" of the leadership.

Administrative leadership increased involvement by participating in the following activities:

- Leadership Development Retreats – This refresher course focused on patient experience and tying that back to the vision of the "Healing Hospital."
- Daily Leadership Rounds – Each clinical leadership member was assigned to visit specific patient rooms and report findings during a designated time each day using a standardized tool. (Figure 1)
- Daily Leadership Huddles – During the final 15 minutes of the designated leadership rounding time, all leadership members participated in a huddle to collaboratively address service recovery and additional patient needs, in addition to recognizing individual staff, leadership or physician members, encouraging further collaboration and accountability.
- Measureventionist (Measure and Intervene) – This new position measured actions and interventions during medication passes to improve communication about medication's purpose and side effects. This created accountability within leadership at the unit level.

Specifically, Daily Leadership Rounds confirmed the strategic action points and created an ongoing dialogue about patient experience. To promote consistency at the bedside, the Leadership Rounding Tool called out each specific action, not only to guarantee that all points were covered by every leader, but also to ensure that every patient was treated the same way. Additionally, this tool provided the opportunity for real-time feedback

about the patients' experiences, while the huddles established a standardized and regular communication forum for the leaders to share their findings from the rounding. Shared stories provided consistent reminders about the importance of the patient experience and enabled staff and leadership alike to see the immediate product of

their actions to improve patient experience in a way that numerical HCAHPS scores cannot. In this way, the rounding tool assisted in driving leadership behavior, highlighting the ability of *leadership* actions to reinforce *staff* actions and impact staff change.

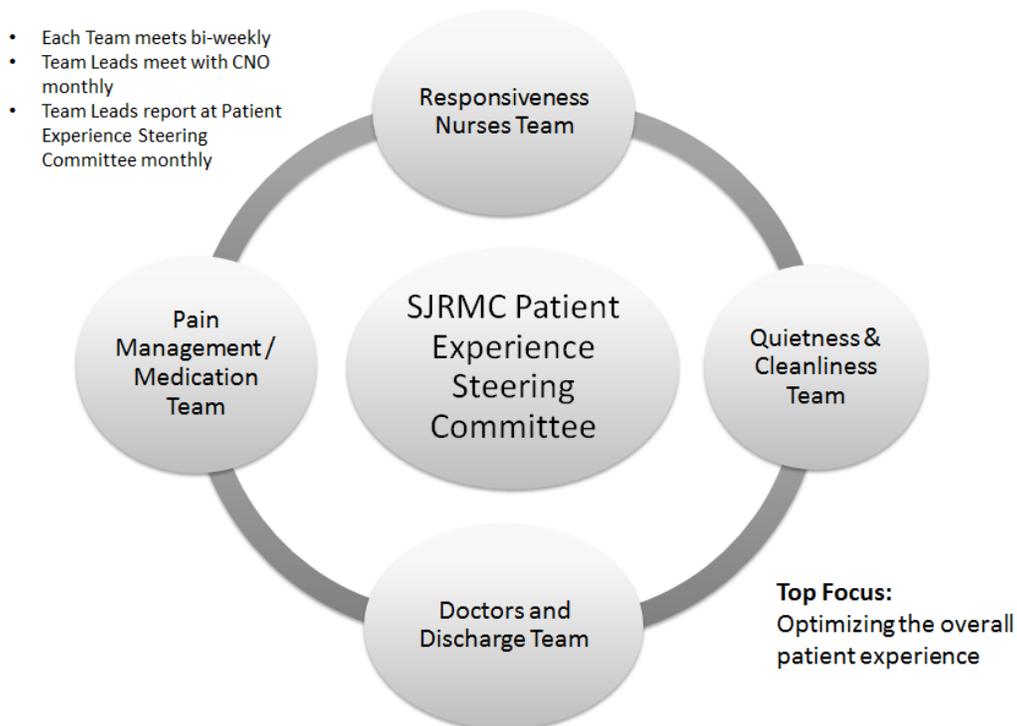
Figure 1: Leadership Rounding Tool

Guide for "Leadership Patient ROUNDING" (Humankindness)					
Department: _____		Rounding Leader: _____		CODE: Y(YES), N(NO)	
DATE & TIME	Monday	Tuesday	Wednesday	Thursday	Friday
ROOM & BED					
Introduction:					
AIDET: Greet Patient, Introduce self/role in hospital, Take about five minutes, to ensure patient is experiencing excellent care, comfortable, receiving information and teaching					
Pain and Medication					
Whiteboard updated					
"P" on the Whiteboard					
Teach back: Possible side effects					
Patient validates purpose/ Meds					
Patient validates pain/comfort					
Medication education material					
Doctor and Discharge					
Patient validates understanding of physicians explanation of care					
Patient understands discharge and help needed when home					
Nurses/Responsiveness of Staff					
Are we providing you with Dignity and respect? Manage Up!					
Patient validates ability to independently toilet or help provided quickly? Call lights working?					
Patient validates all staff are helpful and communicate well. (AIDET)					
Cleanliness & Quietness					
Patient validates ability to rest in a Clean and Quiet Environment. Check the bathroom and floor					
Talk on Quiet Kits.					
Mention about SURVEY coming in the next few days. "Please make time to complete and mention staff to be recognized"					

