

## Thriving in Tough Economic Times Through a Bundle of Best Bedside Practices

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Foul financial forecasts preview hospitals' diminishing reimbursements, increased uncompensated care, pressure to avoid unpaid "never" events while publicly proclaiming outcomes with fresh transparency. But retrenchment, paralysis, or waiting for better times won't necessarily spell survival.

Thriving in tense economic times calls for energizing efficiencies and effectiveness at each step of care and attention to transforming care at every touchpoint. The best care is the most cost-effective, when patients are able to achieve their own priorities (not ours) within healing

relationships and streamlined processes. Patient loyalty, employee engagement, and provider satisfaction soar along with improved patient safety and clinical outcomes.

Seasoned by 20 years as a consultant with 160 hospitals nationally, it has become clear to me that essential elements are missing from many healthcare employees' work, and not all leaders are expert at cultural transformation. Personnel lack an organizational care philosophy, common language, and focus on the patients' and families' intended results.

Whether practitioners are novices or seasoned, they are faced with complexity compression and an unpredictable unit workforce, lacking a mental construct for "A Day in the Life of an Expert." Entire interdisciplinary teams benefit by a shared map for the patient's journey and expert skill development to recognize and reach the intended destination. By creating mental structures through a consistent practice model and language, care efficiencies and effectiveness along with improved patient safety have been achieved though the framework of the interdisciplinary Relationship & Results Oriented Healthcare model (RROHC™) and 3 level education program. The RROHC concepts parallel

safety goals and regulatory initiatives. The basics must be present, employees must be proficient at implementing the bundle of 10 best practices, and leaders must evaluate and coach the processes, for hospitals to enjoy peak, economically sustainable performance.

Our field results nationally provide evidence:

### **Employee retention**

Retention of one RN saves an estimated \$15,000 to \$40,000 per nurse recruitment, plus costly travelling nurses' salaries. After instituting the RROHC program, 20% more nurses felt they truly connected with patient/families. Another Pacific Northwest Medical system's turnover decreased by 50%, and leader retention was significantly improved through RROHC program coaching initiatives.

### **Saving time**

Nurses at a Michigan hospital spend 10-15 minutes for shift handoffs, each nurse daily gaining 30 more minutes for other professional duties. Improving skills necessary for streamlining care and avoiding re-work, RROHC certified nurses reflected 21% better assigning skills. Graduates showed improved team engagement (+20% RN planning), better supervision of task completion

(+9%) and use of planned checkpoints (+36%). In Ohio, interdepartmental RROHC implementation improved throughput from the emergency department, improving the time from admission order to actual patient transfer to an average time of 54 minutes at 75% frequency.

### **Patient and physician satisfaction**

Market share is enhanced with improved patient satisfaction and when physicians are loyal. At an Ohio hospital, Press Ganey satisfaction improved from 13% nursing overall in 2001 to 99% in 2006, earning national awards. Physician satisfaction grew from 10% to 60-80% in 2006-2007, nurse retention and recruitment skyrocketed, and market share increased. A Midwest hospital's overall rating of inpatient care grew from 40-60% in 2006 to 80% 2008 values. During 2008, the Pediatrics Unit at

Harrison Medical Center (HMC) Silverdale WA, achieved 99% Press Ganey scores and ED levels reached 80-90% mean patient satisfaction.

### **Patient safety and quality**

Correlating with RROHC program education and practice changes, nurse sensitive indicators such as fewer falls and pressure ulcers, and less frequent restraint usage, have been realized, thus avoiding unreimbursed "never events."

When staff consistently perform at an expert level, with care based on knowledge rather than assumptions, safety, efficiency, improved quality, and reduced costs can be achieved. When all disciplines and employees use a shared mental model, they communicate more quickly and clearly, and can streamline the path toward a patient-designated picture of success. By using a patient/family focused bundle of best practices,

along with skill development and coaching, organizations pressed by tough times can fuse frugality with quality, refine care processes while retaining staff, and proudly promote their results to the public they serve.

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