

17 PROVEN STRATEGIES TO IMPROVE Patient Satisfaction & Experience



Patient Satisfaction & Experience Approach

 *At-a-Glance View*

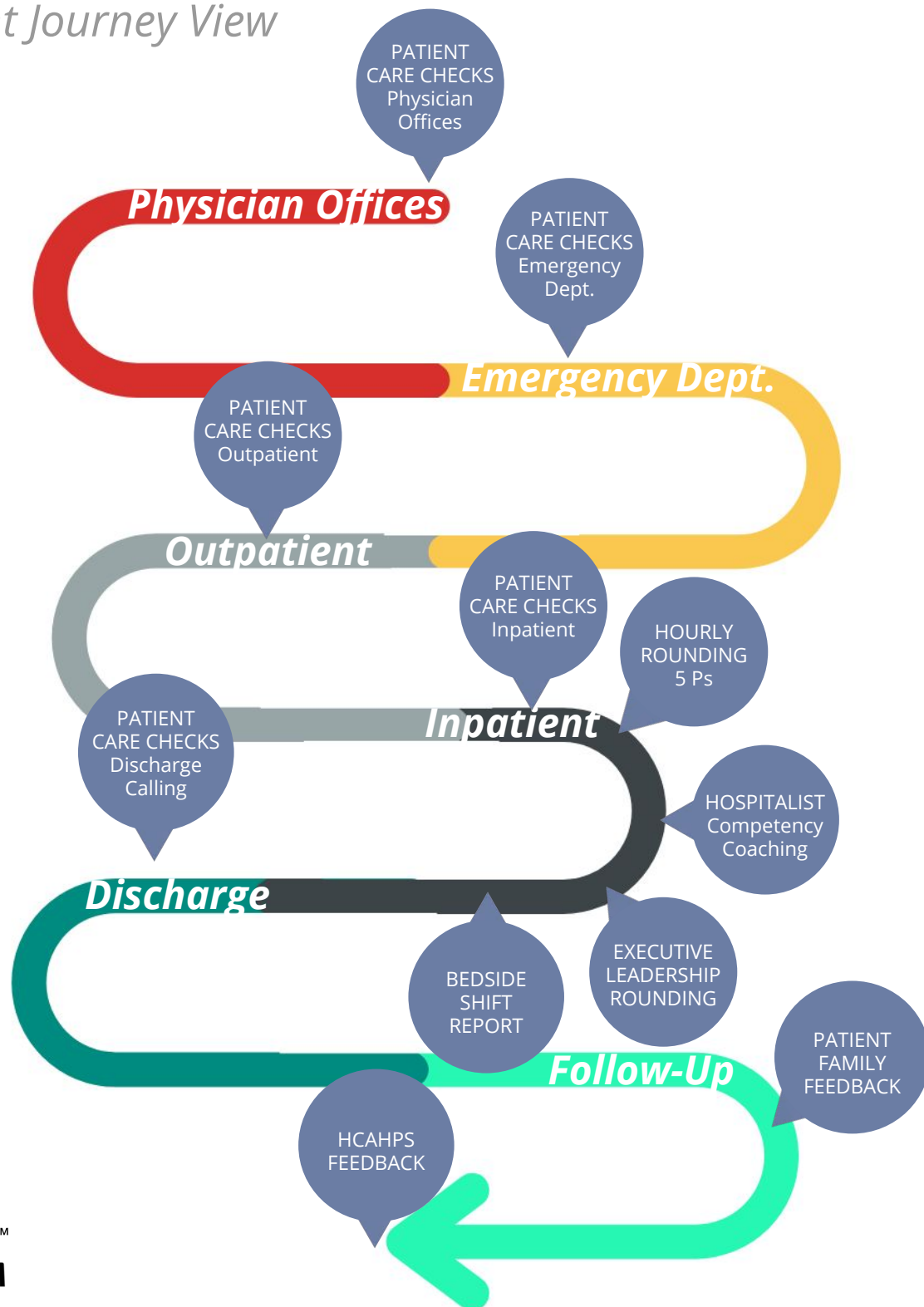


The 17 Proven Strategies to Improve Patient Satisfaction & Experience

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5-Star Experience Across the Care Continuum

Patient Journey View



Effective Vs. Ineffective Patient Care Improvement Strategies

Hospitals with high patient-reported experience scores have:

✓ **Financial Performance**

Higher profitability

✓ **Staff Morale**

Better staff morale and retention

✓ **Improved Care Outcomes**

Improved care results

What Hasn't Worked

✗ ***Using HCAHPS results as a timely and effective method*** of identifying priorities.