Physician leadership involvement included:

- Restructured HCAHPS teams to include physician champions – Teams were assigned a physician champion to lead change in each composite among the physician group. This strengthened collaboration with physicians and provided representation from a key stakeholder group. (Figure 2)
- Rapid Rounds – Designed to have key members from each floor in the same room, with stations representing the units, these enabled hospitalists to visit each station with a designated case manager and enabled nurses to communicate needs around patient care, assisting in standardizing and communicating immediate patient needs prior to discharge.
- Monthly “Lunch & Learn” with the hospitalist group – These meetings provided ongoing opportunities to share best practices with physicians, provide regular updates on what is going well and what key challenges are, and identify new partnerships for one-on-one coaching and shadowing.
- Quarterly office luncheons including a new physician liaison – These luncheons involved physicians and physician offices to align hospital and office activities around pre-operative visits, elective surgeries, and post-operative care, enabling the hospital to correct issues in a timely manner with ongoing feedback to the physicians.

Figure 2: HCAHPS Hospital and Physician Leadership Team Member Composition



The further accountability born out of leadership involvement rendered leadership of all levels accountable for patient experience outcomes, as communication now went from the bedside all the way to the top. Strengthening the management's

skillsets also drove accountability in the workplace, which resonated with the findings that best practices for patient experience had been implemented but not hardwired into behavior.

Table 2: Summary of HCAHPS teams' implementation items for 2013

<p>Communications with Physicians</p> <ul style="list-style-type: none"> ● Team membership: Vice President of Medical Affairs, Medical Director of Utilization Management, Case Management, Medical Director of Hospitalist program, Medical/Surgical Unit ● Lunch and learns with Hospitalists ● Rounding with individual hospitalists and program manager ● Hospitalist Program Manager joins daily leadership huddle 	<p>Discharge Information</p> <ul style="list-style-type: none"> ● Team membership: Vice President of Medical Affairs, Medical Director of Utilization Management, Case Management, Medical Director of Hospitalist program, Medical/Surgical Unit ● Rapid Rounds ● 24/7 case management support ● Discharge folders (revised for the future) ● Primary physician and primary nurse rounding (future)
<p>Communications about Medications</p> <ul style="list-style-type: none"> ● Team membership: Sr. Director of Nursing, Pharmacy, Education, Respiratory Services, Vice President of Medical Affairs ● Common medications list present in every room with medications for the patient highlighted ● Completed and validated competencies for Medication Administration ● Video education and role-modeling of encouraged behaviors for medication administration ● Individual medication cards for patients ● Rounding with individual doctors around our initiatives, and providing one-on-one coaching and feedback 	<p>Pain Management</p> <ul style="list-style-type: none"> ● Team membership: Sr. Director of Nursing, Pharmacy, Education, Respiratory Services, Vice President of Medical Affairs ● Identify patients with >6 pain scores during bed huddles; provide 1:1 reminder to primary nurses on pain alternatives for the patient ● Pet therapy- provide pet therapy to patients; pets and owners have assigned schedule to various hospital units ● Pain kits available in each unit- contains alternative pain management options (e.g. hot packs, cold compresses, healing music) ● Emphasis on the human touch, such as providing simple massages
<p>Responsiveness/Communication with Nurses</p> <ul style="list-style-type: none"> ● Team membership: Education, Telemetry, Mother Infant Unit, Clinical Care Extenders ● Refresher on the nursing bundle called "back to basics," LEASH, and service recovery process ● Nurse buddies where nurses are informally paired to aid their colleague in call light responses ● Patient education video with frontline staff as "actors" to increase responsiveness awareness ● Scripting to patients when primary nurse going on breaks ● Clinical Care Extenders (Patient Ambassadors)- targeted time rounding, especially during change of shift reports 	<p>Quietness and Cleanliness</p> <ul style="list-style-type: none"> ● Team membership: Environmental services, infection control, chaplain services, Medical/Surgical Unit, Facilities/Engineering ● "Quiet" kits provided to each patient upon admission- contains eye mask, ear plugs, Sudoku, "Quiet please" door signs, lip balm ● "Refresh and Relax" kits pilot trial; provided each patient upon admission a kit with elements found in the Quiet kit and basic hygiene necessities like toothpaste, mouthwash, comb, and soap. ● Vocera headsets- The use of Vocera improved communication method while limiting overhead paging, and the use of headsets limited excess unit-level noise ● Transitioned leadership with Aramark

Source: St. John's HCAHPS teams

Thus in 2013, out of the physician leadership involvement in the Patient Experience Steering Committee came more detailed developments in each composite of the HCAHPS team’s implementation plan. (Table 2) What started as action items in 2012 (see Table 1) expanded throughout 2013 into specific reportable actions that were continually hardwired into hospital staff behavior and reflected in incremental gains in HCAHPS scores.

