

# “Be Our Guest”

## Initiatives to Improve the Patient Experience!

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# The History of Patient Satisfaction

- 1740 – a young lady of Picardy receives “no satisfaction” in seeking multiple MD medical assistance\*
- 1756 – consultations = satisfaction\*\*
- 1776 – satisfaction assessment methodologies begin to emerge

\*[Principles and Practice of Dental Surgery, 1740]

\*\*[A Handbook of Obstetric Operations, 1756]

# Notes on Nursing

*Florence Nightingale, 1860*

- Still the *Finest* Book on Nursing!
- Urges us to imagine ourselves as the patient “must feel” when exposed to “overheard conversation, whispered conferences”
- “Apprehension, uncertainty, waiting, expectation, fear do a patient more harm than any exertion”

# The Nightingale Effect

- First to define the “Art of Nursing”
- Instructs Us to:
  - “sit within the patient’s view”
  - “show no signs of hurry”
  - “give complete attention”
  - “never speak...suddenly”
  - assure patients are “undisturbed at night”
  - respect “the effect of beautiful objects, a variety of colors on the mind” and on “the body, too”

# The History of Patient Satisfaction

- 1860 – 1900: Hospital images dramatically changes from a place to die to a place to heal
- 1919: Demajo Clinic founded with top “priority is the *patient’s satisfaction*...”
- 1927: Peabody, MD “the good physician “lavishes time, sympathy and understanding”
- 1948: Dental practice established “in a friendly and relaxed environment with an emphasis on *patient satisfaction*”

# The History of Patient Satisfaction

- 1968: Western Ontario University Nursing Faculty begin to study *patient satisfaction* in the Sanatorium Hospital
- 1976: TAPS established for patient and relations professionals involved in patient satisfaction customer/guest relations & quality
- 1979: Irwin Press, PhD stress importance of survey methodology when establishing patient satisfaction programs

# The History of Patient Satisfaction

- 1984: Press develops survey to measure patient satisfaction
- 1985: Press partners with Rod Ganey to help improve healthcare through patient satisfaction measurement
- 1985 – 1993: Hundreds of patient satisfaction articles published
- 1994: Clinton's health care plan proposes the use of patient satisfaction surveys to measure hospital performance

# The History of Patient Satisfaction

- 1999: Mayo Clinical data demonstrates that patient satisfaction soars with happier employees
- 2002: Multiple studies demonstrate that nursing satisfaction has a significant effect on patient satisfaction with nursing care
- 2007: Center for Medicare & Medicaid Studies (CMS) develops HCAHPS - Hospital Consumer Assessment of Health Providers and Systems Survey

# The History of Patient Satisfaction

- 2007: CMS releases Report to Congress: Plan to implement Medicare Hospital Value Based Purchasing Program (VBP)
- 2008: HCAHPS becomes part of quality data reporting required by CMS to quality for the full FY09 Inpatient PPS market-basket update.
- 2011: CMS announces that the VBP Program includes HCAHPS results

# Value Base Purchasing Impact

- Payments to be Withheld from Hospitals Based on Clinical & Satisfaction Metrics  
70% clinical and 30% satisfaction
- Hospitals will “earn back” part of withheld payments based on performance
- Commences October 1, 2012
- Payment Affected: FFY 2013

Now You Know Why the Interest in  
HCAHPS!

# HCAHPS

## The 27-question “Game Changer”

- Provides accurate ‘apples to apples’ metrics  
Hospitals see how they stack up against one another
- Results are tied to quality and clinical outcomes  
Determines how often something happened
- Gives consumers an easy way to compare hospitals  
Need only to log on to [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- Enables pay-for-performance [Value Based Purchasing]  
Results eventually drive full Medicare payment

# Industry Focus Today

- *Spotlight centered on defining exactly what “**excellent service**” means!!*
- *Target now becomes “**to exceed the patient’s expectations**” so that we create:*
  - *Loyalty*
  - *Generate excitement among staff*
  - *Improve clinical outcomes*
  - *Preserve and grow the bottom-line*
  - *Increase market share*
  - *Separate “our” hospital from the competition*

*We Strive to “Delight” our Patients & Families!*

# Vendors Come to the Rescue!

- Quint Studer
- Gallup
- Press Ganey
- NCR Picker
- Customer Focus, Inc
- Marketing Research Services, Inc
- Training Technologies, Inc.
- AVATAR International
- Shaw Resources
- ...and the list goes on...

# Elements of Quality

## Clinician Defined Quality:

- Infection Rate
- Aspirin and beta blockers
- Falls
- Adverse Drug Events

# Elements of Quality

## Patient Defined Quality

- Respect  
Was I treated with courtesy and respect?
- Privacy  
Was my personal information and privacy taken into consideration?
- Information  
Was I kept well-informed? Was my Family Kept informed?
- Empathy  
Did anyone show concern for me and my situation? When something went wrong, did I receive an apology?