✗ ***The analysis and planning of improvement from the results of***

post-discharge patient surveys.

- Frustrated staff
- Time delay between patient input and hospital action
- Positive results are spread far apart, making the data essentially unbelievable
- Resulting in endless meetings with little measurable progress

✗ ***Prompting and influencing the patient in an attempt to obtain a good score.***

✗ ***Looking at data 6-8 weeks old and expecting to develop effective strategies*** is like playing tennis, only watching the scoreboard and expecting to win.

Real Time™: Today's Results Today

The speed required to be effective, and the diversity of response points **demand real time capability.**

Real Time Follow-Up

If the staff person identifying the issue cannot correct it (ideally they will), then the **digital support system must immediately dispatch the request for correction.**

Real Time Results

No more waiting for results. **If you are not seeing today's results today then it's not "real time" - it's a historical review.**



Fundamental Principles in the Pursuit of Patient Satisfaction

There is no silver bullet

There are **many key elements** that need to become a part of your hospital's DNA to excel in patient satisfaction.

Action taken during care continuum

Action must be taken while the patient (inpatient & outpatient) is within the continuum of care. **Identifying issues and correcting them in real time.**

Responsibility of all management

This is **not only a nursing responsibility**; it must also be *effectively* deployed throughout all hospital management.

Beyond just rounding

It's far beyond just rounding and talking to patients, families, and visitors; it is **excellence in all aspects of operations.**

High touch AND high tech must be present in order to deliver exceptional patient experience.

Real-time digital system

Real-time digital capability is non-negotiable. The volume and speed of execution necessary will overwhelm any manual system.

Don't stop at "yes"

There is often a significant disconnect between customer satisfaction results obtained during their stay versus post-discharge. **Follow-up questions after "I'm fine" can reveal more accurate answers on the spot.**

Prioritizing customer service recovery

It's all about customer service recovery. **Focus on rapid service recovery and the results will follow.**

Beyond just HCAHPS

It's not just the HCAHPS calculation. **With rapidly increasing transparency, these results will continue to play a bigger part in the patient's selection of a hospital.**



#1. Don't Stop at "Yes"

The Restaurant Example

How often are you asked during your meal, **"How is everything?"**
= 4 or 5 times

How often do you answer, **"Everything is fine."**?
= 99% of the time

How often is your actual experience less than fine?
= 75% of the time

What might happen when you replied, "Everything is fine" and the server's next question was, **"Excellent, what has been the best part?"**



When conducting patient care rounds or patient/family interactions, **our nature is to be looking for a "yes"**. "Yes" means it's all good and we can move on.

There are **major patient satisfaction disconnects** between patient feedback received while in the hospital versus feedback obtained from post-discharge surveys.

Some reasons for this disconnect

- The **low return rate** of surveys
- Only people who are **upset or delighted** complete surveys
- While in the care continuum, there is an inherent **fear of reprisal** for many patients if a complaint is made

Don't Stop at "Yes"

- "Yes" can often just be **avoidance**
- **Don't challenge** the validity of answer
- **Have a script** if the answer "yes"

Example of *Don't stop at "yes"*:

