

Our Lady of the Lake: Displaying the Spirit of Healing Through Nurse Communication

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Organization Profiled

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Organization Profile

Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana, was established in 1923 by the Franciscan Missionaries of Our Lady. It includes:

- Over 850 licensed beds including a dedicated children’s hospital.
- Our Lady of the Lake Physician Group, with more than 300 healthcare providers at 40 locations.
- 100-bed Our Lady of the Lake Children’s Hospital—a hospital within a hospital—that treats pediatric patients from across Louisiana.
- Freestanding emergency room.
- Nearly 140,000 emergency room visits each year.
- Medical staff of more than 1,000 physicians.
- More than 60 medical specialties.
- 7,300 team members.

In a typical year, Our Lady of the Lake Regional Medical Center treats more than 35,000 hospitalized patients and serves more than 350,000 people through outpatient locations.

The medical center is part of the Franciscan Missionaries of Our Lady Health System, which includes four additional hospitals, all located in Louisiana:

- Our Lady of the Angels Hospital
- Our Lady of Lourdes Regional Medical Center
- St. Elizabeth Hospital
- St. Francis Medical Center

The system also includes several nursing homes, physician clinics, comprehensive senior services, prevention and wellness services for the workplace, and a variety of other healthcare-related services.



Statement of Interest

Hospitals today strive to meet patient needs on many levels. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey documents hospital performance in eight areas of patient-centered care: nurse communication, physician communication, discharge information, pain management, communication about medications, cleanliness, quietness, and responsiveness of hospital staff. The survey also asks how patients rate the hospital overall, and whether they would recommend the hospital to family and friends.

In each of these areas certain hospitals are excellent performers, with consistent high scores on specific HCAHPS measures. Picker Institute case studies explore the ways hospitals achieve these outstanding results, and share examples of best practices.

This case study profiles Our Lady of the Lake Regional Medical Center, which the Picker Institute has identified as a high performer in delivering patient-centered care based on its exemplary performance in HCAHPS publicly reported data for nurse communication among hospitals of its size.

Nurse Communication: How often did nurses communicate well with patients?

During this hospital stay...

- How often did nurses treat you with courtesy and respect?
 - How often did nurses listen carefully to you?
 - How often did nurses explain things in a way you could understand?
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Our Lady of the Lake Medical Center: Prayer as the Foundation of Healthcare

These days many hospitals do hourly rounds to check the “four Ps,” which generally include pain, “potty,” positioning, and possessions. At Our Lady of the Lake Regional Medical Center, the fourth P is “prayer.”

Our Lady of the Lake is part of the Franciscan Missionaries of Our Lady Health System, which formed in 1911 when six Franciscan sisters came from Europe to offer healthcare in Louisiana. Its mission statement says, in part, “We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing—with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.”

For the nursing staff, each day starts with a short prayer, and ends by reciting the mission statement. Prayer (whatever that may mean for each team member)¹ permeates all activities throughout the hospital. It’s no surprise that Our Lady of the Lake has consistent high scores on nursing communication and other HCAHPS measures. Team members are trying to be, as the mission statement also says, “a healing and spiritual presence for each other and for the communities we are privileged to serve.”

We asked Gena Kalil, M.S.N., NE-BC, Nurse Manager, Oncology why Our Lady of the Lake draws such positive responses from its patients. “Communication starts with listening,” Kalil said. “You learn to be a good listener, to slow down. Then you take what the patient says and repeat it back to them to make sure you understand their needs. It

¹ Our Lady of the Lake Medical Center refers to its employees as “team members,” so we use that term throughout this case study to refer to Our Lady of the Lake employees.



means you take responsibility for meeting their needs. You don't put it on to dietary or housekeeping...if you are the person listening, then you take responsibility for follow-up and service recovery. The most important thing is to act so that the patient will have trust in you."

