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# Patient experience in the behavioral health setting: Key best practices throughout an organizational journey

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# Patient experience in the behavioral health setting: Key best practices throughout an organizational journey

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## Patient experience in the behavioral health setting: Key best practices throughout an organizational journey

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### Abstract

NewYork-Presbyterian/Westchester Division, a clinical affiliate of Weill Cornell Medicine, is a 260-bed hospital providing inpatient and outpatient behavioral health care for children, adolescents, adults and older adults. From 2004-2010 the hospital's patient experience scores on the Press Ganey® Inpatient Psychiatry Survey improved from the 14th to 53rd percentile nationally. We primarily attribute this to joining the Planetree® Affiliate Network. Planetree is a mission based not-for-profit organization that partners with healthcare organizations around the world and across the care continuum to represent the patient voice and advance how professional caregivers engage with patients and families. In 2011, hourly rounding was redesigned and tailored for the behavioral health setting. This initiative, coupled with regular Planetree education and an ongoing commitment by staff and the healthcare system to improving patient experience, contributed to a further improvement, with the hospital moving to the top ten percent of psychiatric hospitals nationally in the Press Ganey survey. In this paper, we describe the organizational journey that led to these improvements and identify learning for other hospitals, particularly in a behavioral healthcare setting.

### Keywords

Patient Experience, patient centered care, behavioral health, Planetree, Press Ganey

### Introduction

In 2004, NewYork-Presbyterian/Westchester Division, a 260-bed behavioral health facility affiliated with a large academic healthcare system, joined the Planetree Affiliate Network. The intent was to improve our patient experience and become the first psychiatric hospital in the world with Planetree Designation. Planetree Designation is organized around core dimensions of patient-centered care that uniquely capture the depth and scope of what it takes to implement and maintain a patient-centered culture. The criteria focus on the patient experience, as well as the experiences of family members, front-line staff, leadership teams, the medical staff, patient and family advisors and board members.<sup>1</sup>

In this paper, our organizational journey towards prioritizing and improving the patient experience is explored. Best practices of how health system wide patient-centered education can be tailored to the behavioral health setting will be reviewed. In addition, the relationship between the implementation of these best

practices and the patient experience mean score and percentile rankings on the Press Ganey inpatient psychiatry patient experience surveying instrument will be discussed.

### Planetree Retreats

Planetree, Inc. is a mission based not-for-profit organization that partners with healthcare organizations around the world and across the care continuum to represent the patient voice and advance how professional caregivers engage with patients and families.<sup>1</sup> In 2004, NewYork-Presbyterian/Westchester Division began its Planetree journey, which has proven to be a critical component in developing and sustaining a patient-centered environment in which each employee is recognized as a caregiver. Planetree instruction at NewYork-Presbyterian/Westchester Division involves experiential retreats for all new clinical and non-clinical staff, as well as yearly refresher retreats for experienced staff.

**Table 1. Overview of the participants and activities carried out during Planetree Retreats and Refresher Retreats**

PARTICIPANTS	ACTIVITIES
New Hospital Staff (clinical and non-clinical)	-All newly hired staff attend the Planetree Retreat  -In-depth, specific training on the Planetree model and components is delivered  -Activities center around incorporating the model and components into their daily work  -Emphasis is made that clinical and non-clinical staff alike impact the patient experience
Hospital Staff	-All staff attend yearly Planetree Refresher Retreats  -Planetree model and core components are reviewed  -Refresher Retreat topics vary year-to-year, providing a deeper understanding of specific topics  -Patient experience data is reviewed, and further patient experience goals are discussed

During the Planetree retreats for new staff, participants receive an in-depth education on the Planetree model and components. The retreats are highly interactive and engaging. Participants are tasked with identifying ways of incorporating the model and components into their daily work. Topics addressed during the retreats, which coincide with the components of the Planetree model, include: The Importance of Human Interactions, Promoting Patient Education, Choice and Responsibility, Family Involvement, Dining, Food and Nutrition, Establishing a Healing Environment, Healthy Communities, Measurement, Information & Education, and Complementary Therapies.

