



# THE lamp LIGHTER

Methodist Hospitals Nurse Newsletter • September 2024

## UPCOMING HCAHPS SURVEY CHANGES: What Nurses Must Know Now

Starting January 1, 2025, new questions will be introduced in the HCAHPS patient satisfaction survey, which evaluates patient experiences during hospital stays. With these updates on the horizon, nurses have an opportunity to adjust their practices now to foster stronger habits before the changes take effect.

“Implementing these improvements ahead of time can not only help ease the transition but also positively impact Methodist Hospitals’ patient satisfaction scores,” said Marla Hoyer-Lareau, SVP and Chief Nursing Officer. “The updated questions emphasize specific patient

interactions and behaviors that nurses can begin to adopt right away – so these practices will be second nature when the new survey questions are implemented.”

To support this transition, Lynne Mahony, Partner at Healthcare Plus Solutions Group, has compiled these practical tips that align with the new patient questions. They’re designed to promote better communication, improve patient experience, and help nurses model actions after what will be measured in the survey.



### Tips for Improving Patient Experience Scores

#### 1. Keeping Patients Informed

- Regularly update patients about their care plans, test results and next steps using clear, concise language.
- Ensure the entire care team is informed and working together. Let patients know what to expect and the timeframe for their care.
- Always explain who is responsible for what and why certain decisions are made.

#### 2. Engaging Families in Discharge Planning

- Be transparent about care decisions, especially when a patients’ preferences cannot be met. Compassionately explain the reasons behind medical recommendations.
- Ensure families and caregivers are included in the care planning process. If they cannot be present, involve them by phone or virtually.

#### 3. Educating Families and Caregivers

- Provide specific, tailored instructions to families and caregivers about potential post-discharge symptoms and issues to monitor.
- Initiate post-discharge discussions well before discharge, instead of the last minute, to promote greater understanding.

#### 4. Supporting Patient Rest and Recovery

- Use specific language to explain how care actions, such as closing doors and drawing blood overnight, benefit patients’ recovery and rest.
- Use bedside shift reports to reinforce that patients’ needs are being fully addressed and that care transitions are seamless.
- Always justify interruptions by explaining their value to patients’ health and safety.

#### 5. Responding to Patients Promptly

- Set clear expectations during admission rounds about response times and ensure patients know when to expect help.
- Unit clerks and other staff should echo these response goals and respect them.
- Minimize call bell usage by confirming the patients’ immediate needs are met before leaving rooms.
- Foster a team culture of responsiveness, adhering to the “No Pass Zone” rule to ensure timely responses to call lights and bed alarms.

**Implementing these strategies will help Methodist Hospitals improve patient satisfaction and experience scores by fostering better communication, teamwork, and responsiveness.**

# IMPROVING PATIENT THROUGHPUT: Methodist Hospitals' Length of Stay Initiatives



Methodist Hospitals is continuously striving to enhance patient care and operational efficiency. A focal point is improving the hospital's average length of stay (ALOS), a crucial metric that directly impacts patient throughput, satisfaction, and overall hospital performance.

To help reduce ALOS, Methodist adopted a proven Triad Case Management Model in April of this year.

This model represents a shift from the previous dyad system, where a single nurse case manager was solely responsible for discharge planning, insurance handling, and managing complex discharges. The new triad model divides these responsibilities among three specialized roles:

- 1. Utilization Management Nurse:** Works with insurance companies to determine the appropriate patient status (inpatient vs. observation).
- 2. Discharge Facilitator (Case Manager):** Concentrates solely on patient throughput, working closely with patients, families, and the multidisciplinary team to ensure timely, appropriate discharges.
- 3. Social Worker:** Provides critical support for complex discharges, including those involving court cases, protective services, and skilled nursing facility placement and hospice care.

"This strategic shift has enabled our case managers to be more present and accessible on the hospital floors, working directly with doctors, nurses, and other healthcare providers," said Mirko Bebekoski, RN, BS, Director of Case Management.



This real-time collaboration has been instrumental in reducing unnecessary delays in patient discharge, ensuring that patients move to the appropriate level of care without extended hospital stays. It has already translated into significant ALOS improvement. For example, in June average length of stay was 5.86 days - about half a day better than June of 2023.

"For bedside nurses, the triad model represents a vital enhancement to their daily workflow," Mirko said. "Dedicated unit-based case managers give nurses partners who are always available to address questions about a patient's prior level of functioning, discharge planning, and post-discharge care. This close collaboration means that nurses can focus more on direct patient care, knowing the discharge process is expertly managed."

The benefits extend beyond just improving ALOS metrics. The improved throughput means that beds are available sooner for new patients, particularly those waiting in the ED.

"Our commitment to improving ALOS is about more than numbers," Mirko said. "It's about creating a system where every patient gets timely and efficient care, where nurses and healthcare teams can work together seamlessly, and where the community knows they can rely on us for the best possible care."



**METHODIST**  
HOSPITALS

[www.methodisthospitals.org](http://www.methodisthospitals.org)

**Northlake Campus** 600 Grant St., Gary, IN 46402 | 219-886-4000  
**Midlake Campus** 2269 W. 25th Ave., Gary, IN 46407 | 219-944-4160  
**Southlake Campus** 8701 Broadway, Merrillville, IN 46410 | 219-738-5500