# Impact of Higher Patient Satisfaction Scores\*

- Reduced Patient Stress
  - Results in fewer medical complications
- Increased Trust in the Physician
  - Results in great compliance
- Increased Placebo Effect
  - Results in faster healing

\*Press, The Satisfaction Monitor, May/June 2000.

# Consumer Behavior\*

- Satisfied customers will tell **8 people** about their experience
- Unsatisfied customers will tell **16 people** about their experience

*Our Job: Determine what it takes to exceed our patients expectations, then deliver!*

\* Goodman, Understand Customer Behavior and Complaints, 2003

# Customer Service Standards ~ You've Seen This Before!

- If you say it, DO it!
- Dress Professionally.
- Give your **UNDIVIDED** attention.
- Smile, smile and smile a lot! Show teeth!
- Treat your patient like you want to be treated.
- Do something different or extraordinary to set yourself apart.

# Don't Aim to Satisfy Aim to WOW!

- Which do you prefer:  
“It’s my pleasure” or “No Problem”?
- If someone asks you if you have time do something, how do you think they might feel if you said:  
“I *always* have time for you!”

# One Look & You Have Communicated!

- It's not always WHAT you say but HOW you say it:
  - Eye Contact
  - Posture
  - Facial Expressions
- Body language accounts for 55%
- Tone accounts for 38%
- Words account for 7%

All the more reason to *smile, smile, SMILE!!*

# Body Language Communicates Volumes!

- *Smile* warmly
- Pull up a chair, lean forward
- Touch the bed – remember, when you do so you touch the patient
- Don't cross your arms or point your finger
- Avoid checking your phone or pager
- Don't have a conversation in the doorway
- Don't ask "What do you want?"
- Avoid "Excuse me, but.."

# Sometimes “Just” Listening is the Best Medicine!

- Actively listen, lean forward
- Make and maintain eye contact
- Nod with understanding
- Engage Family members or Visitors
- Show empathy
- Assure privacy with all information related to you

# And, If You *Really* Want To Make A Difference...

- When you have concluded *each* visit with your patient – it does not matter what the reason – end the conversation with:

*“Is there anything I can do for you?  
I have the time.”*

*This is **THE** most powerful statement you can make and has proven to dramatically effect the patient's perception of care!*

# HCAHPS Domains:

- **Top Box:** Rate – Overall Hospital Rating  
Recommend – Likelihood
- **Six “Touch Points”**
  - Care from Nurses
  - Care from Doctors
  - Hospital Environment: Cleanliness & Quietness
  - Responsiveness of Hospital Staff
  - Communication about Medications
  - Pain Control
  - Discharge Education

# Key Drivers of Top Box Scores

- Care from Nurses
  - Most important
- Responsiveness of Staff
  - Determined by each patient encounter
- *Anything* to do with Communication
  - Cannot communicate enough!

# Emergency Room Effect

- Don't Discount ER Scores
  - As ER scores move, so do inpatient HCAHPS scores
- In the absence of an ER holding area:
  - Direct-Bedding
  - Full Capacity Protocols
  - Rounding by ED and inpatient staff

# Patient Engagement Emerges!

Definition: “to hold the attention of: engross:  
to induce to participate”

## Why the New Emphasis?

- Patients control their own treatment & care.
- Patients are more vocal about expectations
- Patients are more likely to “shop around” for the best.
- *Satisfaction* suggests one’s feeling toward adequate healthcare
- *Engagement* suggests attachment and connection to nurses, physicians and the organization as a whole.

# What Is the Opportunity?

- *Engagement* specifically targets staff involvement and active participation to shape care outcomes
- Why is Engagement Important?
  - Engagement centers the patient in the middle of the healthcare experience
  - Engagement results in Patient-Centered Care
  - Engaging the Family results in Family and Patient-Centered Care (F&PCC)
  - F&PCC Strongly Correlates to Better Clinical Outcomes and Higher Patient Satisfaction Scores

# How Do We Effectively Engage Patients and Their Families?

- **Hourly Bedside Rounding:**
  - Going *into* the Room
  - Offering Help With a *Smile*
  - Assessing *Clinical* Parameters/Metrics
  - Conducting *Positive* Conversation
  - Ending with “.../have the time”
- **Conducting Shift Reports *at the Bedside with the Patient & Family***

# How Do We Effectively Engage Patients and Their Families?

- Establish “No Pass Zones” for Call Bells  
*If anyone walks within 3 feet of a lit call bell, they go into the room and respond directly*
- Create Family & Patient Friendly Nursing Unit Welcome Packets  
*Customized to clinical service*
- *Focus on “Over-Communication” with Patients and Families Because:*

*You Can NEVER Communicate Enough!*

# One Final Thought...

- Core Purpose – Defines Why We Exist
  - **Disney:** “To Make People Happy”
  - **3M:** “To Solve Unsolved Problems”
  - **Nike:** “To experience the emotion of competition & winning...”
  - **Wal-Mart:** “To Give Ordinary Folk the Chance to Buy the Same Things as Rich People”
  - **Your Hospital:**

Thank You!

Questions?