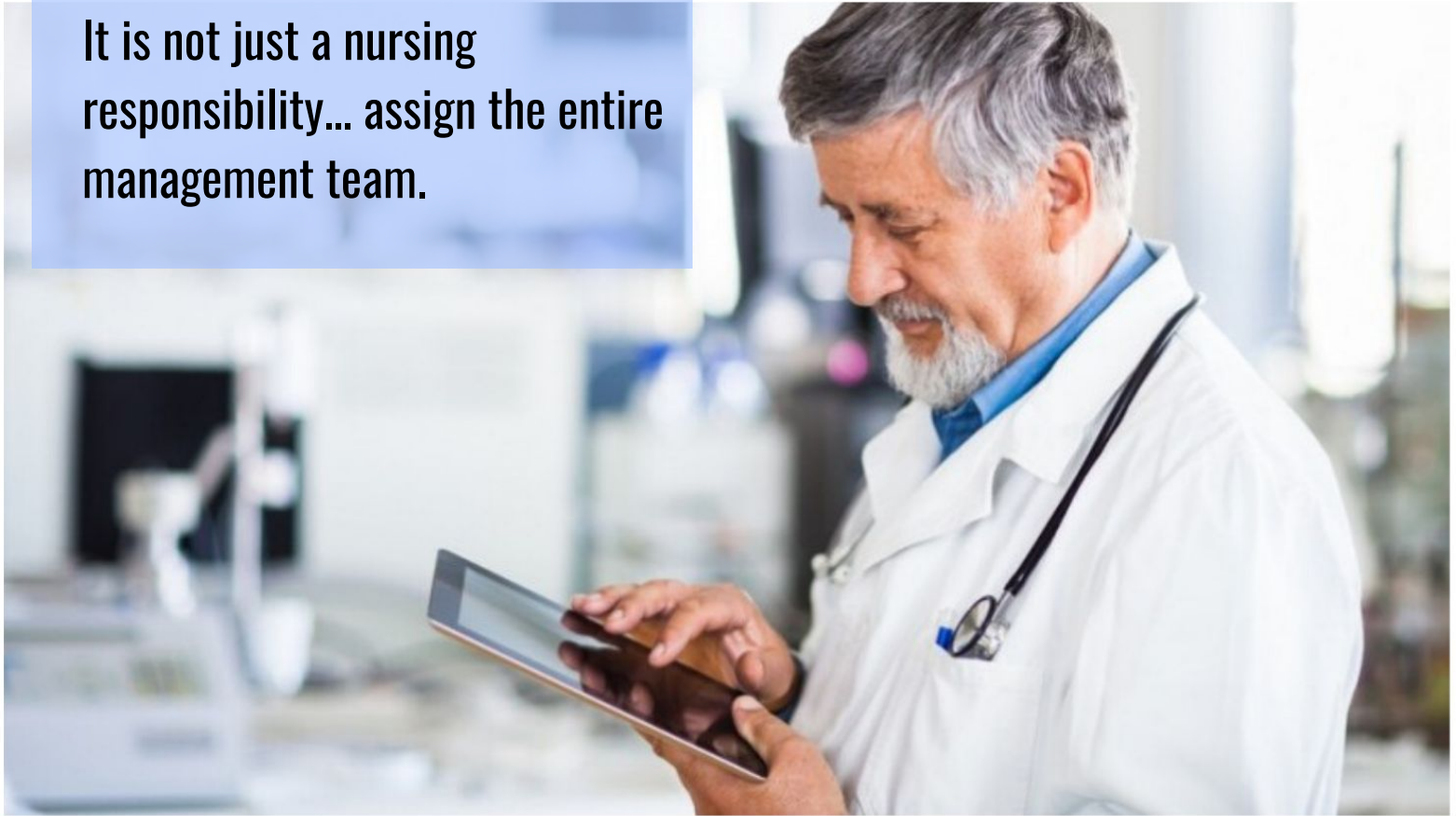
"Is the nursing care meeting your needs today?" → "Yes."

Follow-up script: *"Excellent, what is the best part of the care, from your perspective?"*

Be watchful of hesitation or generalizations. Don't badger, but **gently coax response** as appropriate.

#2. Care Checks | Inpatient

It is not just a nursing responsibility... assign the entire management team.



