

Spring 2013

# EDGE

Professional Research Consultants, Inc.

# Exploring Bright Spots

Celebrating Client Successes

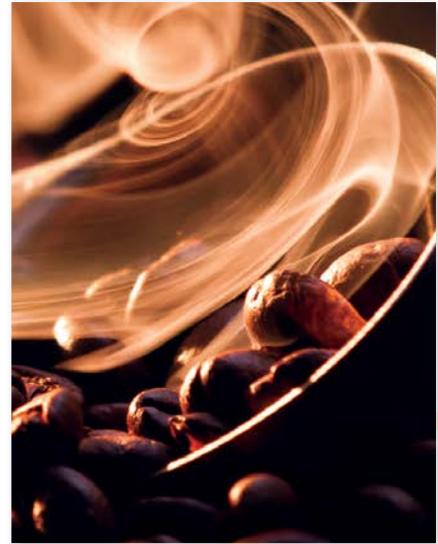
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## a bright spot

At PRC, we love to see the organizations we serve achieve success. While we are busy collecting and reporting data, our hard-working and dedicated clients are in the trenches developing action plans and making procedural changes to improve their patients' health and overall hospital experiences. The Spring 2013 edition of *PRC Edge* highlights just a few of the organizations visited by our Client Education Team in the past few months. In the organizations featured, it is clear to see that great things are happening and patients are the true beneficiaries of these efforts. We call them "Bright Spots" and we are pleased to share their stories.





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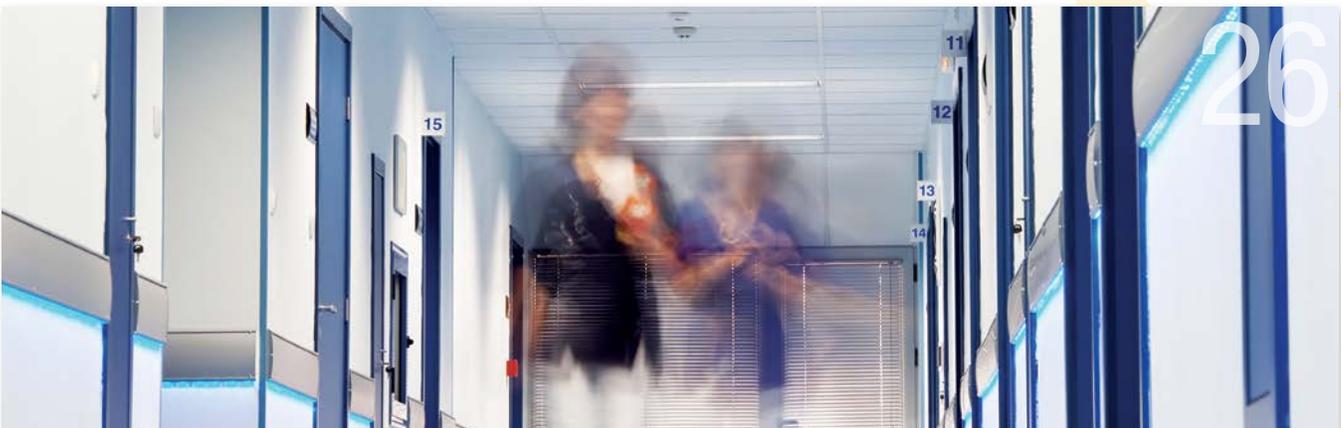
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**Editor:**  
Jill Reeves, MHA

**Associate Editor:**  
Jessica Heidebrecht, MA

**Contributing Authors:**  
Nichole Albers  
Sandy Bakke  
John Gnida, MA  
Teira Gunlock, MHA  
Cynthia King, Ph.D  
Daniel King, MS  
Nancy Miller  
Dustin Strickler, MBA

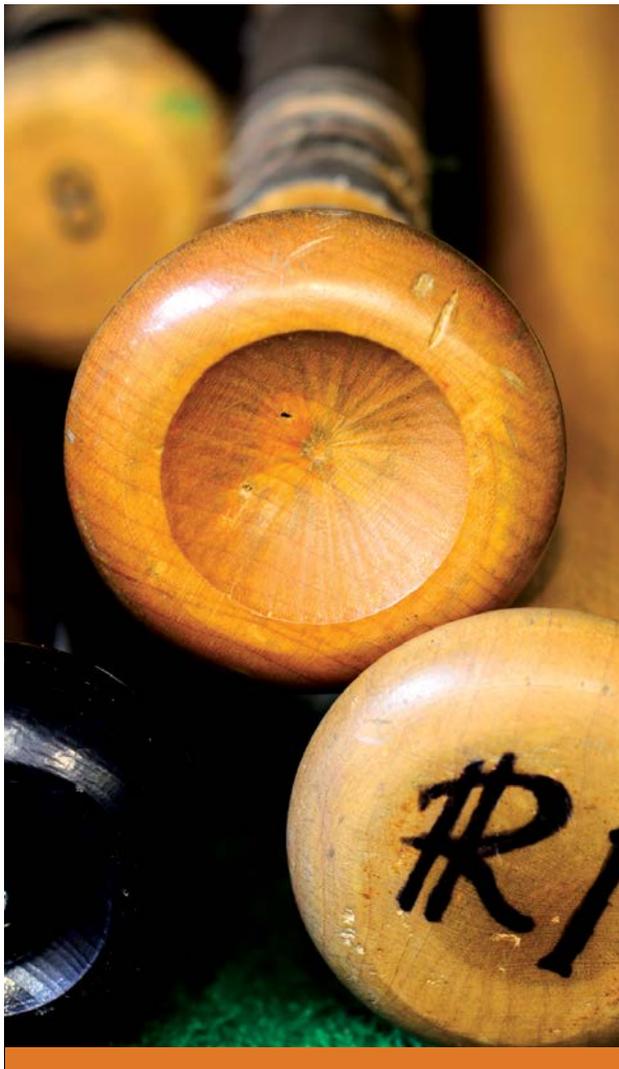
**Design & Production:**  
Laura Harms  
Michael Gossman



# Seton Southwest Hospital

## *A Team that Works*

Teira Gunlock, MHA and Sandy Bakke  
*PRC Client Education Consultants*



The ethos of Seton Southwest Hospital includes an almost unparalleled sense of teamwork. Employees at this top-performing facility consistently commented on excellent teamwork within departments, between departments, and throughout the organization. When we asked one nurse about the underlying source of this teamwork, she replied, “Concern and caring for not only our patients, but each other. We really do care about each other.”

Excellent teamwork is necessary to create excellent patient experiences. “Overall, how would you rate the teamwork between doctors, nurses, and staff?” is the most common #1 Key Driver of Excellence® in nearly all of PRC’s patient databases, meaning that it strongly drives perceptions of overall quality of care.

When it comes to building an environment with solid teamwork to create excellent patient and family experiences, hospitals should look to the example set by Seton Southwest Hospital. Eight lessons stand out: reflection in routine; hiring the right people; encouraging innovation at the frontlines; modeling expected behaviors; promoting learning through positivity; incorporating fun; showing appreciation; and, talking to patients.

A silhouette of a baseball player in mid-swing, wearing a cap and uniform, set against a warm, golden sunset background. The player is positioned on the right side of the frame, with the bat extending horizontally across the middle. The background is a soft, out-of-focus gradient of orange and yellow light.

## Lesson 1

### **Include reflection in routine**

Connecting to purpose doesn't just happen; connecting has to be appropriately purposeful. With this in mind, each leadership meeting at Seton Southwest Hospital begins with a "reflection" to help employees recognize the impact of their interactions with patients. In fact, management meetings at most Ascension Health facilities begin in a similar fashion. The person leading the reflection varies, and so does the content. Always present, however, is the intent to connect to the purpose and the mission of the organization. While healthcare is fortunate to employ a large mass of people who work from a sense of mission, some organizations, like Seton Southwest, acknowledge that everyone needs reminders.

Some hospitals we have traveled to are great at connecting to purpose...sometimes. "Sometimes," however, is not often enough. In an industry that needs people demonstrating compassion, connecting to purpose should not be left to chance. Excellence, though not defined by it, is achieved through consistency.

When we take the time to reflect on who we are as an organization and how we hope to treat our patients, we bring a common sense of mission to the top of minds of employees. With one mission, we become one team.



## Lesson 2

### Hire the right people

Seton Southwest Hospital consistently hires people who have a strong sense of purpose and work well as a team. Through peer interviews, behavioral interviewing, prioritizing attitude, and patience, Seton Southwest consistently brings people into their family who care about creating a healing experience for patients.

Peer interviewing collects a wide variety of perspectives on applicants, and also allows the future team to have input on who they will work with best. Many organizations, however, struggle with front-line employees feeling comfortable with this practice. At Seton Southwest, they noted that not every employee is automatically at ease conducting peer interviews, but they provide training and support to these employees. In addition, managers realize that the more peer interviews are done, the more comfortable this practice becomes.