While our new employee Planetree retreats help set the cultural norms of working in a patient and family-centered environment, the yearly Planetree refresher retreats aid in sustaining the results. Initiated in 2013, the patient-centered retreat education serves to review patient experience progress to date, and to motivate and influence employees to continue to view patient experience improvement work as a top priority in their specific roles. The structure of the refresher retreats enables us to vary the topic from year to year, and in doing so explore the topics more fully. A summary of the Planetree retreat activities for hospital staff is summarized in Table 1.

**Hourly or Care Rounds**

A robust hourly rounding program, traditionally involving a scripted encounter on the “3 Ps” (pain, personal needs and positioning) has been demonstrated in medical-

surgical settings to correlate with lower patient anxiety, improved patient safety, and improved quality metrics.<sup>2,3</sup> Throughout the NewYork-Presbyterian Healthcare System the best practice of hourly rounding was first implemented in 2009. At NewYork-Presbyterian/Westchester Division, it was clear that the “3 Ps” were often not relevant to our patient’s immediate needs. In a deliberate effort to adopt this best practice to the behavioral health setting, NewYork-Presbyterian/Westchester Division enhanced its existing hourly rounding program to create a focus on making an emotional connection with each patient every hour. Thus, in 2011 the “2 Ps” of hourly rounds in psychiatry were created, focusing on personal needs and comfort, and plan.

Every hour, a unit staff member, typically a mental health worker or registered nurse, ‘checks in’ with the patient, and inquires if there are questions regarding personal needs (including physical and emotional comfort) or plan (including medication changes or discharge). This is independent of and in addition to clinically appropriate safety checks. During the hourly rounding, the staff member immediately addresses the questions or issues that arise. This practice has come to be known as hourly rounds or care rounds.

To assess the unit-level implementation of the initiative, hourly rounding validation was initiated. During hourly rounding validation, the hospital Director of Nursing and the Patient Centered Care specialist come to each of our 12 Inpatient psychiatry regularly to observe staff during hourly rounds. After the rounds are observed, the Director

of Nursing and the Patient Centered Care specialist discuss their perspective on the hourly rounding experience with the patient. The impressions and findings of the Director of Nursing and Patient Centered Care specialist are noted and subsequently communicated with the unit Patient Care Director, who will coach the unit staff on the feedback.

A challenge that arose was that unit staff often perceived the hourly rounding validation process as intimidating. To address this concern and incorporate feedback mechanisms into the process, several steps were taken. The Director of Nursing began each visit to the unit by engaging staff with an explanation of the methods and rationale behind Care Rounds. During these discussions, it was emphasized that this is a coaching experience, not a punitive one. After speaking with the patient about their experience and observing the staff conduct rounds, the Director of Nursing, Patient Centered Care specialist, and the front-line staff would 'huddle' to review the findings. Incorporation of the 'huddles' before and after each validation rounding session was key to improving staff engagement. The participants and activities involved in Care Rounds are summarized in Table 2.