Why It Works

- Launches **service recovery** during stay
- **Reduces patient concerns** and anxieties
- Ensures **nursing routines** are completed regularly
- **Increases patient perception** of care (HCAHPS)

How It Works

- Assigned to entire hospital **management team** on rotation basis

- Every patient, **every day**
- Fully **customizable digital** care check
- **Real time notification** for items requiring follow-up
- Real time delivery of **Dashboards and Reports**

The Benefits

- Improved **patient experience**
- Increased **perception of care**
- Department-based **accountability** for results

#3. Care Checks | Emergency Department

Checking with patients during Emergency Department stay.



Why It Works

- Regular communication with patients during ED visit **reduces patient concerns and anxieties**
- Ensures **nursing routines** are completed regularly
- **Increases patient perception** of care (HCAHPS)

How It Works

- Every patient inside ED **over 3 hours**
- Automated upload and **visit scheduled every 4 hours**
- Conducted in collaboration with **patient advocates** and ED leadership

- **Tablet/iPad** used as best practice
- **Fully customizable** digital care check
- **Real time notification** for items requiring follow-up
- Real time delivery of **Dashboards and Reports**

The Benefits

- Service recovery improves the **patient experience**
- Assists in reducing “left without being seen” (LWBS), **improving ED and inpatient revenue**
- Increased **perception of care**

#4. Care Checks | Outpatient



**At checkout:
patient feedback
is collected AND
acted upon.**

Why It Works

- Launches service recovery while patient is **still in the facility**
- **Reduces patient concerns** and anxieties
- Ensures **nursing routines** are completed regularly
- **Increases patient perception** of care (HCAHPS)

How It Works

- Feedback gathered and reviewed **before patient leaves**
- Every patient, **every day**

- **Tablet/iPad** used as best practice
- **Fully customizable** digital survey
- **Real time notifications** for items requiring follow-up
- Real time delivery of **Dashboards and Reports**

The Benefits

- Service recovery improves the **patient experience**
- Department-based **accountability** for results
- Increased **perception of care**

#5. Care Checks | Physician Offices



Why It Works

- Launches service recovery while patient is **still in the facility**
- **Reduces patient concerns** and anxieties
- Ensures **nursing routines** are completed regularly
- **Increases patient perception** of care (HCAHPS)

How It Works

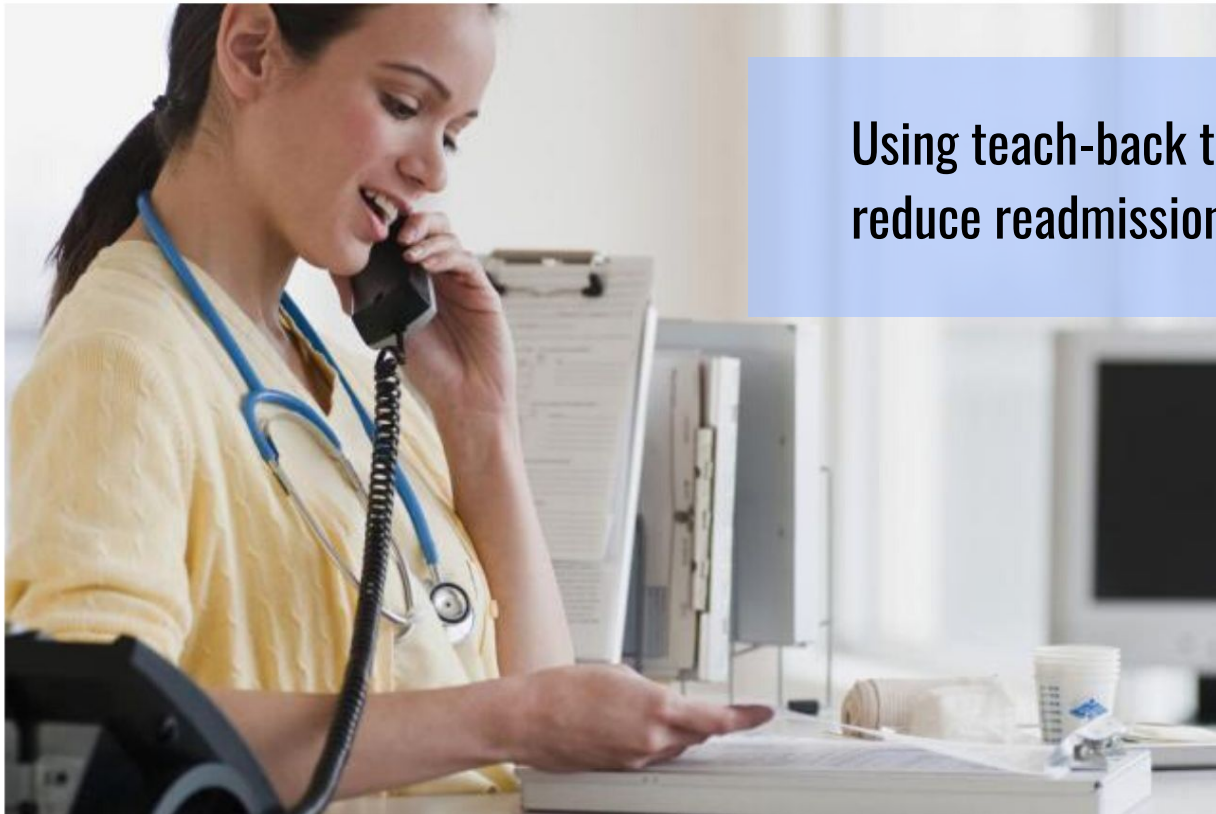
- Feedback gathered and reviewed **before patient leaves**
- Every patient, **every day**