Behavioral interviewing aims to uncover the nature of past performance. As opposed to asking questions about skill sets, behavioral interview questions often begin with, “Tell me a time when you...” It allows interviewers to see what type of self-reported evidence the applicant has in impacting a culture or outcome. Employees at Seton Southwest believe this type of interviewing helps them better assess applicants to see how they might fit into the team.

A team that crafts healing patient experiences requires clinical and compassionate talent. While both skills are important to patients and to quality outcomes, some organizations fail to prioritize the softer skills. At Seton Southwest, however, they prioritize attitude when hiring for new employees. Exceptional clinical skills are not enough. One employee stated, “I would rather hire a good attitude than top notch clinical skills...you can teach people clinical skills. It’s harder to teach a sense of caring.”

Prioritizing attitude and employing in-depth interviewing practices takes time. Waiting for applicants with an innate sense of compassion can be a test of patience. According to several employees at Seton Southwest Hospital, though, waiting for the right fit is worth it. “If the right applicants don’t appear, don’t hire anyone until you find a good fit,” advised one leader.



### Lesson 3

## Encourage innovation at the frontlines

Creativity arises from a structure that supports communication and ideas from everyone, but also from a culture that heavily focuses on positivity. “As a whole, we really encourage...we use the term ‘pilots’ here. We always comply with the network, but we also try to look at our site and what we need and our situation. We do that quite often and that comes from the staff – it’s their ideas. We’re there to empower them to come up with some creative ideas on their own,” said one leader.

Innovation seldom arises from silence. Seton Southwest Hospital holds a daily briefing where all areas report, but anyone is permitted to join. On the spectrum of meetings, it’s much closer to a huddle than a board meeting. They go over census, any safety concerns, and any stories that need to be shared. The briefing provides a great opportunity to acknowledge and listen to employees. One employee reported, “We bring stories to the daily briefing...the more we see of that, the more contagious it becomes.” When employees feel heard, they are more willing to speak up with new ideas and actively engage in innovation.

### Lesson 4

## Model expected behaviors

When asked about why patients say such wonderful things about Seton Southwest Hospital, one environmental services employee replied “excellent teamwork.” When we asked her to explain what

that teamwork looked like, she responded, “bosses will pitch in and help.” Another employee had a similar response: “...when a manager or nurse sees a piece of paper and picks it up even though they are not a housekeeper.”

These opinions expressed by Seton Southwest employees underscore the importance of modeling expected behaviors for one another. “The boss needs to set the example,” said one employee. We witnessed great examples of leaders picking up trash, accommodating visitors, and taking great ownership in the organization. Setting clear expectations through what we say is great; setting clear expectations through what we do is better.

Modeling expected behaviors starts at the top. It is rare to find an organization where the lead administrator is so consistently admired by employees. The level of widespread respect for Mary Faria, Seton Southwest Hospital’s COO, is obvious. “Mary inspires them to want to do their best. When you admire someone you want to be part of a team. You don’t want to be the person dragging the team down. You want to be as good as the person you admire,” said one employee.

It is not up to only leadership to model these behaviors. Every employee has the opportunity to be the example. Employees throughout the organization had stories of admiration about another team. “We have an inspiring security team...they handle everything very respectfully and with understanding,” said one employee. Perhaps employees speak so glowingly about one another because they don’t think in terms of “other” teams.

At Seton Southwest, there is one team. “The team is everybody – housekeeping, dietary, labor, and delivery...everyone,” said one nurse.

## Lesson 5 Promote learning through positivity

Positivity acts as a stimulant for creating new ways to impress patients, learning, and working together as a team. Seton Southwest Hospital instills a culture of positivity through focusing on opportunity, sharing what works with one another, and having fun.

Leaders discuss data in a way that isn’t punitive and demoralizing, but inspiring. Employees gave credit to Mary Faria, in particular, to setting a positive tone. “People tend to follow Mary’s lead and put a positive spin on it and identify ‘opportunities,’” said one employee. “Dips in scores do not result in blame, but in a challenge to seize the opportunity and get better. At Seton Southwest, that’s the motto – let’s figure this out. Mary is a great example. Mary walks the talk. She talks about the scores and she sets the example for how the staff should react...” An environment that’s focused on the positive does not ignore negative data or scores that go down, it seizes those times as opportunity to re-focus. It’s not that winning teams don’t ever experience dips – it’s what they do during dips that matters. Mary and the rest of leadership acknowledge the decreases in scores without feeling defeated.

Patient perception scores should spark conversations, not replace them. One leader reported, “The key constant for us has been sharing data. We look at it all the time. It’s really been pushed to the front lines and they (front line employees) are the ones coming up with the ideas about change. They’re driving change, not senior leadership.” Data isn’t held captive by leadership, but shared openly with all employees. In fact, that level of transparency is now expected. One manager reported, “Every Monday we get HCAHPS scores and if I don’t tell them, they ask me about it. They (front line employees) like to know how we are doing and they are very involved.”

There is a willingness to share all types of information at Seton Southwest. Employees constantly share stories of what works and encourage their colleagues to ask questions. When it is easy to

ask questions, it is easy to learn. “Anyone can ask a question and get clarification,” said one employee. Another employee shared, “Everyone is approachable.” When asked how staff learns from one another, a nurse said, “They are very giving of themselves to others. They never say, ‘what do you mean, you don’t know that?!?’”

One employee noted, “I think that brainstorming here is very welcome. Most of the problems are handled by a team, by the stakeholders...” Even high performers like Seton Southwest struggle to keep a positive focus like this, but because they generally succeed in keeping things focused on what they can improve and what is working, teams here spend more time talking about solutions than about problems. Opportunity-seizing discussions (as opposed to problem-solving ones) help develop confidence in employees that they are already providing great patient experiences most of the time. And they are. Nearly 80% of patients have rated their overall quality of care at Seton Southwest Hospital in 2012 as excellent.

## Lesson 6 Incorporate fun in improvement

One of the ways Seton Southwest Hospital instills a sense of team and camaraderie is through fun. The “fun theory” posits that one of the easiest and most effective ways to change behavior is through fun. In Odenplan, Stockholm, researchers replaced a normal stairwell with working, noise-making piano keys that produced music as people climbed the steps. They made taking the stairs more fun, which resulted in 66% more people choosing to take the stairs instead of the escalator ([www.thefuntheory.com](http://www.thefuntheory.com)). Seton Southwest Hospital does not have a piano staircase, but they do have fun. One employee reported, “We do a lot of door decorating contests and the teams compete. We’ve done some related to patient experience and patient safety. In order to win, you have to tie it back to something specific. It’s fun, but it’s also for learning.”

Seton Southwest Hospital takes just the right dosage of healthcare’s oldest medicine – laughter. Leaders and staff joke with and tease one another, creating a relaxed atmosphere. There’s nothing relaxed about their drive to provide excellent care, but employees acknowledge having fun builds a culture that creates great patient experiences.



## Lesson 7

### Show appreciation

If we want employees to work harder and do something different to improve the patient experience, we've got to reward them when they do. Several employees described a culture of appreciation at Seton Southwest Hospital. One employee stated, "We're really good at thanking each other." She continued, "Different people bring different gifts to the table." A volunteer shared this sentiment: "...they just pat us on the back all the time. They remember specific things we have done or they have heard about things we have done and they let us know."

Appreciation from leadership is shown, for example, with celebrations for events like nurses' week, and by handwritten birthday cards for all employees from the COO, Mary Faria. Another leader recalled, "I send notes in the mail to their home telling them how much I appreciate them. I also thank them in front of the group."

Leadership goes beyond the verbal or written acknowledgement of appreciation and also shares time. While we were onsite,

Mary took the time to take a volunteer on a tour of the newly constructed rooms. The volunteer commented on how special that sharing of time made her feel. Seton Southwest Hospital supports employees and volunteers and in turn, those employees and volunteers support patients and families. When we demonstrate compassion toward one another and show appreciation, we create an environment that breeds a willingness to work together as a team.

## Lesson 8

### Talk to patients

It is essential to talk to patients to deliver excellent experiences, but Seton Southwest Hospital doesn't simply talk to patients out of a necessity to provide clinical care; they talk to patients out of a deep desire to improve and personalize care.

Rounding, or the process of systematically talking to patients, can take many shapes. There are many versions of rounding at Seton Southwest. One great rounding success at Seton Southwest Hospital is the Food Service Manager rounding on patients. An employee recalled, "...our chef rounds on the

patients. They love him. He is so personable.” The Food Service Manager talks with patients to gather feedback about the food and service and to convey to patients that their experience is important to him.