"Communication starts with listening. You learn to be a good listener, to slow down. Then you take what the patient says and repeat it back to them to make sure you understand their needs. It means you take responsibility for meeting their needs."

—Gena Kalil, M.S.N., NE-BC,
Nurse Manager, Oncology

The nursing staff at Our Lady of the Lake uses several slogans to remind themselves of the basic philosophy and culture of the organization:

- **Every encounter counts.** The nursing staff reminds themselves that every encounter matters. If a chance to communicate with someone is missed, there may not be another chance.
- **All of our patients are all of our patients.** "That means we are one big boat and we should *all* be moving in the same direction together," said Kalil. "This is not just my unit, it is one part of a larger organization, and you've got to love the whole thing to make it work."

Kathryn Moran, RN, B.S.N., ONC, Nurse Manager, Orthopedics agrees. "Every time a patient has a need, we take responsibility for addressing that need," she said. "When we're in the room we forget about the chaos going on outside the room. We respond to that patient in the moment, and take care of their needs."

Another way of capturing the same philosophy is, "Always put patients first." On one level, this means if one unit only has one nurse's aide today, the hospital will shift a staffer from another unit that has three, so staff is more evenly distributed and patients' needs are met. Moran relied on this principle when seeking more equipment for the unit. "We needed bedside commodes and walkers

pre-positioned in the rooms," she said. "It was not appropriate for them to come up from central supply and take two hours to arrive, when meanwhile, the patient would have to walk to the bathroom at risk of a fall. Putting patients first means we have to plan ahead of time and be proactive so we can meet their needs."

On the Unit

Our Lady of the Lake relies on a number of customs and practices that help operations flow smoothly and support the idea of always putting patients first. For instance, the hospital makes exceptionally consistent use of whiteboards. They are always up to date and include the names of the nurse, nurses' aide, and housekeeper who are caring for the patient; as well as pain medicines, time of next dose, and time of scheduled therapies. "When I make rounds in the morning, before I leave I ask, 'What is the most important thing you want to do today?'" Moran said. "I put that up on the board. It personalizes the white board for each patient, and anybody who goes in the room that day can use it as a starting point."

Each unit has a multidisciplinary huddle at the nursing station every day. The time and exactly who attends varies from unit to unit, but they always begin with the group in a circle holding hands, praying. Then they review general expectations for the day, for their unit, and for the hospital as a whole. Questions asked include: How many patients? How many planned admissions? This is also the time to discuss upcoming educational programs or any quality problems on the unit.

Then, one nurse at a time reviews her patients—not the technical details, but a

general picture of how this patient is doing and what needs to happen next. The meeting generally takes about 45 minutes. Some nurses chart while listening to others report, or deal with immediate patient needs. On the oncology unit, pastoral care and a dietician always attend, and a pharmacy representative often attends. On the orthopedics unit, physical and occupational therapists participate in the huddles.

Whenever shifts change, the outgoing nurse introduces the incoming nurse. It's an opportunity to double check that the communication board is up to date, medications have been given, and IV fluids are in place. This isn't a detailed clinical summary, but just a chance for the incoming nurse to say, "Hi, Mr. Smith. I'm going to take great care of you today. Is there anything that you need right now?" This introduction happens every day, seven days a week. "It is a way of checking in with patients and anticipating their needs," Moran said. "Nowadays, everything is so structured, and there are many regulatory requirements, so we have to take care of our patients in a systematic way. These hand-offs are one way we ensure that we do it."

Our Lady of the Lake has a fairly strict custom: no nursing meetings before 10 am. "It's almost a sacred time for us, the start of the day," Kalil said. "It means the nurse manager can be on the floor with the staff, rounding on patients, and available to greet physicians and talk about the plan of care. You get to see both your night staff and your day staff—it's very special time."