- **Tablet/iPad** used as best practice
- **Fully customizable** digital survey
- **Real time notifications** for items requiring follow-up
- Real time delivery of **Dashboards and Reports**

The Benefits

- Service recovery improves the **patient experience**
- Department-based **accountability** for results
- Increased **perception of care**

#6. Care Checks | Discharge Calling



Using teach-back to
reduce readmissions.

Why It Works

- **Confirms understanding** of discharge instructions and medications, etc.
- **Confirms follow-up appointments**
- **Reduces patient concerns** and anxieties
- **Increases patient perception** of care (HCAHPS)

How It Works

- **Tablet/workstation** used as best practice
- **Fully customizable** digital checklist
- Centralized resource completes patient call **by the second day** after discharge

- **Real time notifications** for items requiring follow-up
- Real time delivery of **Dashboards and Reports**

The Benefits

- Increased **perception of care**
- **Reduction in medication errors** post-discharge
- Department-based **accountability** for results
- Improved patient compliance with discharge instructions = **improved outcomes**

#7. Communication Boards

Well executed, the communication board has an enormous impact on inpatient satisfaction.

Launching this type of board is a major organizational initiative, requiring a lot of resource time.

The most overlooked issue with communication boards is that if they are not kept completed and up-to-date **all** of the time **they will drag down your**

satisfaction results.

The **negative impact of incomplete boards cannot be overstated.** Not just for the patient, but also the family, significant others, and visitors in the room.

If you are not completing your patient communication boards all of the time, take them down. They are hurting you.

Today's Date:		Room #:	Phone #:	Nursing Station #:
MON TUES WED THU FRI SAT SUN		A301A	(518) 243-1378	(518) 243-4293
Nurse:		Patient Preferred Name:	Goals For Today	Diet:
Patient Care Tech:		Primary Contact:		<input type="checkbox"/> Nothing By Mouth
Doctor:		Phone:		Dining Services: 43663
Nurse Manager:		Notes/Questions for your Doctor:		Discharge Plan:
				Case Manager:
				Estimated Discharge Day:

My Possessions:

Pain Goal

Last Dose Given: AM PM AM PM Next Dose Available

0 NO HURT 1 HURTS LITTLE BIT 2 HURTS LITTLE MORE 3 HURTS EVEN MORE 4 HURTS WHOLE LOT 5 HURTS WORST

0 No pain 1 Mild 2 Moderate 3 Severe 4 Worst pain imaginable

Increased Risk of Harm If You Fall ☐

Fall Risks (Check all that apply)