Talking to patients serves Seton Southwest Hospital’s overall improvement process, but it also serves the individual patients. Employees seek to tailor care to each patient. In fact, nurses in pre-op use a checklist that reminds them to ask patients, “What’s the most important thing to you?” One nurse said some patients want their dentures put back in before their family comes to visit, while some want to make sure that their family is updated regularly. Every patient has different fears and different hopes and Seton Southwest Hospital seeks to understand them. “I think you have to talk with them with a human interaction and not become mechanical. It is very easy to say ‘hi’ and fly through your explanation. There needs to be a good interaction. Ours is a quick interaction but it is important. They need to know that our main goal is to get them through the process as easily as we can. The most important thing is

that human connection...to treat them like a person,” noted one physician.

A labor and delivery nurse shared an example of personalizing care: “...we have a high number of nurses who have experienced losses. It’s one of our specialties. It’s not something you want to specialize in, but if a patient has experienced a loss, there’s almost always someone on duty who has gone through that. It makes it a lot more personal. I think everybody up there treats their patients as if it was their daughter or a family member.” By acknowledging emotional similarities and discussing shared experiences, Seton Southwest employees deliver personal experiences to patients.

“They are very important people to somebody, so they should always be important people to us,” said one nurse. This sentiment at Seton Southwest is palpable. At the end of the day, Seton Southwest acknowledges that the most important member of the team is the patient. •



# Community **WIDE** **BENEFIT**



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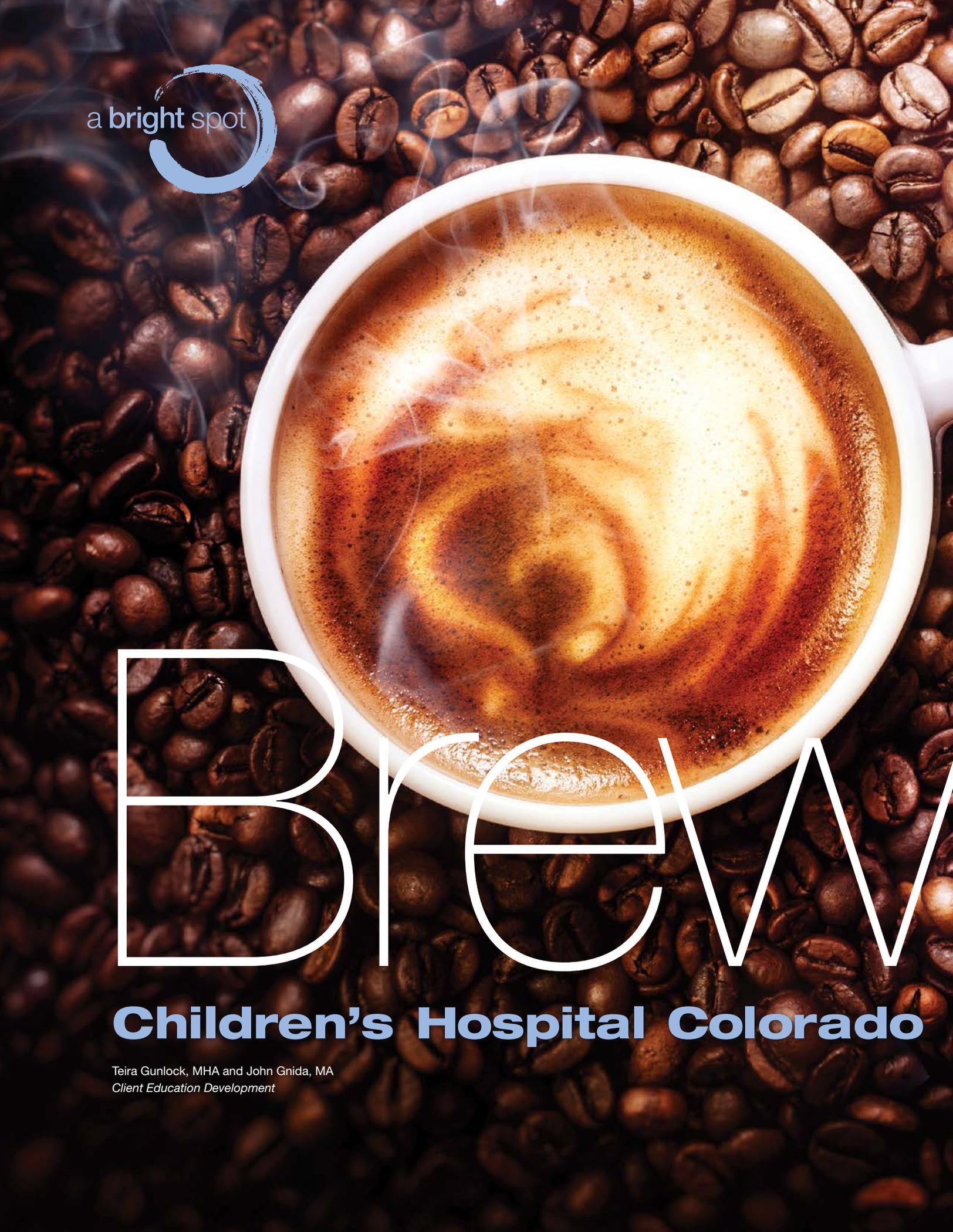
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a bright spot

# BREW

**Children's Hospital Colorado**

Teira Gunlock, MHA and John Gnida, MA  
*Client Education Development*



Children's Hospital Colorado stands out – from the design of their flagship hospital to the extraordinarily high patient perception scores they receive. What is most distinct, however, is a culture that supports new ideas to generate memorable patient and family experiences. Employees in healthcare organizations nationwide think of ways to make care more compassionate and patient-centered every day, but some organizations, like Children's Hospital Colorado, are much better at tapping these ideas. New ideas may not always produce immediate and drastic improvements, but they do produce progress.



# ving new ideas

It's not enough to simply learn the innovations; hospitals need to also learn how to build a culture that brews these innovations. If organizations only copy best practices from others, they are always playing catch-up to those hospitals that support their development. To build a culture that produces innovation, three lessons from Children's are clear: 1) create platforms for communication between diverse perspectives, 2) support everyone to offer new ideas, and 3) emphasize what is working.

### Lesson 1 Create platforms for communication between diverse perspectives

Steven Johnson, author of *Where Good Ideas Come From: The Natural History of Innovation* (2010), looks at the commonalities between environments that produce unusually high amounts of new ideas – environments like the 17th-century coffeehouse, which played a big role in the period of Enlightenment. Beyond the energizing effects of coffee, the space of the coffeehouse encouraged people from different backgrounds and expertise (philosophy, science, art, etc.) to gather, thus fostering a culture of innovation.

To create a coffeehouse environment that breeds a type of Patient Experience Enlightenment, we need to bring a variety of experts together. Johnson believes that our best ideas are rarely created in seclusion; instead, they develop when we are

together (p. 52, 2010). Appropriately, he's not alone in that belief. In a *Harvard Business Review* article titled "Creativity and the Role of the Leader," Amabile and Khaire write, "...innovation is more likely when people of different disciplines, backgrounds, and areas of expertise share their thinking. Sometimes the complexity of a problem demands diversity" (2008, p.103). It's not enough to have company, one needs diverse company.

Children's Hospital Colorado creates platforms for communication between diverse perspectives most notably through daily patient safety briefings and the structure by which they coordinate patient experience improvement.

As part of a continuous effort to become a highly reliable organization, Children's Hospital Colorado implemented a daily patient safety briefing based on research from Cincinnati Children's Hospital. Each morning, every patient area and support area convenes via phone conference for a discussion led by the administrator on duty. It is an opportunity for anyone to discuss safety issues – whether in the past or foreseeable in the future.

Our best ideas are rarely created in seclusion; instead, they develop when we are together.



At Children's Hospital Colorado, any employee may call in to participate in the daily patient safety briefing. While vocal participation in the call varies based on the issues of the day, listening occurs throughout the organization. The Director of Facilities noted how helpful it had been to gain a stronger understanding of others' situations, saying, "In many cases, a minor thing to me is not such a minor thing to the person providing care. That's the element of it that I really like." When something is reported as needing attention, it's not often fully understood. The briefing's discussion encourages a deeper, more balanced understanding of issues.

Innovation and improvement rarely arise from silence. This type of democratic, regular meeting that brings together people of all services sparks better communication. "With leaders, it's really opened up a level of communication. It has allowed people to define their perception as maybe different than before. It helps us understand what is and isn't a big deal, needs more attention, etc.," said one leader.

The safety briefing is also a way to acknowledge and listen to employees. One manager noted, "The safety briefing makes us feel supported because we feel like our issues are heard and taken care of." When employees feel heard, they are more willing to speak up and offer new ideas.

Anyone who is part of the patient experience is capable of

creating new ways to show patients and families how much we care. The nationwide improvement in patient perceptions we have seen is a product of steadfast innovation (e.g. using white boards to communicate with patients, hourly comfort rounds, etc.). The improvement that can happen in the future will result from the same thing – individuals who speak up with ideas about making experiences better.