Every Thursday morning, the latest survey results are distributed electronically to every manager, and each of them reviews the results with their team. The orthopedic



unit has a patient satisfaction meeting every week. “We get a lot of surveys, and we review them all and read every comment,” said Moran. “We look together to see whether there’s a common theme. We may hear that the nurses aren’t smiling, or the nurses aren’t informing me, or the room is cold. Whatever it is for that week, our team uses that information and those comments as a way to improve.”

When top nursing executives round, they always look at patient satisfaction scores. Once a month the CEO rounds together with the director of nursing, and they both look at patient satisfaction scores. Transparency is critical; everyone knows everybody’s scores. While the units have various ways of displaying and discussing patient satisfaction data, each unit is aware of its measures and possible areas for improvement. Executive rounding includes praising the staff’s latest achievements and using positive reinforcement to support the staff’s efforts.

Each unit has a monthly meeting, including both day and night shifts, to review data on quality of care and patient satisfaction. “We discuss the survey results and praise people who worked on certain patients and got rave reviews,” Kalil said. In addition, the unit meetings are an opportunity for nurses to talk about what they need so they can offer patients the best possible care. It may be better equipment on the unit or improved housekeeping during certain shifts. The unit meeting is a pre-defined structure to channel information and concerns from frontline nurses to managers who have the ability to implement solutions.

Our Lady of the Lake has developed what it calls “synergy rounds,” which involve going into a room and taking a critical look, through the voice of the customer from a non-clinical viewpoint. Examining the patient’s environment includes observations such as whether all items in the room are working, cleanliness, the patient’s ability to use the call bell, whether the food is served promptly, and if there are any issues that should be known about. Clinical issues are documented and taken to the nurse manager. If there is an issue that relates to housekeeping, dietary, physical therapy, or any of the ancillary services, the leader of the synergy rounds sends the information to that department.



Synergy rounds mean that someone who isn’t on the floor routinely is rounding on the patient, and therefore brings a fresh set of eyes. It promotes mutual knowledge and understanding between the ancillary staff and the nursing staff, and it means the directors of ancillary services have an opportunity to hear feedback directly from the patients. “On the orthopedic unit, synergy rounds are coordinated by the director of physical medicine, since we work so closely with physical therapy,” Moran said. “Every day two of my team members, two from physical therapy, and two from x-ray round together. Whenever there’s a problem, [they] give me the information right away so that I can go and talk to that patient.”

Staying in Touch with Families

The ICU makes a practice of calling a designated family member during morning rounds every day to give them an update. If there are any questions, both the doctor and nurse are available with answers. This is unusual. Most ICUs set up a system in which a designated family member has a password and can call the nurse for information. Our Lady of the Lake is far more proactive in reaching out to families and creating a system in which they can ask the doctor questions.

Each of the units also calls each patient by phone, a day or two after discharge. This is another way to touch base and reaffirm a connection with the patient. “It’s a friendly call, just to say we were thinking about you, wanted to be sure everything is okay,” Kalil

said. “If they start asking clinical questions, we refer them back to their doctor. This is more of a warm, fuzzy kind of call, just to say the Lake is always here if you need us.”

In addition, after each patient leaves the hospital, they receive a card within a couple of days saying, “We hope you’re feeling better, this is just a note to let you know we’re thinking about you.” It’s signed by the specific nurses and therapists who cared for that patient. “You know, I saw my daughter-in-law’s father yesterday, and he had just gotten one of those cards,” Moran said. “He was so pleased. He said, ‘that was so nice that y’all were thinking about me, that y’all made me a get well card.’”

Many Methods Support Nurse Communication

The hospital uses many communication channels to ensure that all nurses, and team members have the information they need to communicate well with patients and their families. “Nurses are such a large part of our workforce that any communication channels we use must have nurses as a cohort in mind,” said Catherine Harrell, Vice President for Marketing and Communications. “When you think about the 24/7 nature of their work, and their multiple specialties, you realize you have to use a multi-channel approach.”