History of Falls ☐

Medication Side Effects ☐

Walking Aid ☐

IV Pole or Equipment ☐

Unsteady Walk ☐

May Forget or Choose Not to Call ☐

Fall Interventions (Circle selection based on color)

Communicate Recent Fall and/or Risk of Harm ☐

Walking Aids: Crutches, Cane, Walker

IV Assistance When Walking ☐

Toileting Schedule: Every _____ hours

Bed Pan, Assist to Commode, Assist to Bathroom

Bed Alarm On ☐

Assistance Out of Bed: 1 person, 2 people

Rounding for Excellent Care

7a	8a	9a	10a	11a	12p	1p	2p	3p	4p
5p	6p	7p	8p	9p	10p	12a	2a	4a	6a

☒ Anti Slip Socks
 ☒ Bed in Lowest Position
 ☒ Clutter Free
 ☐ Fall Mat
 ☐ No Intervention

#8. Hourly Rounding | The 5 Ps

Pain
Potty
Position
Periphery
Pump



Execution of hourly rounding requires a diligent culture shift.

This is a vitally important inpatient nursing practice. **The challenge is executing the cultural shift to making this second nature.**

This is not about documentation, or advanced care practice, or anything other than **back-to-basics and consistent nursing practice.**

And the best part? **It improves outcomes and reduces workload!**

Why It Works

- **Reduces patient concern and anxiety**
- Ensures increased **patient comfort**
- **Increases patient perception** of care (HCAHPS)

How It Works

- Conduct rounds **every hour**
- Perform the **5 Ps**
- Use a **script**

The Benefits

- Greater **patient satisfaction**
- Ensures regular **patient contact**

#9. Executive Leadership Rounding



Ensuring that front-line staff have the tools, training and resources to consistently deliver exceptional care.

Why It Works

- Reinforces hospital staff and physician **leaders' commitment** to patient satisfaction and safety
- Ensures **regular communication** between executives, department managers, and staff
- When staff sees management's commitment, it **provides the foundation to drive sustainable improvement**

How It Works

- **Executive meets with department staff**

- **Executive gathers feedback** on wide range of operational issues
- **Scheduled** to ensure all departments are visited
- **30-60 minutes** per department
- **Automated follow-up** on items that need attention
- Comments and **notes from previous visits are included** in future checklists for ease of reference

The Benefits

- Staff sees the **executives walking the walk** not just talking the talk
- Department-based **accountability** for results

#10. Leadership Scouting



Automating feedback to eliminate endless paperwork and deploying a sustainable process.

Why It Works

- **Entire process is electronic**, ensuring the system does not collapse under the weight of the paperwork
- Accountability for managers to provide **timely, structured feedback**

How It Works

- On the 20th of the month prior to the Executive Leader's visit to the department, **manager receives electronic feedback to complete**

- Upon completion the **feedback is automatically loaded** into the checklist for the leader's upcoming visit
- Executive Leader visits department having the manager's **feedback immediately available**

The Benefits

- Eliminates any manual tracking; **no administrative time required**
- **Transparency** of completion ensures managers are providing input to leaders
- Ensures the **process is sustainable**

#11. Hospitalist Competency Coaching



The best golfer ever, Tiger Woods, always had a coach.

Why It Works

- **Supports/coaches** the hospitalists
- **Visible demonstration** of how valued hospitalist efforts are to patient care
- **Peer-skilled** coaching
- Physician leadership can see **real time results**

How It Works

- Experienced physician coach accompanies hospitalist on **two patient visits monthly**
- Coaching notes **automatically uploaded**; no administrative burden
- Observing and **coaching on behaviors**

that improve patient satisfaction:

- Sitting with patient
- Reviewing communication board
- Using “teach back”
- “Managing up”

The Benefits

- Improves **patient’s perception** of time being cared for
- Directly impacts Doctors’ **communication scores** - a key driver of overall HCAHPS
- Provides support to hospitalists in **skill, not typically taught in depth**
- Ensures that as positions turnover, **consistency is maintained**

#12. Hourly Round Competency Coaching

Effective hourly rounding is the foundation of sustainable excellent patient experience.