NOT JUST A KIT, BUT A CULTURE CHANGE: THE JOURNEY OF THE QUIET KIT

Medline Industries, Inc. had previously been approached by several hospitals and systems concerned with changing long-established patterns of staff behavior and the effect it would have on HCAHPS scores. Great focus centered in on patient environment—specifically quietness and cleanliness—and resulted in queries regarding the creation of non-sterile quiet kits consisting of basic components in a plastic bag, and a premium kit housed in a fabric bag.

While an intriguing concept, the question remained: Would these kits be effective enough to be directly linked to improvements in HCAHPS quietness scores? There remained a pressing issue regarding developing these kits to devise a plan that included research, design, manufacturing capabilities and a healthcare system to partner as a real-life “lab” that could provide feedback on the patient experience and the nurse/patient interaction, and quantifiably

show that using this product as a tool and trigger would promote behaviors to guide patients into a positive survey response to the question “Is the room quiet at night?”

“Products and services that improve patient experience will become more coveted. . . . Products that help with communication between patients and staff, pain management, or noise reduction will be at a premium.”

Advisory Board,
C-Suite Cheat Sheet Series

Dignity Health System recommended California hospital St. John’s Regional Medical Center to work with Medline on the development, design and research of kits that would systematize a series of items to be disseminated to patients, generally upon admission, that would enhance their experience by providing them with some tools to afford control over their environment.

The journey of the Quiet Kits involved several steps before the kits could even began reaching patient floors at St. John’s. Every step focused on ensuring the resulting kit(s) had substance and would be relevant not only to caregiver, but care receiver as well.

- **Research** – Based on his expertise in social behaviors—including observing, questioning, identifying and observing patterns, and interviewing patients and staff—Dr. Trent Haywood to performed

initial research at St. John's on all the details necessary for designing a kit that could change outcomes.

- **Design** – Deborah Adler, creator of the ClearRx Medication System for Target® stores, created six initial kit designs ranging from kits that addressed only quietness to kits that also addressed clutter and cleanliness. Each design addressed not only the needs identified in Dr. Haywood's research, but also manufacturing options and ways to extend the value of the kits through branding.
- **Selection and Perfection** – Medline, along with Dr. Haywood and Deborah Adler, presented prototypes of the six kit iterations, discussing research findings and specific design options. St. John's agreed on a standard Quiet Kit for most patients and a second "premium" kit—later christened "Refresh & Relax"—to come later for longer-term patients.

Once the kits were selected at the facility level, design and research went to the Chief Nursing Officer committee at Dignity Health, allowing system leadership to participate in the design as well. The final Quiet Kit design contained the following items in an environmentally-friendly pillow-shaped box:

- **Ear plugs.** A little bit of quiet can help patients relax and reconnect with

themselves. Ear plugs soften the fluctuating noise levels within the hospital.

- **Eye mask.** Darkens the patient's room to encourage rest; helps patients calm themselves and block out their surroundings as they go into an MRI or CT scanner.
- **VOICES DOWN, PLEASE card.** A reminder to staff to come back later, giving patients a sense of control.
- **Lip balm.** Soothes dry lips; especially nice for patients on oxygen. Most patients find the hospital air system dries their lips.
- **Questions for My Care Team notebook.** Prompts patients to record questions and jot down things to remember such as doctors' and nurses' names. Also useful for families.
- **Sudoku & Crosswords.** Patients and families enjoy having a puzzle book to help ease the moment of being in a hospital setting.

For the final launch phase of the Quiet Kits, Dignity Health gave a joint presentation with Medline and Deborah Adler at the Dignity Patient Experience Conference, where the design was leaked via Twitter®, leading to national exposure via a feature in the *Wall Street Journal* about Dignity Health's quiet initiatives, including a picture of the Quiet Kit.

STAFF REACTION

Like most change, implementing the Quiet Kits at St. John's was a process, a change of behavior over time, and the staff was very involved during the process of moving the kits from adoption to routine. St. John's approached the implementation as a partnership, not only getting buy-in from nursing leadership, but creating collaboration between nursing staff and environmental services (EVS) staff.

Far from becoming a statistical point in clinical outcomes, the staff had to understand the "why" behind the kits. Many explained the benefit of the kit not as a product, but a sacred encounter with each patient, an opportunity for connection between caregiver and patient, a visual cue that the hospital staff understands that the patient has needs for rest and quiet and this kit gives them the power to convey those needs. Placing the Quiet Kits on patient pillows created a distinctive touch point in patient care, affording a pause for the nurse's interaction with the patient centered not around their disease or pain, but around caring for each patient as a human being. The pillow-shaped kits acknowledge that a patient's perception of quietness in their environment differs from that of the hospital personnel, and as some noise is unavoidable, give patients tools to control their own environment to suit their needs for quiet and rest, both of which are an important part of healing. Despite the positive moments and outcomes readily available from using the kit, adoption was not without some pushback. Products such as the

premium lip balm pushed the price point of the Quiet Kit to a cost that several questioned. Was the hospital simply spending money on something novel that would not make a difference in the long run?