### Data Collection and Analysis

Data collection and analysis are important elements of our

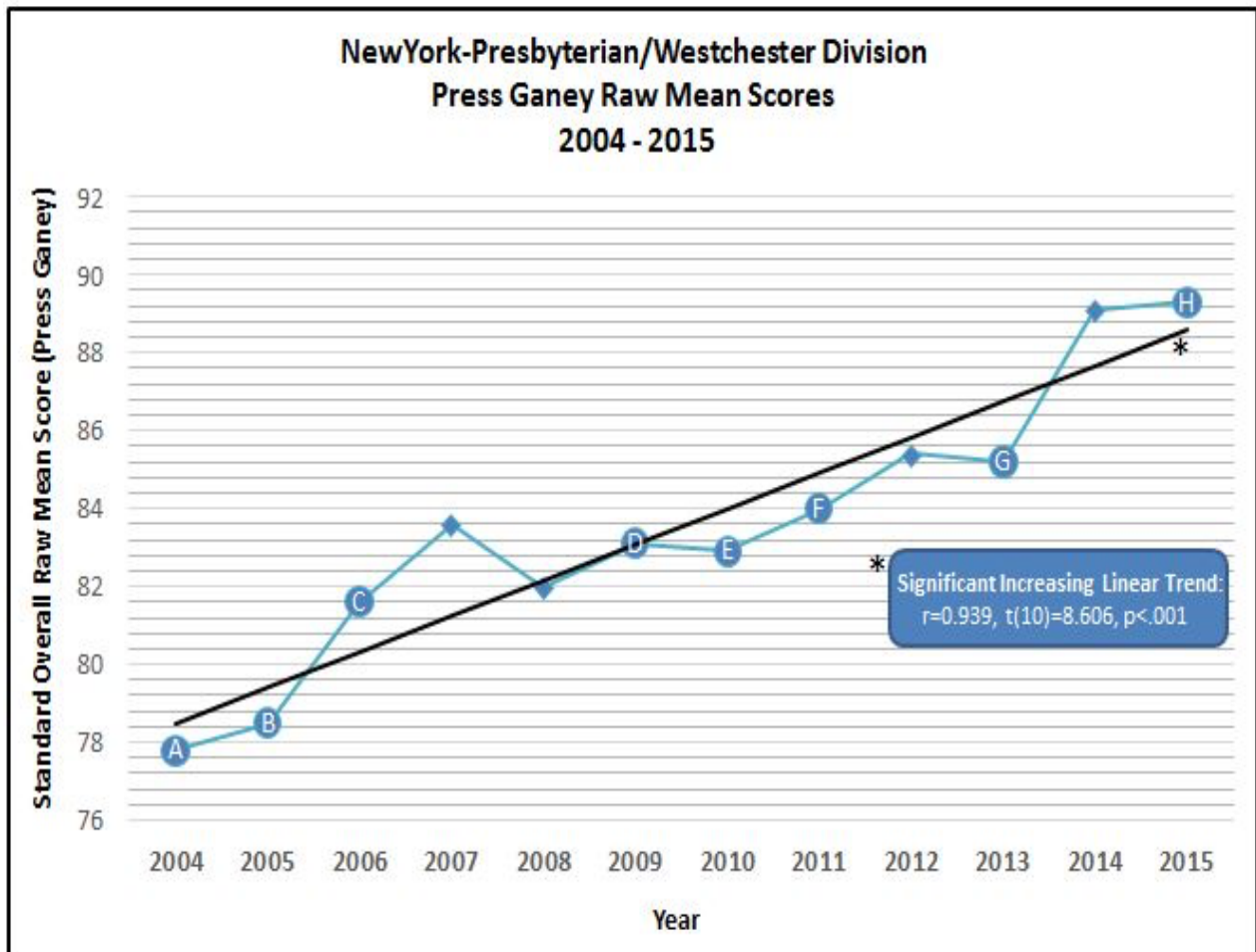
institutional strategy to improve the patient experience. Data collected from patient surveys and advisory councils help leaders and staff track progress on outcome and process metrics. Within Behavioral Health, the Press Ganey patient experience raw mean scores and national percentile data are utilized to regularly assess and identify opportunities for systematic improvement.

The graph presented below (Figure 1) was compiled using the results of the Press Ganey inpatient psychiatry survey. The mean scores were run from 2004, when NewYork-Presbyterian/Westchester Division joined the Planetree affiliate network, through the end of 2015. The graph reflects the NewYork-Presbyterian/Westchester Division's Press Ganey Raw Mean Scores during this period of time. The percentile rankings cited below were obtained using the "All Press Ganey" database, which uses the raw mean scores to compare all facilities in the United States that use the inpatient psychiatry Press Ganey instrument. The comparison group 'n' discussed below represents the number of facilities in the United States using the inpatient psychiatry Press Ganey instrument at the time of the survey. From 2004 to 2015, the comparison group increased from 197 in 2004 to 383 as of December 2015. The improvement in scores represents a significant increasing linear trend,  $r = 0.939$ ,  $p < .001$ .

**Table 2. Overview of the participants and activities carried out during hourly Care Rounds**

<b>PARTICIPANTS</b>	<b>ACTIVITIES</b>
Unit Staff (RNs and Mental Health Workers)	-Conduct Hourly Care Rounding -These rounds are independent of and in addition to regular observational checks -Inquire regarding personal needs (physical and emotional comfort) -Inquire regarding the care plan (medication, discharge planning, or other concerns) -Immediately address patient needs, concerns, or questions
Director of Nursing	-Oversees Care Rounds and Validation Rounds -Visits each unit regularly to observe staff during hourly rounding -Discusses the experience with the patient, and elicits patient feedback -Unit 'huddles' are performed before and after rounds -Feedback is communicated with unit staff and unit Patient Care Director
Patient Centered Care Specialist	-Accompanies Director of Nursing on unit rounds -Discusses experience with patient, and elicits patient feedback -Feedback is communicated with unit staff and unit Patient Care Director -Responsible for tracking and reporting data
Patient Care Director	-Coaches unit staff on feedback from rounding -Reinforces that the exercise is to coach staff, and is not punitive