For example, the communications department publishes a daily newsletter called *Everyday Excellence*, which is used as a guide for departments when they huddle together. It summarizes all the hospital news: building plans, hospital recognition or awards,

educational programs, flu season, and the expected census for the day, so team members get a sense of the daily probable patient flow. Departments and units are strongly encouraged to meet, or huddle, once a day to go over these important updates.

Each issue of *Everyday Excellence* also focuses on one of the hospital's service standards, which are an integral part of each team member's daily routine. But *Everyday Excellence* is more than just a newsletter—it's a connection. *Everyday Excellence* recognizes team members who have done especially good work or been praised for exceptional customer service, and it celebrates everyone on their birthday. "With 7,300 employees, it's pretty amazing to see how people use the newsletter," Harrell said. "A couple of weeks ago, I noticed someone I know on the birthday list—someone I had not seen in years. I sent her a Happy Birthday email, and she was so surprised and pleased."

Nursing leaders send a monthly email to all nurses with updated information and recognition. Another helpful form of communication is *LeaderLink*, an e-newsletter sent out weekly to leaders. It is designed to offer leader-focused information to help them engage their teams. Transparency and communication is part of the hospital culture.

Hiring and Orientation

When we asked Moran the reasons for Our Lady of the Lake's exceptional HCAHPS results, she said, "It starts with the hiring process. We get the right candidate, the right fit for our unit. On an orthopedic unit we have to work as a team, since there's quite a bit of lifting and tugging. Our patients need pain medicine, and when they're hurting they want it soon. There's a great deal of mutual teamwork on this unit."

The hospital uses peer interviews for all hires. Each interview begins with a prayer, and as many as five nurses may participate in each candidate's interview. "The value of peer interviewing is that the best person to decide who's going to make a good nurse, is a good nurse," said Farrar Anderson, Senior Director of Human Resources. "When your nurses participate in the selection of employees, you know they're looking for the most important characteristics, and they know what they are because they themselves deal with the daily challenges of the job. This process also helps build ownership

Our Lady of the Lake: Our Core Values

Service...the privilege of reaching out to meet the needs of others.

We strive to exceed your expectations and create an environment where you feel welcome, comfortable, and safe. Our work furthers the healing ministry of Jesus Christ.

Reverence and Love for All of Life...acknowledging that all of life is a gift from God.

We treat people with dignity, respect and compassion. We see Christ in all people and express a caring, courteous and loving concern for others.

Joyfulness of Spirit...an awareness of being blessed by God in all things.

We demonstrate dedication and a commitment to those we serve. We recognize that everything speaks of God. We share the joy each day brings.

Humility...being authentic in serving as an instrument of God.

Our relationships with our patients and families as well as each other are built on trust. We recognize that God has given all of us gifts and talents to share with others.

Justice...striving for equity and fairness in all relationships with special concern for those most in need.

We demonstrate accountability and responsibility in managing our resources. We are here to serve those most in need.

Our Lady of the Lake: Our Service Standards

The Service Standards of Our Lady of the Lake reflect my commitment to our core values. I pledge to uphold these Service Standards every day:

- I support the mission and core values each and every day.
- I listen attentively to others.
- I protect the safety of patients, their families, guests, and coworkers and report any danger.
- Every job is important. I will always do my best, no matter what.
- I respect and protect the privacy of patients, their families, guests, and coworkers.
- I wear my name badge at all times.
- I am neat, clean, and appropriately dressed for my job.
- I keep my workplace neat and clean.
- I never complain in the presence of patients, their families, guests, or coworkers.
- I make eye contact, introduce myself to others, and use customer names when known.
- I am sensitive to the comfort of patients, their families and guests, and respond to their needs.
- I will never say, "It's not my job."

and connection with the team, so the new team member becomes part of that joint effort." While peer interviews are important in the selection process, the nurse manager and director make the final decision.