The structure by which Children's Hospital Colorado coordinates patient experience improvement brings together a variety of voices to speak up with new ideas. Each service line has a service excellence team made up of primarily front-line staff (clinical and non-clinical) tasked with improving the patient experience. This, alone, led to great improvements over the last few years, but Children's continues to try different ways to improve communication and cultivate innovation. Creative environments are not chained to their past. Leadership saw an opportunity to offer more management support of and communication across the individual teams. For those reasons, they formed the Service Excellence Council.

One employee described the Service Excellence Council as a bridge for communication: "The service excellence teams report up through this group, so we see what is going on...and help with the synergies of the groups. They set their own individual direction, but if we see that some groups would benefit from some communication, we do that. We help with that global view."





Success and innovation don't flower from involving only front-line staff or only senior leadership; they flower when different people of different levels come together to improve care for patients and families.

One leader at Children's joked that while much of their success was strategic, a small portion of it was perhaps the result of a "happy accident." It seems, though, that these happy accidents are much more frequent at Children's Hospital Colorado than the average hospital. Perhaps that is because, as Johnson notes, "chance favors the connected mind" (2010, p. 174). Children's creates connections between diverse perspectives and those connections foster new ideas.

## **Lesson 2** **Support everyone to offer new ideas**

One invaluable connection that Children's Hospital Colorado has made is between parents and those involved in improvement. Some parents serve on the Family Advisory Council and some participate in hospital committees.

Involving those we serve helps us serve them better. That is the guiding spirit of Patient and Family Advisory Councils. The work, scope, and effectiveness of each council, however, varies. The council at Children's Hospital Colorado is an active and instrumental leader in driving improvement.

In the mid 90s, the council began taking shape in the hallways of the hospital with conversations between parents whose children

were frequently patients. When the new Children's Hospital Colorado was built in 2007, the council was asked for input on the new building plans and improvement projects. Today, they have evolved to be an influential, 35-member council propelling positive change at Children's.

The success of the Family Advisory Council, in part, is a result of senior leadership championing their efforts. "We feel like we, as parents, have access to staff in a new way," said one council member. In addition, the council has clear structure: they enlist new members through an interview process to assess where they might best serve, pair new members with mentors, and set goals.

When screening for new members, the council looks for parents who can see beyond their own child and visualize the bigger picture. "It's not just about your child. You have to have a broader picture. What is, overall, going to be good for families?" said the chair of the Family Advisory Council.

In addition to the Family Advisory Council, 24 parents sit on committees throughout the hospital. Parental involvement of this degree was not an overnight change. One parent recalled, "At the beginning, there was pushback. Employees thought they wouldn't be able to speak honestly in their meetings if parents were in the room. We really had to communicate that we're going to give you parents that can hear, 'I made a mistake,' and get past that. It's morphed and now they find it really valuable. They are comfortable." Parents value the opportunity to be part of improvement and reciprocally, employees value the input of parents. A parent presence helps translate numbers to stories



Children's Hospital Colorado recognizes anyone – parent, patient, employee, or volunteer – can create new ways to enhance the patient experience.

and lives. "One of the lessons learned is the importance of having parent representation on committees to keep us focused on what is real and important," said one leader.

Parents are a wonderful resource that inspire and drive new ideas, but leadership at Children's Hospital Colorado recognizes anyone – parent, patient, employee, or volunteer – can create new ways to enhance the patient experience. Employees of every distinction feel supported to try something new without bureaucratic hassle. An employee at the Children's Hospital Colorado Emergency Department at St. Joseph's Hospital remarked, "Decision making isn't title-specific. It's the onsite team. That's the style that works." A volunteer at Children's main hospital shared her sentiment, "This is an institution that really tries to support the efforts volunteers want to make. Instead of trying to throw up road blocks, they are doing what they can to facilitate those new ideas and new approaches." Another employee agreed: "I don't always get what I want, but I always feel supported."

Support rarely begins with "No." The first rule of improvisational theatre, or "improv," is to say "Yes, and..." An improv stage is

set with multiple actors and a theme. To create a performance, actors have to listen to one another and agree to build the scene or conversation. They have to say "Yes, and..." When an employee has an idea about how to advance care, the response at Children's also begins with "Yes, and..." Conversations at Children's continually grow. An environmental services employee designed and built a special kind of pool cue for a child with disabilities. He said, "I think we have the freedom here that if we think of something, we can take that to our supervisor and implement it." Not everything is immediately possible, of course, but we should always encourage employees to engage in the dialogue.

When leadership at Children's Hospital Colorado sought to recreate and realign their core values, they had conversations with all kinds of staff. Managers from every area recruited stories from employees to see what they thought made Children's special. Everybody, then, had a hand in writing those values – not just senior leadership or marketing. With everyone working together to create a list of what makes Children's unique, it is no surprise that a resulting value is "boundless creativity."

### **Lesson 3** **Emphasize what is working**

Creativity arises from structure that supports communication and ideas from everyone, but also from a culture that heavily focuses on positivity. Chip and Dan Heath, authors of *Switch: How to Change Things When Change Is Hard* (2010), believe different feelings solve different problems. Negative emotions

may help solve a straightforward, specific problem. The problem with negative emotions, they claim, is that negativity narrows our focus and ability to think about all the possible solutions. In other words, negativity stifles creativity. Positive feelings, on the other hand, broaden our ability to solve a problem. They write, “To solve bigger, more ambiguous problems, we need to encourage open minds, creativity, and hope” (p.123).

The prevailing mindset in patient experience improvement has been to focus on service recovery. The temptation to spend the majority of time fixing what went wrong and problem-solving is so strong that it often comes at the expense of studying what is going right. Even for extraordinarily high performers like Children’s Hospital Colorado, leaders have to remind themselves of the necessity to focus on what is working. They realize that a positive focus helps the organization stay on the cutting edge of new initiatives designed to provide the kinds of patient experiences that live up to their lofty mission. Positivity acts as a stimulant for creativity.

The service-line specific service excellence teams mentioned earlier do not only concern themselves with service recovery, they concern themselves with innovation and sharing best practices, resulting in an emphasis on what is working. One strategy that has paid off in the cardiac area has been the implementation of multidisciplinary rounds. One physician noted, “Patients love to see the nurses talking to the docs, and the docs talking to the docs. When we do rounds as a team, that’s huge. When they see you work together, it gives them a sense of confidence.” The multidisciplinary rounds are not hardwired in every single area at Children’s Hospital Colorado, but they are already making a big impact. The service excellence teams are now working through ways to roll out this successful initiative to other areas of the hospital. Breeding more excellence begins with recognizing it when it occurs.

When asked about the primary enabler to delivering a great patient experience, one manager noted simply, “recognizing people.” Children’s recognizes the individuals who go above and beyond; they also recognize the team. There is a distinct acknowledgment among managers that it “takes a village” to make an experience excellent. One manager noted that when she gets a letter of praise from a family, she shares that immediately with anyone mentioned by name in the letter. She also looks

at the record to uncover all of the people who “touched” that patient so she can show appreciation for them as well.

Positivity at Children’s is bred, in part, through several recognition and appreciation initiatives. There are “appreciation stations” located in the units that provide stationery for employees to write thank-you notes to colleagues. One employee said, “Catching people doing it right is the best way to build a great culture.” They also have a “Beads for Deeds” program which gives specific beads to employees to wear on their lanyards based on nominations from peers and managers. In addition, Children’s has an “employee of the month” program that, among other things, gives the employee a preferred parking space.

Children’s Hospital Colorado supports employees and in turn, those employees support patients and families. “We have a lot of programs that support staff well-being...which makes it easier for them to promote a better environment,” said one employee. This environment has led to innovative ways to connect with and heal patients, like taking them to haunted houses. The HIV clinic at Children’s Hospital Colorado coordinates haunted house outings for teenagers because, as a physician noted, “Teenagers don’t want to come in and talk in a support group, but if you take them to a haunted house and spend some time eating pizza, a lot can happen there.” Hospital leaders should dedicate themselves, like the ones at Children’s Hospital Colorado do, to supporting employees’ creation of new ways to upgrade care by focusing on the positive.

If all healthcare organizations simply copy what others are doing, they will be like everyone else. As an industry, we, of course, need to do a better job learning from top performers and studying our industry successes. We need to standardize and spread best practices. We also need to learn from the creative genius often untapped within the walls of our own institutions.