Why It Works

- **Reinforces ongoing importance** of hourly rounding
- Coaching to improve **individual performance**
- Supports **new hires**
- **Provides managers a matrix look** at staff who are champions and those who need improvement

How It Works

- All nurses and care technicians are coached **once a month**
- Observed and **coached on 5 Ps**

- **Self-evaluation** of effectiveness
- Coach **reviews results** and supports improvement
- Every nurse and care technician **automatically uploaded**; no administrative burden

The Benefits

- Significant influence on all **HCAHPS results**
- Demonstrates **commitment** to process
- Improves staff's **confidence and competence**

#13. Customer Service

Greeting, Welcome, Appreciation

- **Eye contact, smile**, use the patient's preferred name and introduce yourself
- Provide direction and assistance, **don't just point**
- Wear **readable ID badges** at shoulder level
- **Acknowledge others** by using "please" and "thank you"
- **Head up** in public spaces
- The **10/5 Rule**

Professional Telephone Presence

- Minimal use of voicemail; **answer in 3 rings**; introduce yourself
- Get **approval to put on hold**
- Ensure transfer **extension is correct**
- End call with "thank you" and **offer future assistance**

Confidentiality and Privacy

- **Knock** on patient door, pause, wait for response, indicate who you are
- Emphasize importance of **privacy preferences** for curtains and doors
- Act in accordance with **HIPAA**; respect co-workers' privacy
- **Avoid discussing personal information**



Respect

- Recognize, respect, and respond to the **diversity of customers** and staff
- Protect the **dignity** of customers
- Demonstrate **genuine interest** by using "Yes" and phrases such as "I'm happy to help you" and "I have the time"

Environment

- Personal **ownership of the environment**: pick up trash, neat and tidy workplace, minimal wall signage, etc.
- **Reduce noise** in patient care, work, and public areas
- **Report any safety issues**

#14. Environment



Cleanliness

- Must be **"top class"** all the time
- Rooms checked and **cleaned daily**
- Consistent **floor finish**
- **Hotel finish**

"There are clean hospitals with poor patient experience, but **there are no dirty hospitals that have great patient experience.**" Cleanliness is the price of entry

Maintenance

- **Cosmetic maintenance** must be excellent
- Ceiling tiles with **no stains**
- **Chips/marks** found on walls/doors fixed

First Impressions

- **No hallway clutter**
- **Wall signage:** professional, printed, minimal
- **Furniture** in good repair and appearance
- Rooms **not overcrowded**
- **No staff on break** in public spaces

Food

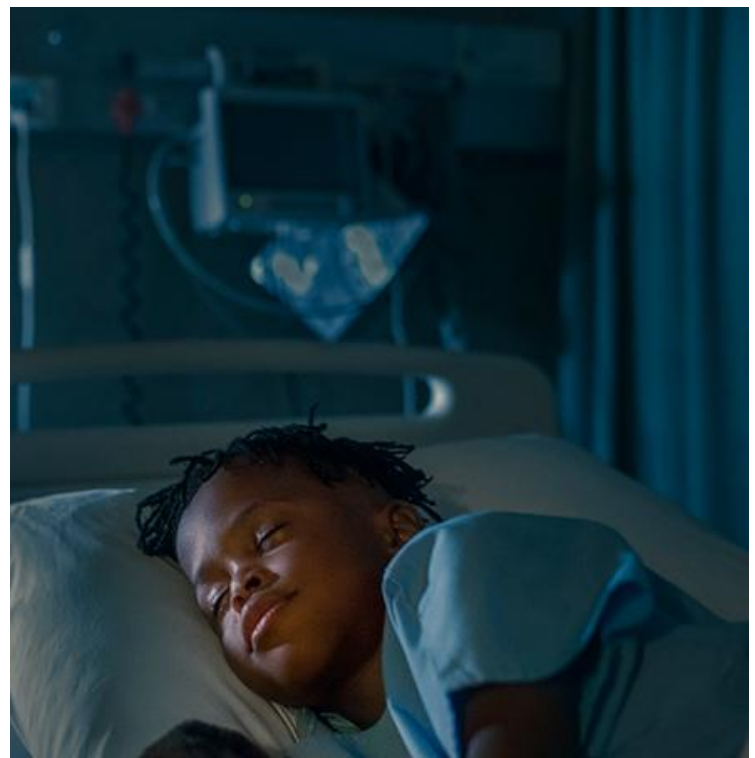
- **Room service**
- Engaging **menu**
- **Variety** of snacks and meal choices
- Just dropping off meal tray unacceptable