The orientation process for nurses at Our Lady of the Lake lasts a week. New nurses receive a copy of the *HCAHPS Playbook*, a homegrown manual small enough to keep in your pocket. It discusses all the HCAHPS questions and various ways nurses can

interact with patients to improve communication and patient satisfaction.

After the first week, incoming nurses work with one experienced nurse as a preceptor and go through a substantial period of orientation on the floor. For example, the orthopedics unit has many patients following standardized patterns of care, with expected outcomes after a certain number of days, so the incoming nurse needs to learn those patterns for different conditions.

During the first week of orientation, there's a good deal of training on customer service. "When a new nurse comes up on the unit, I discuss that material during my orientation, and the preceptor also reinforces that," Moran said. "How you go into the room, how you leave the room, what you put on the board, all those details create a certain impression. We emphasize this material, because we've seen that when we let go of it, our scores start to dip. We've got to make every encounter count. If we don't do that, if we fail one patient, it shows up in our surveys."

How long the preceptorship lasts depends on the specific unit; it may take anywhere from eight weeks to six months. Even after the formal preceptorship ends, there is a continuing relationship. The preceptor, as well as the rest of the team, always encourages new personnel to voice any concerns or questions they might have. In addition, Our Lady of the Lake recently began a program of quarterly preceptor updates throughout the year.

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—Kathryn Moran, RN, B.S.N., ONC,
Nurse Manager, Orthopedics

There is also a special educational process to support nurses who are preceptors. The hospital has developed a "preceptor map," showing the basic skills every nurse needs to learn, mapped onto a weekly schedule, so preceptors know what they need to cover and how to space it out over time.

People have different ways of learning, so preceptors go to classes about the many different ways they can interact with new employees. They learn how to give a learning style inventory test; to identify whether someone is an auditory learner, a visual learner, a psychomotor learner, or a tactile learner. "Then we discuss how you can adjust your teaching style to meet the needs of each learner," said Virginia Lipscomb, B.S.N., M.H.A., Clinical Educator. "At the same time, each preceptor evaluates their own personal learning style, to understand how to adapt to what helps each person learn best."

In addition, nurse managers at Our Lady of the Lake have a buddy system; they trade units for a day. This is an opportunity to get a fresh view of everyday routines and pick up little details about things that could be done in a better way. For example, when one orthopedics nurse visited the nephrology unit, she learned that they have their nurse's aide sign off on the white board after administering a bath and fresh linens. That way, when the family comes to visit, they see how well the patient has been treated. She liked the idea, and adapted it for her own unit.

Accountability, Standardization, and Team Member Engagement

What are the key factors at Our Lady of the Lake that make work flow smoothly and lead to exceptional communication with patients? "The first thing to think about is, keep your focus on the patient," Moran said. "When you focus on the patient's needs, everything else falls into place. Next, let your staff know how important they are for those patients. I've been a manager since 1983, so I know what it's like to have a staff that isn't functioning well. At those times, you just have to regroup and retrain. That's what I've learned through the years: happy patients equals happy staff."

Leaders believe that accountability and team engagement are essential factors in creating an effective work environment. Each nurse manager is held accountable for their unit, for monitoring survey scores, and if those scores slip, taking appropriate steps.

Our Lady of the Lake supports team member engagement through its shared governance structure. There is a shared governance council on each unit, and each service line has a team council for issues that relate to the entire service line. Nurses are



encouraged to come to the shared governance meetings and send information and suggestions via their nurse managers. Team work processes are part of the culture where people can go online and suggest ideas that could save money and/or improve patient outcomes. When a suggestion is implemented, staff members receive an award. Each team member is an important part of the success of the hospital.

The hospital emphasizes two-way communication among team members and managers, with tools that allow for consistent, daily, hospital-wide updates as well as regular ways for team members to express concerns and feedback. Staff nurses are engaged through a shared governance council. Either the charge nurse or the supervisor has day to day management of nurses who are interacting with patients. Nurse managers are responsible for all administrative and budgetary functions, so they're in charge of the budget, quality of care, and the patient satisfaction experience on their units. Directors focus on administration and staff nurses focus on direct care for patients, while nurse managers balance between administration and clinical care.