"I rounded on employees expressing the importance of the Quiet Kits. It was helpful for them to have the Quiet Kit conveniently at hand; this is a reminder that quietness enhances healing."

Robert Wardwell, CFO

Knowing that \$24 million was at risk for Dignity Health under the new value-based purchasing rules and that the ROI of the kits could counteract what the hospitals might otherwise lose from lower HCAHPS scores, Keith Callahan, Senior Vice President of Supply and Service Resource Management at Dignity Health, explained that what the hospital could gain back through meeting their HCAHPS needs would make up for the additional cost of the Quiet Kits. Furthermore, bundling the products together into a kit could save Dignity Health not only money—eight percent over purchasing the products individually—but also time spent gathering supplies.

Key for the EVS staff adoption process was to convey the importance of placing the Quiet Kits in patient rooms, ensuring that it did not simply become just another task to do, but communicating the "why" behind the kits. Leaders were sure to

A MORE PERSONAL JOURNEY

“Ten years ago, my mother had emergency open heart surgery. She did well physically, but emotionally, she was incredibly distraught. Even though one of the principal elements of healing is allowing your body to rest and sleep, in the hospital setting, sleep was impossible. I would just finish helping her get comfortable and settled, and just as she drifted off to sleep, the bedside intercom would sound in her ear with a nurse looking for someone else to answer a call. I would get her relaxed and calmed again after that, and a floor polishing machine began making its way noisily down the hallway past her room. Staff voices also kept her awake, and she simply became more and more depressed. She just needed sleep!

After that experience, I made it my personal mission to ensure that all patients who enter our hospital are treated with dignity, compassion, and most importantly, exposed to the healing element of quietness. The Quiet Kits are an amazing part of this commitment, helping both patients and staff recognize how important rest and sleep are to the entire healing process.”

Laurie Harting, CEO

include important information such as what the kits would do for the patient and how the patient’s comfort level and happiness would make it easier for EVS to maintain and clean the rooms. The term “patient care” tends to automatically single out doctors and nurses as the solely responsible parties, and EVS workers can often feel separated from clinical staff. Involving EVS in the responsibilities to place Quiet Kits enabled them to also play a role in patient experience, empowering the kits with more meaning than just another thing to check off a list when preparing a room and involving EVS further in the human kindness factor.

PATIENT EXPERIENCE

Quiet Kit trials began first on the ortho-oncology floor due to the variety of patients and the opportunity to teach the staff the value and

importance of the kit for differing patient situations. As the kits rolled out across the hospital, the easiest implementation came in Labor & Delivery, where new mothers were used to receiving gifts. In the busyness of new motherhood, the masks and earplugs helped new mothers sleep. Nurses also found mothers working through crossword and Sudoku puzzles at 3 a.m. while their babies laid skin-to-skin with them. The more the contents of the Quiet Kits aided the mothers in relaxation and rest, the easier it was for them to breastfeed and assist their new babies in a healthy first several days.

“Using the Quiet Kit was like being wrapped in a warm little blanket.”

Margaret Burleson-Turner,
SJRM patient

Not only would new mothers use the eye masks for sleep, but staff often found new fathers borrowing the masks in order to nap as well. Visiting friends and family used the puzzle books while waiting for a loved one to return from treatment, and nurses frequently received requests from family members for extra Quiet Kits for their own use.

Apart from the main purpose of empowering patients to control the noise in their own environment, the kits displayed additional benefits beyond quietness. Patients who were initially fearful of CT scans and MRIs began using the eye shields and earplugs to reduce the noise and anxiety of the tests. As staff educated their patients on this additional use of the Quiet Kit contents, they found that fewer patients needed benzodiazepines such as Xanax® or Ativan® to successfully get through a test. When interviewed during leadership rounding, patients on the oncology floor also reported using

the puzzle book as a diversion from pain. These factors encouraged nursing staff to be creative in presenting the Quiet Kits to their patients, sharing the same facts about the kit each time, but tailoring certain details according to the patient's situation and needs, once again providing a touch point for the positive experience.

HOW QUIET KITS EMPOWERED STAFF

Trent Haywood's Patient Experience observations noted that the perception of quietness is impacted by expectations relative to various factors such as instruments, visitations and time of day.² Patient perception of quietness may also differ greatly from that of the hospital personnel. While it is impossible to eliminate all hospital noise, the Quiet Kits empowered the staff to assist in diminishing the

WHEN THE PATIENT BECOMES THE TEACHER

While the Quiet Kits fast became a conversation starter, opening up dialogue between the caregivers and the patients that may not have been happening before, it was the experience of a young oncology patient that truly opened the eyes of the staff to the immense impact the Quiet Kit had.

One of the first recipients of a Quiet Kit, a 21-year-old oncology patient battling metastatic lymphoma, took the kit to a new level and helped clinicians see it in a new light as more than a tool to mute an environment. As the patient opened the kit and discovered each piece within, he began identifying additional uses for each product: The lip balm would soothe his dry lips while he underwent radiation, the eye shield—which he suggested include soothing gel—would cool and soothe his eyes and head when he was in pain; the earplugs would help block the excess noise during an MRI, enabling him to relax more. He was also the first to point out that the packaging was recyclable, a very important point to him as an environmental activist that also created a talking point with his caregiver and opened up a moment for true communication and care.