Patients can’t tell us everything it would take to give them an excellent experience. Steve Jobs famously proclaimed that we can’t go to customers to find out what they need; rather, it’s up to us to show them. “Wowing” patients comes from exceeding expectations with a surprise, like an unexpected element of compassion that came at just the right time. Of course we should connect to patients and tailor care to make it patient-centered, but it’s up to our creative expertise to show patients what a great experience feels like. •



a bright spot

Dustin Strickler, MBA  
Client Development Specialist

## HCAHPS Best Practices

# Communication About Medicine

Are you always striving for always? Do you spend a significant amount of time focusing on a specific HCAHPS dimension but don't see any movement in your top-box scoring? PRC understands your frustration and if you are feeling stuck spinning your wheels on initiatives, we want to help! That's why PRC has begun analyzing HCAHPS scores with our top improving and top performing units. PRC has long believed that realistic and sustainable change happens at the unit level, therefore we hosted focus groups with key leaders and frontline staff at two of the top units in our database. After digging into the culture, examining behaviors and hearing stories from these dynamic individuals, PRC would like to share their strategies and successes of effectively communicating about medicines. There are two questions comprising the dimension:

*"Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"*

*"Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"*



TAKE ONE CAPSULE BY MOUTH EVERY THREE HOURS AS PRESCRIBED TAKE ONE CAPSULE BY MOUTH EVERY THREE HOURS AS PRESCRIBED TAKE ONE CAPSULE BY MOUTH EVERY THREE HOURS AS PRESCRIBED TAKE ONE CAPSULE BY MOUTH EVERY THREE HOURS AS PRESCRIBED TAKE ONE CAPSULE BY MOUTH EVERY THREE HOURS AS PRESCRIBED



As a member of Covenant Health, the Fort Loudoun Medical Center handles more than 20,000 patient visits and 4,000 surgical procedures each year. PRC found that this Med/Surg unit located in Knoxville, TN, was a top improver by moving their communication scores above the 90th percentile and has maintained this top performing status over the last year. When we asked unit leaders about specific examples of successful communications, the focus group highlighted four key areas: verbal excellence; visual accountability; close partnerships; and modeled behaviors.

## Scripting

To ensure verbal excellence, the team at Fort Loudoun is aligned on using the best phrases and scripting when a new medication is ordered. Upon entering the room to hang a bag or push a needle, nurses and leaders have decided upon specific emphases on the word “education” for new medicines. Patients are more prone to ask questions and understand the messaging when nurses say, “I’m here to educate you about your new medication” or “The main side effect of this new medicine will be: \_\_\_\_\_.” These verbal cues allow patients to naturally pause and learn about the medicine that is about to be administered. In addition to formal scripting, the Fort Loudoun Med/Surg unit understands that when patients refer to a medicine in their regular plan of care as a “water pill” or their “heart medicine,”



# Fort Loudoun Medical Center

## Medical Surgical Unit

Knoxville, TN

they adopt their language and refer back to the layman's terms during informal conversations. Fort Loudoun serves an immediate area with multiple nursing homes and they regularly see an elderly population. Speaking the language of their patients and focusing on education has benefited Fort Loudoun's HCAHPS scores.

### See it to believe it

If a picture is worth 1,000 words, a correctly implemented goals and results board might be worth 100,000. The Med/Surg team focuses their communication efforts based upon their Journey to Excellence Board, which highlights all of their PRC scoring, HCAHPS responses and hospital-wide patient experience initiatives. At Fort Loudoun, each department manager updates progress on goals with visual graphs and weekly PRC results. This visual tool not only helps nurses understand how their interactions translate into results, but gives the unit a sense of accountability when

the Journey to Excellence board dips in one area. As the internal communication increases between staff, and nurses appropriately challenge each other to move scores in an area, interactions with patients and appropriate scripting truly does increase. The Journey to Excellence board is discussed with frontline staff and nurse managers drive communication on these visual results at weekly and monthly meetings.

### Pharmacy

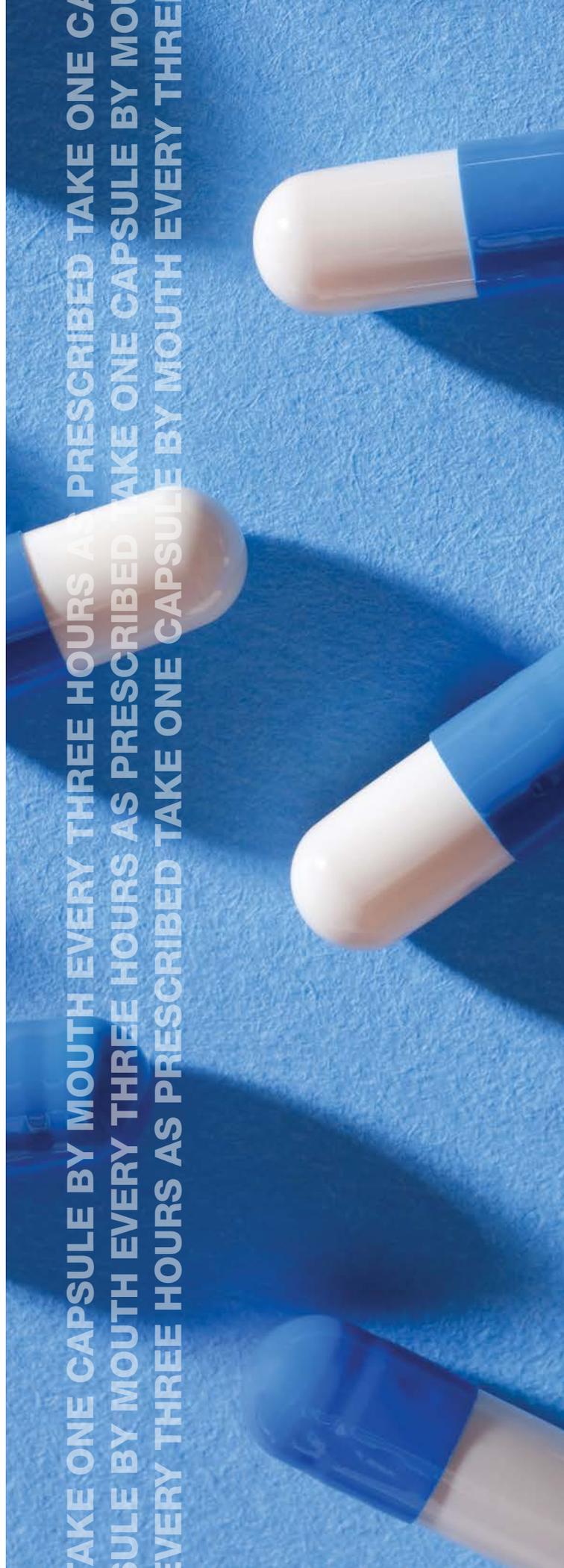
When issues arise from complex medicines, the Fort Loudoun team knows that their close partners within the pharmacy will respond quickly to investigate the cause. An elderly population will lead to more poly-pharmacy cases and the team of pharmacists links the credit back to frontline staff members. In the focus group, Tim Pierce, D.Ph, commented, "When a patient is counseled by their nurse about the reasons medications are discontinued and others are still used, it helps the patient put a picture about why each drug is used." Dr. Pierce also praised

Close partnerships between frontline staff members and the pharmacy are crucial to ensuring excellence.

the staff by saying they were excellent at setting the tone for the hospital stay and ensuring 100% accuracy through the medication reconciliation process. The nursing team remains very appreciative of the pharmacy's response on calls and highlighted that pharmacists are present in the room as soon as they are available with higher risk cases and there is potential for drug interactions. Dr. Pierce regularly consults in patient rooms as soon as he sees drugs like Coumadin® or Lovenox® ordered, which can require more communication. These close partnerships between frontline staff members and the pharmacy are crucial to ensuring excellence.

### Senior leadership

As verbal and visual communication tools are used to relay messages, the best way to drive a point home is to model behavior. And Fort Loudoun's senior leadership team is not afraid to roll up their sleeves to get in the trenches with their staff. Teresa Gomez, Chief Nursing Officer, is seen walking the halls of each floor daily and jumps in with team members to hang an IV bag or move a patient when needed. Gomez has a hands-on approach that allows any member of the organization to ask questions and join in with her as she teams up to provide excellent care. In fact, when Knoxville, TN, had a weather forecast for an inevitable ice storm that would shut down the city, Gomez and other top leaders stayed in the hotel next door because they knew the next day's shift would be short staffed. Top leaders Jeffrey Feike, President/CAO, Gregory Sommers, CFO, and Gomez diligently work on floors during ice storms and tornado drills, and will never hesitate to leave their offices to empty bedpans or help their team move patients. When the staff sees how much leaders care through big moments and even smaller details, it filters down to every initiative such as ensuring that staff always communicate the best messages with new medicines.





## Methodist Women's Hospital Fifth Floor

Omaha, NE

**A**fter opening their doors in 2010, Methodist Women's Hospital achieved Magnet designation by the American Nurses Credentialing Center. This 112-bed hospital is the only medical campus in the region dedicated to women, and 62 of these beds are strictly focused upon gynecological and mother/baby care. The Methodist team on the Fifth Floor has achieved particularly high scores among inpatient OB/GYN rankings over the last year, consistently achieving scores in top 90th percentile.