Figure 1. Survey Raw Scores



- Legend**
- A 2004:** NYP/WD joined the Planetree Affiliate Network
  - B 2005:** Planetree Retreats initiated for All Hospital Staff
  - C 2006:** "We Put Patients First" initiative created & Patient Centered Care (PCC) Team created
  - D 2009:** Hourly Rounding initiated across NYP
  - E 2010:** NYP/WD achieved Planetree designation
  - F 2011:** Hourly Rounds re-designed with a focus on emotional connection (including validation rounds)
  - G 2013:** Hourly Rounding Validation with increased focus on Supportive Coaching Environment; Annual Planetree Refresher Retreats was implemented
  - H 2015:** Planetree Re-Designation achieved

As demonstrated by the improvement from 2004 through the end of 2015, the commitment to join the Planetree Affiliate network in 2004 appears to have been a key initial step in our patient experience journey, and in improving our patient experience. The fact that we joined the affiliate

network in 2004 was announced to all hospital staff, but Planetree Retreats were not initiated until 2005. In 2005, individual inpatient units also developed patient and family engagement goals in line with the Planetree components. Following a negligible improvement from 2004-2005 (14<sup>th</sup>-

18<sup>th</sup> percentile, raw mean score 77.8 to 78.5, comparison group n = 197), the hospital-wide Planetree retreats coupled with unit level initiatives appeared to contribute to an improvement in the Press Ganey patient experience national percentile score from the 18<sup>th</sup> percentile in 2005 to the 39<sup>th</sup> percentile in 2006 (raw mean score 78.5 to 81.6, comparison group n increased from 197 to 223).

In 2006, the NewYork-Presbyterian Healthcare System developed its “We Put Patients First” strategy, including the development of its first Patient Centered Care Department, entitled “Service Excellence”. As part of this strategy, a Patient Centered Care (PCC) specialist was hired to be a site lead at each of NewYork-Presbyterian Hospital’s campuses, including the Westchester Division. The PCC specialist frequently visits units, is highly visible at training events, and honors staff and units that excel at delivering excellent patient centered care. This visibility was and remains critical, as it contributes to cultural transformation, and reinforces the institutional commitment to providing patient centered care addressed in the discussion.

In 2010, having demonstrated an organizational commitment towards improving the patient experience, as well as sustained improvement in patient experience metrics when compared with the beginning of our journey in 2004, NewYork-Presbyterian/Westchester Division became the first psychiatric hospital in the world to be recognized as a Planetree Designated® Patient-Centered Hospital. This honor energized our staff’s commitment and engagement further, and appeared to serve as an inflection point following an unexplained drop in patient experience percentile ranking from 2007 to 2008 (raw mean score 83.6 to 82.0, comparison group n increased from 233 to 246), and a relative plateau from 2008 through 2010 (82.1 to 82.9, comparison group n stable at 246).

The most dramatic and sustained rise in patient experience percentile ranking correlated with the redesign of hourly rounding to a behavioral health setting (“Care Rounds”), as well as the implementation of Planetree refresher retreats for all staff. From 2011 to 2012, an increase from 63<sup>rd</sup> to 74<sup>th</sup> percentile was observed after the focus of the daily rounds transitioned to an emotional connection-specific “2 P’s” model of hourly rounding (raw mean score 84.0 to 85.4, comparison group n increased from 243 to 259,  $p < .01$ ).

In 2013, the hourly rounding validation and ‘huddles’ were implemented to improve staff engagement, and yearly Planetree Refresher retreats discussed above were rolled out to all clinical and non-clinical hospital staff. The response in patient experience scores was dramatic, improving from the 72<sup>nd</sup> to the 92<sup>nd</sup> percentile nationally from 2013 to 2014 (raw mean score 85.2 to 89.1, comparison group n increased from 259 to 261,  $p < .001$ ).