Nurses and clinical staff had already identified the clinical and environmental uses for the Quiet Kits, but it was a patient connecting the dots that truly drove home the reality of the kits' success.

more distracting noises of the environment. The additional touch point of the Quiet Kit afforded clinicians an opportunity for more open dialogue with each patient, opening the door for feedback on the contents as well as providing insight into additional ways patients might use the contents. Additionally, the kit functioned as a conversation starter between patient, doctor and nurse that turned focus to healing and human kindness rather than the illness or injury that led to the hospital stay. As a neutral topic of conversation, the Quiet Kits provided patients with a break from the intensely clinical side of their care, allowing a human to human connection rather than a hierarchical doctor-nurse-patient dichotomy.

The introduction of the Quiet Kits also paved the way for EVS to become a more integrated part of the care team. For years, hospitals have stressed the importance of EVS in infection control. Now the Quiet Kits provide a conduit to the patient and that patient's experience, involving EVS directly in patient care in ways that were previously unavailable. Not only was EVS now more directly involved with patient care, but the transformational care created a better team environment.

Departments learned to know and partner with each other, becoming more and more a "we" rather than an "us" versus "them."

As the Quiet Kit program continued to evolve at St. John's, staff learned to read the communications sent by their patients as they used pieces of the kit. The kits afforded patients a way of communicating silently that space or quiet time is needed. Eye

shields and earplugs communicated the need for rest without the need for conversation.

In fact, most of the conversations resulting from the Quiet Kits were not verbal: They came from seeing, hearing, feeling and experiencing. One nurse reported knocking on a door to enter a patient room during leadership rounding and seeing the patient with the eye shield and earplugs in place. While previously she may have missed a cue that the patient was resting and interrupted that rest, this particular moment provided a visual cue where the nurse identified the patient's non-verbal request for rest and simply closed the door, planning to return later. These multi-sensory conversations result in deeper understanding of what the patient needs and the chance for a true display of human kindness, something acutely appreciated in a sterile clinical setting. This human kindness factor also conveys to hospital staff the importance of using the kit, seeing it as an important communication and care tool rather than just one more thing to do.

"During my daily rounding, when I see the 'VOICES DOWN, PLEASE' card at the door, it's a gentle reminder that patients are expressing their desire to respect their healing space."

Cathy Frontczak, CNO

A CATALYST FOR CHANGE

While only one piece of the overall patient experience improvements that St. John's was implementing, the Quiet Kits laid a foundation to

differentiate the work at these facilities from the patient experience work being done across the nation. As the kits emphasized the notions of “noise” and “quietness,” they additionally helped focus other areas of improvement.

The hospital’s HCAHPS team evaluated quietness in the facilities, attempting to call out as many aspects of distraction and noise that a patient might identify. Many of the identified sources of noise were counteracted with the Quiet Kits, but it is impossible to eliminate all noise. Part of the change journey for St. John’s included a “golden hour” of the morning when leadership would round the floors and sit down to talk to the patients for feedback. Leadership consultations with patients identified noises that were both avoidable and unavoidable, facilitating discussions on how to counteract these issues.

Avoidable noises included over-paging in hallways. Communication in medicine is vital, and physicians needed to be able to call and be in action immediately. While the noise of paging was acceptable to employees within the facility, to the patient, it was not. Ear plugs from the Quiet Kits could counteract the noise of paging, a very normal part of a hospital environment, but implementing controls on paging and introducing Vocera® phones with earpieces facilitated better—and less disruptive—communication.

Patient discussions also identified certain carts as particularly noisy. One specific needle exchange cart caused especially disruptive noise, leading St. John’s to open discussion with the vendor to

redesign the whole cart. The work of the hospital with their patients now impacts not only *that* patient in *that* hospital, but also other companies and how they supply *other* hospitals treating *other* patients so that they are aware of noise levels as well.

Some noises in a hospital, however, are unavoidable. While “quietness” does not necessarily equate “complete absence of noise,” the perception and expectation of what “quietness” will be is often associated with time of day.

Concerns over quietness tend to peak in evening and nighttime, but can often continue into the early morning hours as well.² Many unavoidable noises are cancelled out by the usage of the Quiet Kit earplugs, while excess light is mitigated by the eye mask, cuing the body to settle for sleep. However, due to floor plans and nighttime staff needs, there will never be an absence of noise on a floor, even at night. To that end, the night shift drafted a letter to patients explaining some of the noises they may hear at night, as well as what—outside of the Quiet Kit—the staff is doing to address these noises. These letters are given to patients during the turn-down service as yet another way to promote quietness and healing.

THE RESULTS

Introducing the Quiet Kits was a journey; its implementation took planning, involvement and buy-in from all staff levels in order to realize success over time. Nonetheless, Dignity Health St. John’s Regional Medical Center saw great results from the implementation of Medline’s Quiet Kits,

ranging from their own upward-trending HCAHPS scores to the complementary actions of impacting the way other vendors designed tools for care.

