

# James L. Holly, M.D.

## HCAHPS on weekend call July 20, 2013

**From:** James L. Holly  
**Sent:** Saturday, July 20, 2013 7:35 AM  
**To:** Providers; Executive Management; Medical Records Service  
**Subject:** Rounding July 20, 2013 on all patients at Baptist admitted to SETMA save one new admit -- CHAPHS while on call for the group

[SETMA's Medical Home Post-Hospital Audit of Care Received - Patient input](#)

(\*The attachment above is the set of questions, SETMA is going to deploy in our EMR in the Care Coordination materials. These questions will be asked in the telephone coaching call all discharged patients receive the day after discharge. This will be in structured fields so that it can be electronically audited weekly, monthly and quarterly. It will be publicly reported. ALL patients discharged will be surveyed.)

**With SETMA's new commitment to master the HCAHPS standards (Hospital Consumer Assessment of Healthcare Providers and Systems), I wondered how SETMA's commitment work with weekend call. This morning, I saw 41 patients at Baptist. All were treated as described below.**

Also, knowing that HCAHPS is done only with Fee-for-Service Medicare, SETMA has determined to follow the same standards with all patients. Also, knowing that patients discharged with hospice, who expired before discharge, or that are inmates are not included in HCAPS, SETMA will treat these patients as if they are in the HCAHPS Survey, i.e., they will be included in SETMA's internal HCAHPS Survey.

The following is the summary of the three initiatives which we have undertaken in different responsibilities in the hospital:

## **Administrative Standards - Medical Records Quality**

1. All H&Ps on charts were sign
2. All telephone orders in Physicians Orders were signed
3. All discharge orders were written before noon

## **Preventive Medicine and Standards of care**

1. All immunizations particularly pneumovax were brought up to date
2. New patients to SETMA were asked if they had a flu shot and when they did that was updated in the EMR
3. All patients that did not have a CODE status - had code status addressed
4. All hospice eligible patients had hospice addressed.
5. All patients who smoked had cessation discussed with them
6. The hemoglobin A1C on all patients with Diabetes was reviewed or ordered.

## **HCAHPS**

1. Knocked on all doors before entering room - this is not new
2. Sat in chair by bedside to talk to all patients - with three exceptions - no chair available or chair too heavy to move
3. Introduced myself and reminded patients of my name - hospital business cards with attending physicians picture on the card being printed.
4. All patients' PCP identified and I introduced myself as the reprehensive of their primary care doctor
5. SETMA's Hospital Plan of Care was given to the patient by me and explained for new admits.
6. All patients asked if they had additional questions or issues
7. I intentionally never interrupted a patient, letting them finish their thought and pause before I began talking.
8. All patients asked if they have adequate help at home once they leave the hospital
9. All patients ready for discharge had their follow-up care addressed.
10. All follow up instructions were discussed with the patient including whom they would see, when and where.
11. If any tests results were not back, I let them know when and how they would get the results.
12. All patients were treated with courtesy and respect: addressing them by their name and title. Not interrupting them, answering all their questions and asking multiple times if they had anything else they wanted to discuss.
13. I made sure that patients understood the vocabulary I used.

I am eager to see the results of this effort over the next weeks, months and years.

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C.E.O. SETMA\_

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