### When medicine can't be given

The mother/baby unit has unique challenges with medicines because many circumstances call for additional medication after the birth of a child, but breastfeeding can limit medicines for the new mother. With an 80-90% breastfeeding initiation rate, this unit has overcome the obstacles of patient discomfort through excellent communication. Nurses stress the importance of limiting movement and resting before family enters the room or

Upon discharge, families leave with specific, personalized care instructions and resources that were designed for their unique experience.

initial breastfeeding is attempted. Lactation consultants housed within Methodist Women's Hospital partner with frontline staff immediately after a healthy baby is delivered and help communicate why there is a very short list of medications for nurses to administer. Nurses remain the first point of contact for breastfeeding issues, but lactation consultants can describe medication risks, reactions and reasoning in further detail with mother and family as they bond with their newborn.

## A healthy beginning

A new child is a natural cause for celebration, therefore close family and friends usually want to join in patient rooms as soon as possible. Nurses on the Fifth Floor respond to each unique family situation differently, but ensure the mother that they will do everything in their power to make them comfortable and receive the appropriate care for any side effects like nausea or bleeding. With Motrin® as their simple and safe 'go-to' drug, nurses move about the room, get down at eye-level, or do anything necessary to position themselves directly in front of the mother. Oftentimes, the body simply needs to rest in a comfortable position, and while family is sharing in the joy of a beautiful new baby, the Fifth Floor nurses are not afraid to ask family members to leave the room in the interest of delivering the best care for the mother and baby. Nurses become proactive in their care after sharing stories about past situations and discussing appropriate protocols with one another when these situations arise. Remaining proactive in the care of both mother and baby helps ensure that everyone has a healthy beginning.

## Custom patient education

Most nurses know that 100% of a verbally delivered message is rarely absorbed. Human nature allows us to choose what parts of a message we hear, decipher and interpret; therefore, the Methodist Fifth Floor nurses have created a system to deliver patient education materials to supplement their discussions. Each mother who stays on the Fifth Floor is given an education

binder that was developed internally to provide answers to the most common questions about delivery and postpartum care. Individual instruction sheets explaining common medications allow mothers and families to read further about common side effects, dosages and benefits to reinforce their communications. When a mother has a specific concern or complication, the team is empowered to use their Krames® StayWell system to print off educational materials and add handouts to the binder to customize their care. Upon discharge, families leave with specific, personalized care instructions and resources that were designed for their unique experience.

## Mentoring through the age gap

The mother/baby unit is a team of highly talented and passionate nurses. Experience and tenure ranges from veteran staff members who have worked in OB/GYN for 30 years, to new college graduates who hit the ground running. The impressive thing about this team is that they have infused their culture with reciprocal learning and always take time to mentor one another. Over time, the Methodist Health System has developed a 'Core RN' role that has become a formalized peer leadership role for all units. Many years ago, these shift leaders simply carried a pager, but Methodist Cores have become the glue that binds each unit together and where learning takes place one-on-one, situation-by-situation. Core RN's are often found working with new team members in difficult situations where a medication may be restricted and a solution is needed. At the same time, Cores are continuously learning from younger nurses about technology and new solutions that can be implemented. Looking forward, the Fifth Floor unit is excited they have these close mentor relationships and an open feedback culture because of meaningful use guidelines that will affect the Krames® handouts housed within their education binders. PRC has confidence that the team on the Fifth Floor will continue to provide the best care, always seeking excellence in their patient communications. •



# A Prescription for Improved Communication

PRC's Client Education Team travels far and wide to consult with our client hospitals. While not all units they visit are top-performing HCAHPS Bright Spots, most share the common thread of being committed to enhancing the patient experience and to improving HCAHPS scores.

Our Client Education Team has developed some no-nonsense ideas for organizations seeking to improve communication and HCAHPS scores surrounding this dimension. The ideas and proven strategies presented here come from *50 Ideas for Creating Excellent Patient Experiences*, developed by PRC's Client Education Team and are based on their observations from client visits.

- Focus communications on care & compassion, not measurement. The last thing we want our patients to think is that we are caring for them so well because we are being measured. We want them to know we are caring for them so well because we care about them.
- Keep back-stage conversations REALLY back-stage. Elevators, hallways, cafeterias, and nursing stations are not soundproof. Do not have conversations meant for certain ears in any of these public settings.
- Pay attention to non-verbal cues. How we communicate involves more than words. Be cognizant of eye contact, whether or not you are smiling, and the myriad other cues you're sending to patients.
- Narrate your care. Patients want and deserve to know who we are, what we will be doing, why we are doing it, what will happen next, etc.
- Don't interrupt. If we are trying to communicate compassion to our patients, we have to listen when they speak. Limit verbal and technological interruptions and maintain a connection with the patient.



# Uncovering Bright Spots on PRCEasyView.com<sup>®</sup>

A “Nuts and Bolts” Look at How High-Performing Hospitals Use PRCEasyView.com<sup>®</sup> as a Tool for Success

Nancy Miller, PRCEasyView.com<sup>®</sup> Specialist



We have a certain fascination with negativity. We focus on the two low performing units instead of celebrating the five high performing units. We spend our days talking about what went wrong yesterday even though the things that went right far exceeded those that went wrong. We emphasize the one bad quarter and ignore the three quarters that showed steady improvement. We engage in these behaviors at the expense of growth and learning from our top performers. Studying top performers reveals creative solutions worth harvesting and sends a message to staff that we are capable of excellence.

Before we can learn from our successes, we first have to discover where they are. There are endless ways to slice and dice your data on PRCEasyView.com<sup>®</sup>, but the HCAHPS Compliance Chart, Scorecard, Rankings, and Quickview are especially helpful tools in illuminating our Bright Spots.

## HCAHPS Compliance Chart<sup>SM</sup>

Today’s focus on HCAHPS makes PRC’s Compliance Tracker<sup>SM</sup> an important tool not only for looking at individual unit scores but for finding those units that are top performers. This application displays the HCAHPS data in an easy-to-read table format that is color-coded to show high, middle and low scores. Blue indicates that those scores are at the benchmark for CMS and Value-Based Purchasing. Scores in the benchmark earn maximum points toward reimbursement. Green indicates that those scores have met the 50<sup>th</sup> percentile threshold for achieving at least one point toward

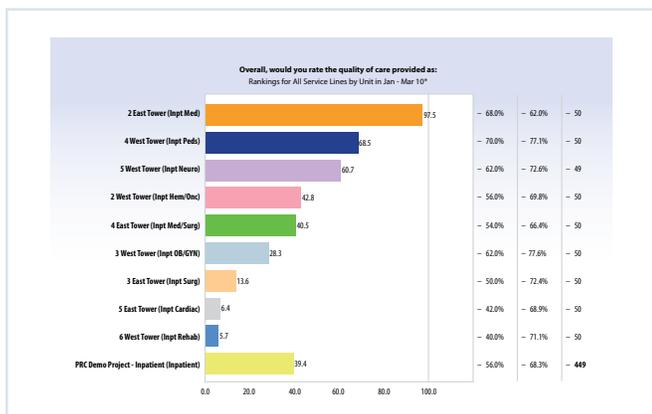
reimbursement. Red indicates that those scores are below the 50<sup>th</sup> percentile threshold and will not receive any points toward reimbursement.

High performing units will have many blue boxes and few, if any, green and red boxes. Nursing units with scores in blue (i.e. scores at the benchmark) should be used as a resource to other units in the hospital. What are the units with lots of blue scores doing? Any specific strategy? Are they applying the same tactics but with more consistency or more compassion? If so, how? We can help recognize and sustain the success of our top performers when we use them as teachers. High scoring units are high scoring for a reason; find out what that reason is so that it can be replicated on other units.