“During my rounding with patients and families, they expressed appreciation to the hospital for thinking of providing Quiet Kits and how silence makes a difference during their hospital stay.”

Laurie Harting, CEO

QUALITATIVE SUCCESS: CULTURE CHANGES

Prior to the rollout of the Quiet Kits, the Patient Experience Steering Committee outlined seven areas to target for improvement. Restructured team membership identified key leaders and physician champions who would be the right team members to lead and be accountable for the outcomes. This restructured membership encouraged greater problem solving and solution planning within each particular group, which in turn allowed identification of key tactics that would enable patient experience improvement. At this time, teams identified key implementation plans, including the addition of the Quiet Kits.

In addition to impacting patient care and the quality of experience, adding the Quiet Kits has impacted employee satisfaction at St. John's. Not only is there pride in the work the staff does, but interaction between staff has transformed. EVS has an equal share with nurses in distributing Quiet Kits

and participating in care. Frontline employees feel empowered to solve challenges they experience and feel a renewed sense of ownership as part of a team that provides solutions. In return, leadership members are not as isolated, interact on a very personal basis with patients and recognize the ever-evolving teamwork across hospital staff.

Quiet Kits also provide a sacred encounter with the patient in a way that a general product may not. However, it was the planning, collaboration, and commitment to communication and culture change that truly contributed to the success of the kits as part of St. John's healing environment.

Involving leadership is crucial to success. Leadership members of all levels and areas within the hospitals must speak the same language about the patient experience. The leadership message to stay focused on patient quality of care and experience despite challenging circumstances was essential, and the journey from the beginning of cultural transformation to learning about a standardized problem-solving methodology could not be complete until St. John's implemented innovative solutions around hospital and physician leadership engagement. Ongoing accountability on the side of the leadership, achieved through daily leadership rounding and the resulting real-time feedback about patients' experiences, not only created a regular communication forum for leaders to share their findings, but also allowed leadership to collaborate more effectively with each other. Sharing patient stories at Interdisciplinary Leadership Committee meetings also provided a consistent reminder about the importance of the

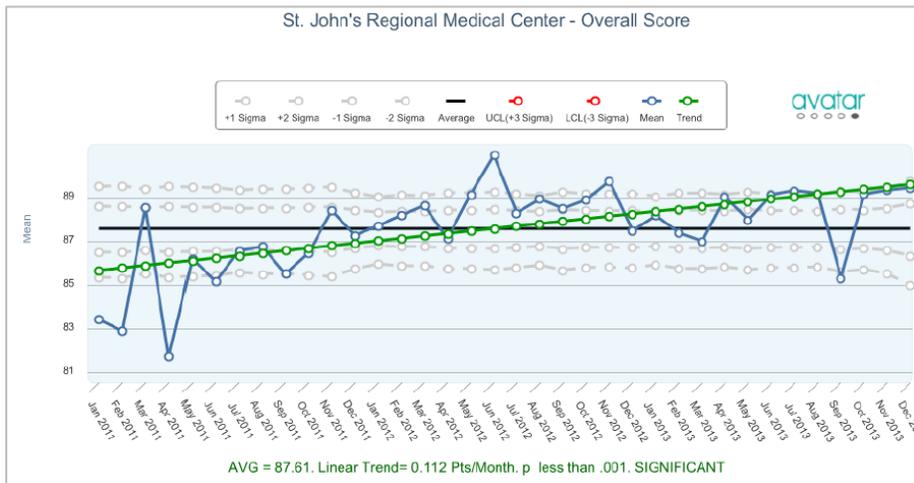
patient experience, and allowed other leaders and staff to see the product of the “Healing Hospital” initiative.

QUANTITATIVE SUCCESS: RESULTS IN NUMBERS

Though only one part of a greater initiative to improve HCAHPS scores for St. John’s, the Quiet Kits nonetheless had an impact on scores. In their rounds, leadership was instructed to inquire specifically about the Quiet Kits and remind

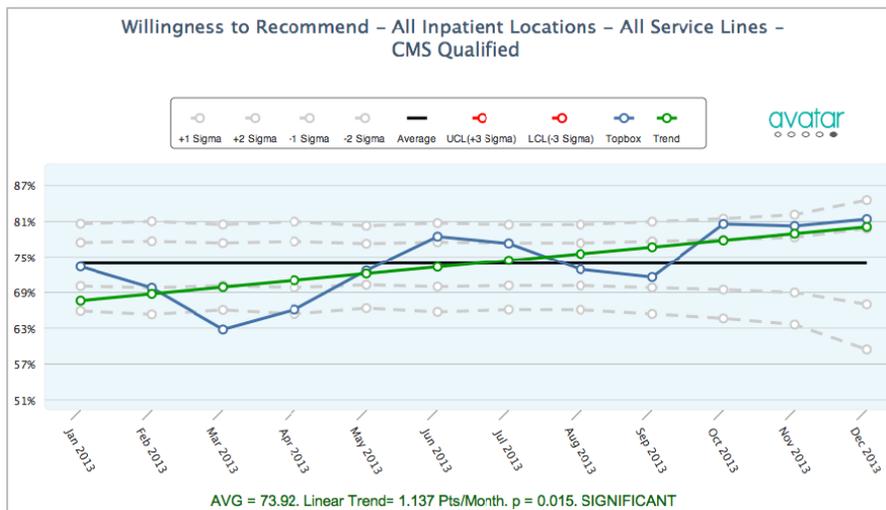
patients that they would receive a survey after discharge that would provide helpful feedback to the facility. HCAHPS scores at St. John’s Regional Medical Center rose significantly in 2013, demonstrating the impact of staff actions on the patient experience. As St. John’s Regional Medical Center’s HCAHPS scores trended steadily upward, the patients’ willingness to recommend the facility experienced a parallel upward trend. (Graphs 1 and 2)