In 2015, embarking upon and achieving Planetree re-designation energized staff and hospital leadership. The dramatic improvement from 2013 to 2014 was sustained, increasing slightly from the 92<sup>nd</sup> percentile in 2014 to the 93<sup>rd</sup> percentile in 2015 (raw mean score 89.1 to 89.3, comparison group n increased from 261 to 290).

## Discussion

In addition to joining the Planetree network and implementing the behavioral health specific initiatives described above, having an organizational commitment to improving the patient experience has been important in supporting our efforts. Improving the patient experience is a core area of focus throughout the healthcare system. Senior leadership - up to and including the Chief Executive Officer - are deeply involved in goal setting and the ongoing implementation and monitoring of patient experience results and programs. The hospital system’s Board of Trustees has a committee dedicated to patient experience that guides and monitors the efforts. In 2015, the organization also hired its first Chief Experience Officer (CXO) as a way of further focusing and strengthening its commitment. The CXO, along with senior management and the Hospital Board of Trustees, have created and are actively implementing a three-year strategy to address challenges and improve the patient experience across the hospital system, including behavioral health.

Identifying specific and measurable goals for all clinical areas each year, along with maintaining a robust program to collect patient and family feedback through surveys and advisory councils, are core components of the strategy. Data collected are reviewed and reported monthly to help leaders and staff track progress on outcome (survey scores) and process (adoption of best practices) metrics. Skill building and staff recognition programming, as well as integrating our patient experience work into key organizational initiatives including: Quality and Safety, Human Resources, Talent Development, and Information Technology, supports staff and leaders engaged in this work and promotes sustainability over time. Accountability for behaviors and outcomes is reinforced for all levels of staff from the front line to hospital leadership.

In this paper, while exploring our organizational journey to improve the patient experience in the behavioral health setting, we have discussed our path from 2004 to present, and outlined our strategy for improving the patient experience moving forward. Key factors that we have identified in this paper can be broadly organized into four main intervention types: Joining the Planetree Network; Behavioral Health Specific Initiatives; Data Collection and Reporting; and Staff Engagement and Accountability. These intervention types and actions taken are summarized in Table 3.

Improving the patient experience is challenging within any healthcare organization, but the inpatient psychiatric setting lends itself to particular challenges to sustained improvements. These include but are not limited to involuntary admissions and court-ordered treatment over objection, which often create an adversarial dynamic, and are likely to result in patients not feeling engaged with treatment. Further, the chronicity of mental illness often results in the need for multiple re-admissions, and a frustration with the need for continued treatment. Despite these unique challenges, we have found that through cultural change, data collection and feedback, and an organizational commitment to patient centered care, improving the patient experience in the behavioral health setting is possible.

**References**

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**Table 3. Key actions taken to improve the patient experience the behavioral health setting**

INTERVENTION TYPE	ACTIONS
Joining the Planetree Network	<ul style="list-style-type: none"> <li>-Joining the Planetree Affiliate Network and adopting Planetree principles into our model of care</li> <li>-Designing and institutionalizing Planetree retreats for all hospital staff (clinical and non-clinical)</li> <li>-Embracing the Planetree model to create a patient-centered culture</li> </ul>
Behavioral Health Specific Initiatives	<ul style="list-style-type: none"> <li>-Tailoring hospital system wide initiatives designed for the medical-surgical setting and making them relevant to the behavioral health setting (“Care Rounds”)</li> <li>-Delivering yearly Planetree ‘refresher retreats’ to review progress and inspire growth</li> <li>-Promulgating behavioral health unit specific education based upon the Planetree core components of patient centered care</li> </ul>
Data Collection and Reporting	<ul style="list-style-type: none"> <li>-Maintaining a robust program to collect patient and family feedback and data, including surveys and advisory councils</li> <li>-Reviewing of data monthly, and making measurable, attainable improvement goals for all areas each year</li> <li>-Reporting of metrics regularly to help leaders and staff track progress on both outcomes metrics (survey scores) and process metrics (adoption of best practices)</li> </ul>
Staff Engagement and Accountability	<ul style="list-style-type: none"> <li>-Demonstrating to staff that a commitment to patient centered care extends to the highest level of hospital leadership</li> <li>-Reinforcing accountability for both behaviors and outcomes for all levels of staff from the front line to hospital leadership</li> <li>-Building skills and designing recognition programming to support staff and leaders engaged in this work to promote sustainability over time</li> </ul>