| HCAHPS Compliance Chart                        |       |                                   |              |              |              |              |       |
|--|-------|-----------------------------------|--------------|--------------|--------------|--------------|-------|
| Data from Jul - Sep 12                         |       |                                   |              |              |              |              |       |
| FY 2014 VBP<br>Phase<br>Adjusted<br>Thresholds |       | General Hospital A                |              |              |              |              |       |
|  |       | GHA - 2 East                      | GHA - 2 West | GHA - 3 East | GHA - 3 West | GHA - 4 East |       |
| 79.79  | 88.99 | <b>Communication with Nurses</b>  |              |              |              |              |       |
|  |       | 83.58                             | 87.63        | 91.18        | 80.20        | 81.82        |       |
|  |       | Nurse Respect                     | 78.79        | 81.25        | 94.12        | 75.76        | 87.88 |
|  |       | Nurse Listen                      | 84.85        | 87.88        | 88.24        | 84.85        | 87.88 |
|  |       | Nurse Explain                     | 87.10        | 93.75        | 91.18        | 80.00        | 69.70 |
| 80.87  | 89.75 | <b>Communication with Doctors</b> |              |              |              |              |       |
|  |       | 86.22                             | 93.88        | 86.13        | 87.98        | 88.79        |       |
|  |       | Doctor Respect                    | 90.91        | 90.91        | 84.85        | 93.94        | 96.97 |
|  |       | Doctor Listen                     | 90.32        | 96.97        | 82.35        | 93.33        | 90.63 |
|  |       | Doctor Explain                    | 77.42        | 93.75        | 91.18        | 76.67        | 78.79 |
| 66.91  | 82.78 | <b>Responsiveness of Staff</b>    |              |              |              |              |       |
|  |       | 67.46                             | 71.15        | 76.79        | 58.33        | 74.78        |       |
|  |       | Call Button                       | 57.14        | 73.08        | 53.57        | 46.67        | 69.57 |
|  |       | Bathroom Help                     | 77.78        | 69.23        | 100.00       | 70.00        | 80.00 |
| 73.69  | 82.62 | <b>Pain Management</b>            |              |              |              |              |       |
|  |       | 92.31                             | 86.36        | 78.13        | 88.46        | 72.73        |       |
|  |       | Pain Controlled                   | 84.62        | 77.27        | 68.75        | 76.92        | 63.64 |
|  |       | Help with Pain                    | 100.00       | 95.45        | 87.50        | 100.00       | 81.82 |

## Rankings and Scorecard

The Rankings and Scorecard applications can be used to determine which units are top performers within the hospital or system. Any question with normative data can be graphed. This feature is particularly useful for departments within the hospital such as Food Service or Environmental Services. Those at the top of the graph may be used as teachers and mentors for the other middle- and low-performing units. Using the example below, we would spend much more time talking about what 2 East Tower is doing than what 6 West Tower is *not* doing.



## Quickview<sup>SM</sup>

Quickview<sup>SM</sup> provides an individual unit or even the hospital in general with insight into those survey questions that score highly. This information can be used to help the unit/hospital realize

where strengths are and try to apply those strengths to other survey questions. Looking at top performing questions and coming up with the reasons for those high scores helps a unit perceive their own greatness. Using the example below, we may highlight that more than 60% of our patients rate our courtesy and friendliness as “Excellent,” which nearly puts us in the top quartile, when sharing data with staff. We may also choose to highlight that very few (if any) patients rated us as fair or poor on most of the questions so that we can refocus staff’s effort on moving experiences from good to great.

Your patients already like you. Studying your success by using these PRCEasyView.com<sup>®</sup> applications helps you determine what would get your patients to love you. •

| Key Driver | Question   | N  | Excellent | Very Good | Good |
|------------|--|----|-----------|-----------|------|
|            | Overall Quality of Care                            | 33 | 19 57.6%  | 9 27.3%   | 5    |
| 1          | Overall Level of Safety                            | 32 | 17 53.1%  | 7 21.9%   | 7    |
| 2          | Overall Teamwork Between Doctors, Nurses and Staff | 31 | 18 58.1%  | 7 22.6%   | 6    |
| 3          | Staff Management of Pain                           | 31 | 15 48.4%  | 10 32.3%  | 6    |
|            | Doctor's Courtesy and Friendliness                 | 33 | 16 48.5%  | 6 24.2%   | 9    |
|            | Staff's Courtesy and Friendliness                  | 33 | 20 60.6%  | 4 12.1%   | 8    |
|            | Cleanliness of the Hospital                        | 33 | 17 51.5%  | 5 15.2%   | 11   |
|            | Food Delivered to Room                             | 30 | 6 20.0%   | 6 20.0%   | 14   |
|            | Discharge Process                                  | 33 | 12 36.4%  | 12 36.4%  | 7    |
|            | Likelihood of Recommending to Friends/Relatives    | 33 | 18 54.4%  | 12 36.4%  | 2    |
|            | Nurses' Communication with Patient/Family          | 33 | 16 48.5%  | 8 24.2%   | 9    |



Measuring and Influencing  
**Employee  
Engagement**

Cynthia King, Ph.D and Daniel King, MS  
*Client Organization Development*





In early 2012, PRC added an Engagement Index of eight questions to all of our employee and medical staff studies. At the beginning of this year, we analyzed the results from these studies and found statistical proof that everything we have been doing as it relates to increasing loyalty was also concurrently increasing engagement. In fact, the correlation between the engagement index and our “Place to Work” or “Place to Practice Medicine” aspects is .74 and .65, respectively. These represent the highest correlations of any variable in the studies with engagement.

More simply put, we all know that to provide an excellent patient experience, it is essential to have engaged employees and medical staff members. Since implementing PRC’s Engagement Index, we can now see just how the concentrated efforts to become an excellent place to work or practice medicine positively impact engagement among your employees and medical staff members.

---

**I**t is understandable that healthcare organizations would want to focus on loyalty. After all, loyal employees recommend your organization as a place to work and loyal physicians are more likely to admit or refer patients to your facility, directly impacting market share and the bottom line.

It has been PRC’s goal for more than 30 years to help healthcare organizations increase loyalty among its physicians and employees. We have conducted millions of interviews and provided detailed priorities to help department managers focus on ways to build a more loyal workforce. This system has proven time and again to make a positive difference for organizations that take the time to focus on those aspects most predictive

to making hospitals better places for employees to work and for physicians to practice medicine.

## A New Focus: Engagement

Until now, the relationship between loyalty and engagement has been largely overlooked. Perhaps it is because, simply put, it is intuitive to think that your “on board” employees are also most likely to be supportive of your organization and its goals. But in its simplicity lies some deeper truths.

PRC has uncovered some compelling evidence that suggests engagement and alignment are more influential than anyone ever knew in determining the ultimate success of healthcare organizations. Moreover, we believe the engagement paradigm has far-reaching implications for the ultimate experience of patients under your care. Taking it one step further, considering the importance of patient experience on potential hospital revenue under new healthcare reimbursement guidelines, you simply can't afford to take employee engagement for granted anymore.

## How is Engagement Defined?

There are many definitions of “engagement” as it pertains to employees. PRC uses the same definition as the Baldrige Performance Excellence Program:

*“Workforce engagement refers to the extent of workforce commitment, both emotional and intellectual, to accomplishing the work, mission and vision of the organization. In general, members of the workforce feel engaged when they find personal meaning and motivation in their work and when they receive positive interpersonal and workplace support.”*

– Baldrige Performance Excellence Program

## What Does an Engaged Employee Look Like?

Engaged employees tend to not only work harder, but also smarter. They are strategic in the way they plan. They are innovators and take personal interest in seeing the organization succeed. Highly-engaged employees are most desirable because they are advocates for their organizations, recommending



others to seek care at their facilities, which can eventually impact market share. These employees are dedicated to the organization, remaining through good and bad times, and thereby reducing turnover.

The definition of engagement is rather straight forward. What isn't so clear is how to accurately identify which of your employees are highly engaged and which are not. And, if they are only minimally or moderately engaged, is there anything that can be done to improve their commitment to your organization's mission and goals?

## Healthcare Employees are Inherently Engaged

It is important to first acknowledge that employee engagement, as it relates to the healthcare setting, is unlike that of any other industry. Comparing your employees' and physicians' perceptions against those in other industries is simply not a useful or reliable way to measure engagement in your hospital.

Using an eight-item index constructed by PRC's doctoral-level researchers, we examined engagement levels in more than 51,000 employees of healthcare facilities in 2010 and 2011. The results

revealed that, contrary to some claims, engagement is actually higher than average among workers in the healthcare field. This may be explained by the underlying motives that compel individuals to seek a healthcare career in the first place. The personal fulfillment that comes with caring for others may be considered rewarding enough to concurrently ensure some level of engagement.

## Predictors of Engagement

While it is evident that healthcare professionals are already engaged to some extent, it is also clear that increasing the number of highly engaged individuals is important and beneficial to healthcare organizations that seek not only to maximize reimbursement but to also ensure the best experiences for their patients.

From the sample of 51,000 healthcare workers, PRC's research on engagement found the number one predictor of engagement to be an *employee's perception of the overall work environment*. In fact, employees with high levels of engagement are more than two times more likely to rate their work environment "Excellent," as compared to employees with medium levels of engagement, and are more than 15 times more likely than employees with low

## Employee Engagement Score Distribution As a Place to Work



levels of engagement. Across all hospitals studied, a consistently strong positive relationship between engagement and overall perceptions about the work environment was observed.

## Understand What Can and Cannot Be Controlled

When employees are not engaged, it is tempting to place blame on aspects that cannot be controlled. A rural hospital may rationalize their low engagement scores by pointing out they're the only hospital in town; their caregivers have no choice but to work for them. At the same time, a large hospital may attribute their low engagement scores to being too large to create the close-knit community needed to develop engagement.



There are always going to be uncontrollable aspects of the work environment that could potentially affect engagement levels, but none of these preclude a hospital from taking a hard look at aspects that can be changed to improve engagement.