Graph 1: St. John’s Regional Medical Center – Overall Score (January 2011 – December 2013)



Source: Avatar International. Accessed January 2014

Graph 2: St. John’s Regional Medical Center – Willingness to Recommend (January 2013 – December 2013)

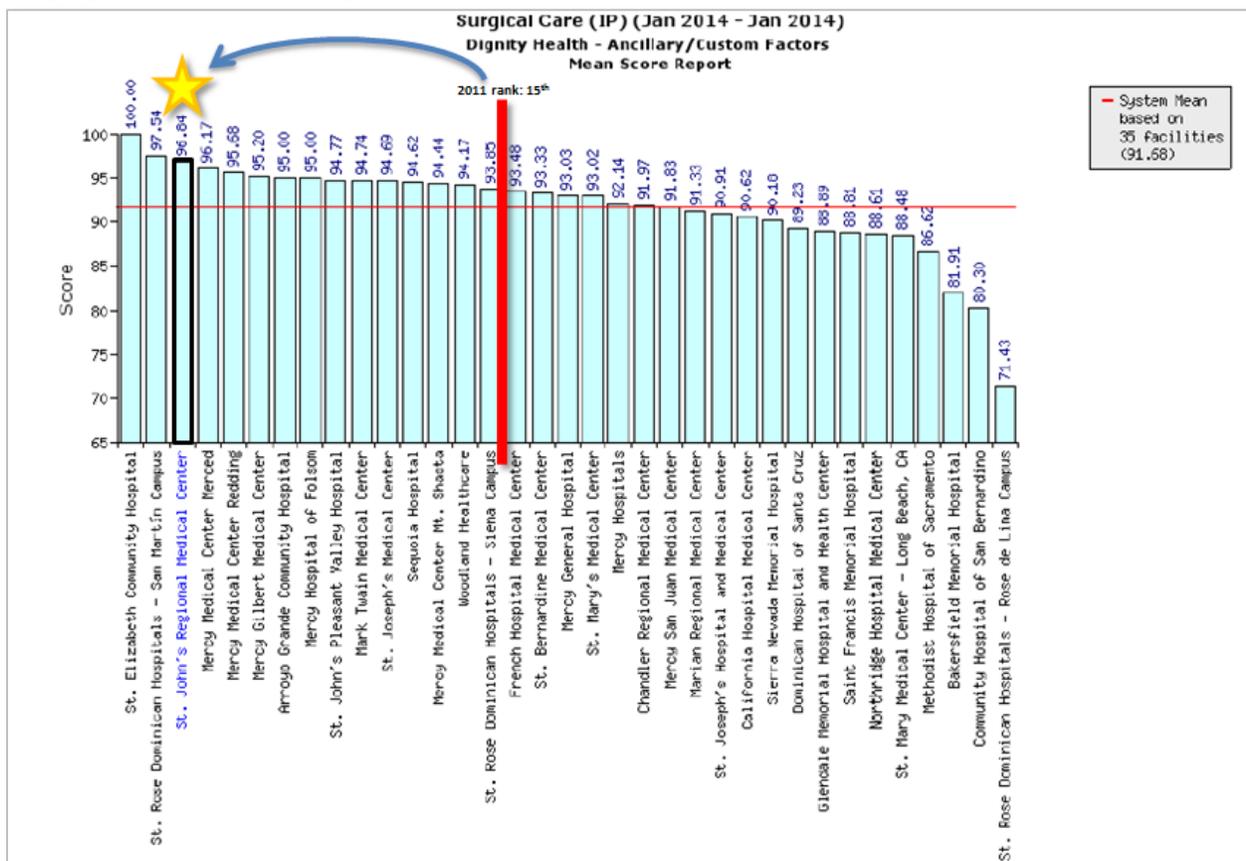


Source: Avatar International. Accessed January 2014

Not only did overall HCAHPS scores rise, but St. John's Regional Medical Center rose in performance within the Dignity Health System. Due to prior performance scores, Dignity Health had placed a specialized focus on surgical inpatient care scores within its system. Sitting 15th overall in the then 35-hospital system in 2011, St. John's Regional Medical Center improved dramatically, emerging in January 2014 as the third highest-performing facility in the system for inpatient surgical care, with a score 5.6 percent greater than the mean and 4.4 percent greater than their 2011 score of 92.75. (Graph 3)

Sharing the overall reason why patient experience must improve helps implemented solutions such as the Quiet Kits gain traction. Leadership must share how results from the patients' perception of care will impact the facility's reputation in the community as well as the hospital's bottom line. Presentations on value-based purchasing and how improving HCAHPS can help a facility like St. John's gain back points and reimbursements tie the Quiet Kits not to a task or a price point, but to the dollars at risk, a value for Dignity Health of up to \$24 million.