The hospital thinks of overall goals for its future in terms of four pillars:

- Patient satisfaction;
- Financial stewardship;
- Team member engagement; and
- Transformational quality and safety.

An image of the four pillars is posted on every unit. Nurse managers are accountable for them on their units. Each unit reports to a service line director. Once a month, every nurse manager and nursing director meet together to review progress on one of the four pillars, in rotation, so each pillar is reviewed three times a year.

Our Lady of the Lake has also done a great deal of work to set shared expectations and standardize processes. For example, the total joint program relies on standardized equipment. There's a standardized plan of care that describes desired outcomes for each inpatient day, which is posted on the white board. "We train

incoming nurses so they can clearly explain the process to patients," Moran said. "We have pre-op classes before admission and a discharge class the day before patients leave. Our patients are kept informed, and it's possible exactly because we have developed standard routines."

Developing standardized processes is a goal for the entire hospital, since it promotes patient safety and supports high-quality care. When people know what they are expected to do and processes are standardized, success is more likely. Every service line has standardized processes. For example, there are standardized order sets for sickle cell patients and chest pain patients. They recently rolled out a nurse-driven protocol for patient catheter removal. A physician champion and nurse champion jointly presented it to the medical executive committee, so now every nurse is operating with the same set of rules.

Continuing Commitment to Patient-Centered Care

The roots of Our Lady of the Lake Medical Center are grounded in a religious tradition. A patient-centered culture has evolved from those roots, extending emotional support for patients and team members from all religious traditions. This pervasive commitment to meeting each person's needs has led to its excellent HCAHPS survey scores, and to its community reputation as a hospital that exemplifies medical excellence.

Prayer is woven throughout daily work life at Our Lady of the Lake. Each nursing huddle begins with prayer. There are blessing services when a new clinic opens, and prayer services on special occasions. The hospital has developed a book of prayers, offered by employees over the years, drawn from many different religious traditions. A copy of the book of prayers is available in every hospital conference room and public meeting place.

"Prayer is culturally pervasive, and we support it in many ways," Harrell said. "We also include people who don't have a personal faith commitment, and our notebook

includes inspirational quotes from many sources. I particularly like one from Nelson Mandela. People find inspiration in many ways, and our practice of prayer is really about purposeful reflection."

Nursing staff rounds on patients every hour, asking about the four Ps:

- **Pain:** The white board includes information on the last dose, next available dose, and current pain level. Nurses ask whether pain is well-controlled.
- **Position:** Is the patient in a comfortable position in bed? Can they reach everything they need?
- **Personal needs:** Does the patient need to go to the bathroom? "We want to anticipate that for them," Kalil said. "We don't want them calling when perhaps everyone is busy, so we check every hour and say, 'while I'm here why don't I help you to the bathroom?' We find this decreases falls, and we have done very well at that."
- **Prayer:** While nurses don't necessarily mention it every hour, everyone is particularly aware of those who have received bad news or are facing difficult situations and may need extra support.

In these situations, nurses may ask if the patient would like the nurse to pray with him or her. Prayers have been written especially for patients going into surgery, printed on a small pocket card. When a nurse isn't sure what to say, a prayer is already printed that can be offered and/or given to the patient. On the oncology unit, one of Our Lady of the Lake's pastors comes to the daily nursing huddle, and makes a special point of stopping by to see patients who are struggling.

What can you say when someone has been through several cycles of chemotherapy, and then learns that the cancer is growing again? "Sometimes you don't say anything. Sometimes you sit and hold their hand," Kalil said. "Sometimes we're just here for them. You know, it's one of the things you don't always learn in nursing school. We are teaching our nurses to just sit and listen."