The reality is that most people want to find meaning and purpose in their work and will respond positively to an environment that provides opportunities to succeed. PRC has found that when highly engaged employees choose to leave their jobs, it is most often because of reasons outside the hospital's control, like a spouse who was relocated, retirement or furthering their education.

## Focus on What Can Be Changed

Engagement, as we define and measure it, is a self-focused attribute. It is a psychological construct comprised of an individual's beliefs. The personal aspect is assessed in the PRC survey via the Engagement Index, but that's only one piece of the puzzle. The other part is the "positive interpersonal and workplace support" piece.

Because of its strong correlation with employee engagement, the "Overall Place to Work" question is where PRC directs hospital leadership to begin when embarking on strategies to increase engagement. Although it may not be as easy to effectively change an employee's individual beliefs, there are ways healthcare organizations can increase engagement through focusing on the external work environment, where action plans and management efforts have proven to be effective.

## PRC Study Provides Focus, Benchmarks and Planning Tools

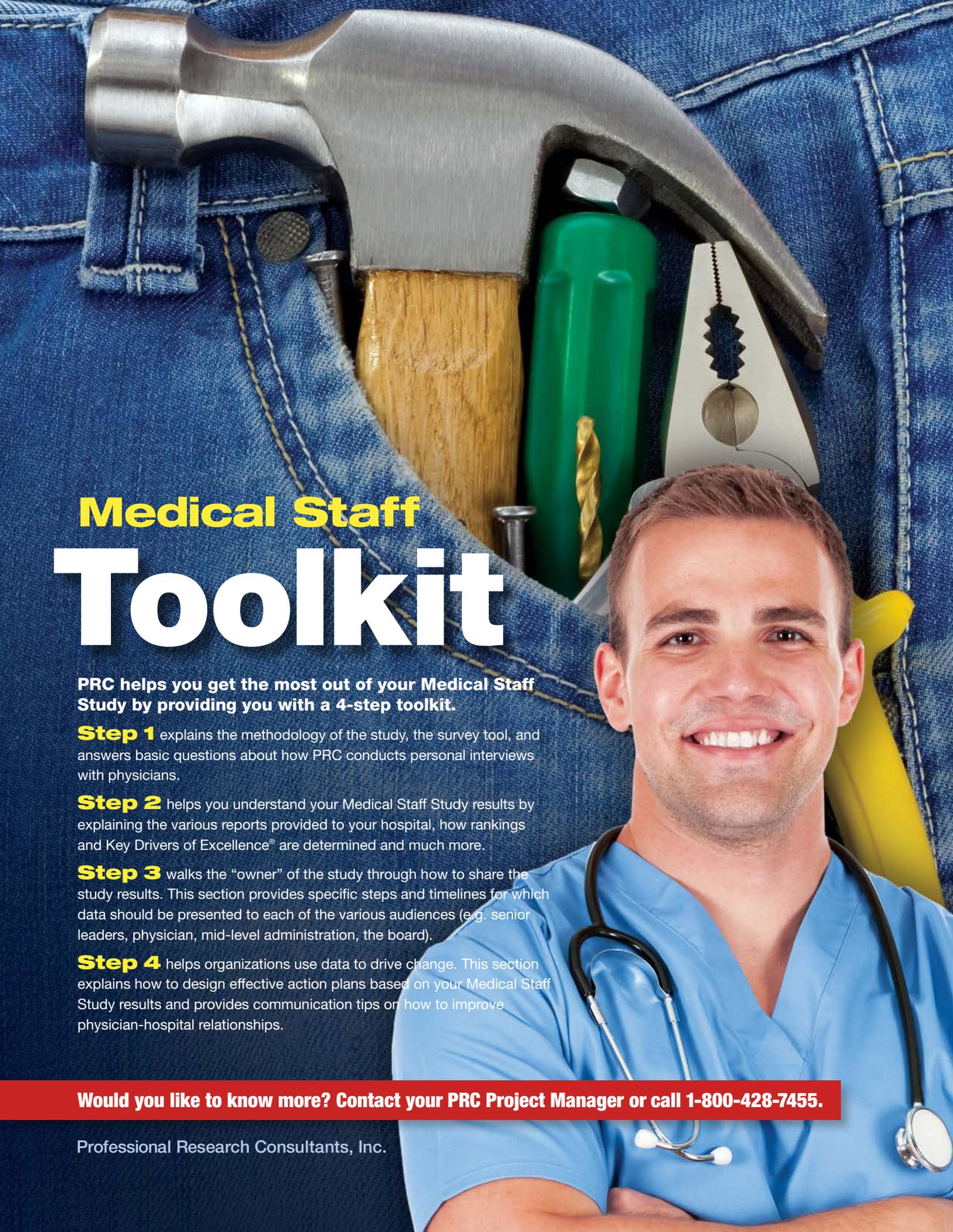
PRC's approach to employee engagement provides insight into the real perceptions and engagement levels of those working inside your organization. More important, the study's results include engagement priorities for improving those aspects of the work environment that can be controlled and are most predictive of not only increasing perceptions, but also engagement and loyalty.

Keep in mind that it doesn't benefit your organization to be compared against employees in other industries. The PRC Employee Engagement Study identifies just how engaged employees are, categorized by department and in comparison to thousands of other hospital employees in our database. In addition, your organization will receive specific engagement priorities which identify where focus should be placed, as well as robust and easy-to-use action planning tools to assist with monitoring and tracking improvement efforts.

*It is really quite simple: as more employees perceive their work environment as excellent, engagement will increase.* PRC can help you retain engaged, loyal employees by providing you with the tools necessary to create a working environment that cultivates and promotes engagement. The ultimate outcome of these efforts is a culture where excellent patient experiences result. •

## Find Out More!

Find out how a PRC Employee Engagement Study can provide focus and guidance in making your hospital an excellent place for employees to work and for physicians to practice medicine. Call 800-428-7455 and ask to visit with a Client Organization Development specialist today!



# Medical Staff Toolkit

**PRC helps you get the most out of your Medical Staff Study by providing you with a 4-step toolkit.**

**Step 1** explains the methodology of the study, the survey tool, and answers basic questions about how PRC conducts personal interviews with physicians.

**Step 2** helps you understand your Medical Staff Study results by explaining the various reports provided to your hospital, how rankings and Key Drivers of Excellence® are determined and much more.

**Step 3** walks the “owner” of the study through how to share the study results. This section provides specific steps and timelines for which data should be presented to each of the various audiences (e.g. senior leaders, physician, mid-level administration, the board).

**Step 4** helps organizations use data to drive change. This section explains how to design effective action plans based on your Medical Staff Study results and provides communication tips on how to improve physician-hospital relationships.

**Would you like to know more? Contact your PRC Project Manager or call 1-800-428-7455.**

Professional Research Consultants, Inc.



# PRC EXCELLENCE IN HEALTHCARE CONFERENCE

Orlando, Florida • June 2-4, 2013

The Ultimate Patient Experience  
Learning Event

**61%** of conference attendees increase their Overall Quality of Care score

We've put a new spin on the 2013 PRC Excellence in Healthcare Conference, streamlining our focus on the patient experience. Over the course of three days, conference attendees will be immersed in improving the patient experience through the perfect blend of breakout sessions, keynote presentations, networking and fun.



## CONFERENCE HIGHLIGHTS

Presidential  
**Welcome  
Breakfast** with  
Dr. Inguanzo

**16 patient  
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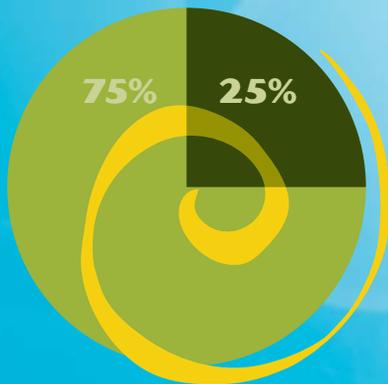
**Numerous  
opportunities  
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**75%** of organizations with 5 or more conference attendees increase their Overall Quality of Care score

Keynote  
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**Dennis Snow** and  
**Dr. Thom Mayer**

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**PRCEasyView.com®  
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General  
session with  
**PRC's Client  
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**Access to patient experience best practices**

**Availability of 12.6 contact hours for nurses**

### About PRC

For more than 30 years, Professional Research Consultants has partnered with more than 2,000 healthcare organizations in the quest for excellence. Every year, PRC speaks personally with more than one million households and recent hospital patients, as well as hundreds of thousands of physicians, hospital employees and community members. Our goal? To make hospitals better places for employees to work, for physicians to practice medicine and for patients to be treated.

- **Focus on Excellence**
- **Proven Methodologies to Ensure Accurate, Representative Results**
- **Full Range of Customized Research Services**

### Services Offered

- Consumer Perception
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Send questions and comments to  
Jill Reeves at [JReeves@PRCOnline.com](mailto:JReeves@PRCOnline.com)



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