Graph 3: Dignity Health Mean Score Report



Source: Dignity Health, March 2014

While there still exist pockets of resistance—skeptics and cynics who believe that HCAHPS are a passing trend—these scores are here to stay and will impact the hospital’s government funding. Showing the results of improving HCAHPS scores also encourages staff who may still not see the change at the bedside in patient experience and view Quiet Kits and other initiatives as simply an increase in work they must endure. Ongoing dialogue communicating how the solutions are impacting the overall patient experience—by sharing both HCAHPS scores and first-hand patient feedback—is key to combating negative attitudes and helping staff better understand the message behind the innovation.

CREATING PATIENT LOYALTY: REFRESH & RELAX

The success of the Quiet Kits was not a singular experience. During initial research and design phases for patient experience kits, Medline presented six Care Pack kit prototypes, each containing a varying selection of products that catered to the different patient touch point opportunities the facility identified. Dignity Health narrowed the options down to two kits, later dubbed the Quiet Kit and the Refresh & Relax kit.

While the Quiet Kit became the standard for every patient, Refresh & Relax was designed for patients facing longer stays, such as post-operative patients or new moms and their families, who may collect more care items in their room. Since cleanliness

and quietness are grouped together in HCAHPS surveys, the intentional design of Refresh & Relax organizes particular amenities that Dr. Haywood found in his research had the tendency over time to clutter bedside tables and sink areas, resulting in a patient perception of uncleanliness. As with the Quiet Kit, the Refresh & Relax kit also allows one-step distribution of multiple products for maximum efficiency, but above all, offers yet another solution for the hospital to deliver patient-centric care.

THE 3-1-1 ON LOYALTY

Like the Quiet Kits, patients soon identified other innovative ways they could use the Refresh & Relax kits, not only in the hospital, but in everyday life. One of the first patients to receive a Refresh & Relax kit quickly noted that the kit and contents were the perfect size to meet air travel requirements of three-ounce containers in a single container no larger than a one-quart zip-top bag. Not only did this provide a reusable significance to the kit, but it ensured the patient would see the branded pieces long after being discharged from the hospital, increasing her awareness of and loyalty to the hospital the next time she or a family member is faced with a health issue.

Originally part of an End-to-End Care Packs concept, the Refresh & Relax kit—so named for impressions that would resonate with patients—contains the original Quiet Kit in one compartment (“Refresh”), then adds additional amenities in a second compartment, including a toothbrush, toothpaste, hydrating skin cleanser, skin cream and hand sanitizer (“Relax”), all gathered in a reusable case. Both the Refresh and the Relax

compartments are secured to the case with a fabric fastener that allows an individual compartment to be removed from the case and taken to the sink while the other may remain at the bedside. A tab at the top of the case not only keeps the rolled-up case closed, but also folds over on itself to secure the open case to a door hook or bedrail. Finally, the reusable kit extends the Dignity brand into the patient's home after discharge, encouraging patient awareness and loyalty to the Dignity hospitals.

CONCLUSION

Quietness is critical in a healing environment. While healthcare workers are acclimatized to the noises of a hospital at all hours, these noises are not normal to the patients and can become disturbances, creating anxiety, lack of rest, and counteracting or prolonging the healing process. Eliminating noise from the hospital is impossible, but managing it and empowering the patient with some control over the noise present in his or her environment by using the Quiet Kit not only improves the perception of noise, but also introduces another touch point between staff and patients, opening an avenue for the convergence of care and human connection.

HCAHPS scores are one component of success, but not *the* component of success. It is the

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convergence of multiple practices and encounters that provides the platform for organizational change. Hardwiring consistency into every moment of care requires planning, commitment and time, as manifold touch points in care have the capability of impacting patient experience both positively and negatively. While no point of contact, however brief, should have its impact doubted, it is programs such as the Quiet Kits that can provide the small act that will ultimately be remembered after hospital discharge and reflected in patient survey responses.

H.U.S.H.

Help Us Support Healing

At St. John's Hospitals, we know that rest is a key element of healing, and we are committed to ensuring our patients are able to get adequate amounts of rest while in our facilities.

Please respect our restful, healing environment by following these tips:

- Use soft voices when engaging in conversation with staff, patients and family members
- Lower the volume on telephones and televisions
- Refrain from using the overhead paging system and use individual hospital pagers instead
- Discourage hallway conversations
- Turn on faucets gently when washing your hands
- Lower volume of Vocera
- Encourage patients to use the Quiet Kit/Refresh & Relax Kit

 **Dignity Health**
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