#15. Noise

“Unnecessary noise... is the most cruel absence of care, which can be inflicted either on sick or well.”

-Florence Nightingale, *Notes on Nursing*

- **No overhead paging**
- All staff using **“library” voice** all of the time
- No nursing station-to-hallway discussions
- Consider a **visual decibel reader**
- Reduce the frequency and intensity of **medical alarms**
- Use **sound-absorbing ceiling tiles** and carpets
- **Dimming lights** in the evening
- Allow patients to post **“Do Not Disturb” signs**
- Establishing **quiet hours** in all inpatient areas
- Provide patients **“Quiet Kits”** with sleep masks, earplugs and crossword puzzles
- Programming **TVs with calming music** and images
- Offering **headsets for TVs** and iPads
- All staff wearing **soft soled shoes**
- Ensuring all service carts and any wheeled item is a “quiet” model



#16. Bedside Shift Report

To engage patient and care partner in hospital care.

Share accurate and useful information.

Why It Works

- Builds and supports **culture of nursing at bedside**
- **Reduces nurse anxiety**; providing better information about patient condition
- Better **time management**
- Holds **all staff accountable**
- **Engages** patient and care partner in plan of care

How It Works

- Needs to be **scripted**
- At **bedside**
- Use **ISBARQ** Format:

ISBARQ:

(I) Introduction - Using AIDE format; off-going nurse introduces oncoming nurse

(S) Situation - Patient name, reason for admission, code status

(B) Background - Pertinent history, laboratory and x-ray results, other tests, consults

(A) Assessment - Pertinent findings, medications and treatments, pending tests, communication board update, safety and environment check, the 5 Ps

(R) Recommendation - Plan of care, follow-up tests

(Q) Questions - Thank the patient, ask if they have any questions



The Benefits

- Improves **nurse satisfaction**
- **Reduces potential for errors**
- Improves **outcomes**
- Improves **patient safety**
- Improves **patient experience**
- Improves **teamwork**

#17. Interdisciplinary Team Reports



Collaborative practice, informational exchange, and planning forum that shapes the transitional plan of care.

Why It Works

- **Standardized time**
- **Mandated attendance**
- **Standardized structure**

How It Works

- **First words:** Nurse manager of designee; responsible for facilitation
 - Patient name, room number
- **Medical Plan of Care:** Physician, Advanced Practice Provider
 - Reason for admission, projected discharge date, medical plan of care, comorbid conditions, history of admission

- **Transitional Plan of Care:** RN, CM, SW, PT, Nutrition
 - Functional status, activities/daily living, medications, overnight events, home care, discharge teaching, DME, oxygen, potential readmission
- **Discharge:** RN, CM, SW, MD
 - Patient readiness, care partner, possessions, transport, barriers, medications, discharge order, discharge summary

The Benefits

- **Improves interdisciplinary communication**
- **Reduces length of stay**
- **Improves patient satisfaction**

High Reliability Solution



CLINICAL QUALITY



PATIENT SATISFACTION
& EXPERIENCE



OPERATIONAL QUALITY



ENVIRONMENTAL
HEALTH
& SAFETY



CONSTRUCTION &
RENOVATION SAFETY



RISK ASSESSMENTS



INFECTION PREVENTION



HAND HYGIENE



PATIENT FAMILY
FEEDBACK



PHYSICIAN PRACTICES



Readiness
Rounds[™]
Helping Make Hospitals Safer.



CUSTOM CHECKLISTS

We're happy to work with you to determine where you and your facility are at and if our high reliability solutions could help.

Free Assessment

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