

What Putting Patients First Really Looks Like



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About a decade ago, when I was running the emergency department at Rady Children’s Hospital in San Diego, a woman showed up with her seven-year-old grandson who had been suffering from unexplained fevers and pain that moved from one leg to the other. Ours was the fourth ED the family had come to for help. At each prior one, the staff obtained an X-ray which proved to be normal and the family was advised to follow up with the child’s pediatrician. When I examined the child, he had no fever or leg pain. He seemed fine, and I was in “busy mode” — a trauma was coming in and I had just done a lumbar puncture on a patient with meningitis. I almost sent the boy on his way just as the other ED doctors had. But then I paused; the family had sought out a different ED each time, uncomfortable with the non-diagnosis. They knew something was wrong. So I decided to try a different approach that day. I asked the grandmother what her greatest concern was. She immediately responded that she feared her grandson had cancer. A lightbulb went off. Roving leg pain, normal X-rays, unexplained fever — it *could* be cancer. I suggested that we obtain a blood test. Sure enough, the boy had leukemia. I would love to think that I was a brilliant enough doctor to have seen it on my own, but

frankly I would have missed it just like the previous physicians if I hadn't asked the question and allowed the grandmother to voice her inner fear.

Asking that simple question changed my personal practice from that day on and since then I have trained many other physicians with this story. The success of that training led to a program at Scripps, where I am now the Chief Experience Officer, called "One Thing Different." The initiative, now a year old, asks front line staff to do something different each day in their routines with patients and loved ones. It might be to ask what their patient's greatest concern is. Or it might be to help a lost visitor find their way. The program is already having impact, as I'll describe.

But first, let me give a little context about patient experience. There are two critical reasons for providers to focus on this. One is that providing empathetic care to people when they are at their most vulnerable is, simply, the right thing to do. The other, as everyone in health care knows all too well, is that failing to meet patients' expectations is increasingly costly. The Centers for Medicare and Medicaid Services now ties a portion of reimbursement to patient satisfaction scores on the [HCAHPS survey](#).

To improve patient experience, health care needs a culture change from one where we too often treat patients as though we are doing them a favor to a culture that places their needs at the center of everything we do. This may sound complicated, but it really isn't rocket science. Small changes can make a big difference. Why don't we all start by asking our patients what their greatest concern is? It's a simple question that can lead to life-transforming care. More broadly, let's actively encourage front-line staff to make simple, personal changes in their daily routines with patients that can make a difference to patients and to employees themselves.

Here's how our program works. Through a website, videos, and patient-experience training sessions we encourage the 15,000 employees, 3,000 physicians and 2,000 volunteers across the system to choose their own "one thing" to help patients and their families and then share these with the organization on a dedicated website. The site categorizes staff by roles so that other employees in the same field can get ideas. To date we have more than 4,000 entries, a measure of the enthusiasm with which staff has embraced the concept. ([Click here](#) to see a video about the program.)

One patient transporter who initially felt that he was not an important part of the team realized that even in his role — or perhaps particularly because of it — he could have a real impact on patients' experience. In a training session, he realized that he was the last non-clinical person an anxious patient saw before being whisked off to surgery. His one thing different was to place his hand on the patient's shoulder, make eye contact and simply say "You are in really good hands." He told us that when he did this he could "physically feel the patient relax under his touch."

Other one-thing efforts run that gamut from well-timed kind words to small-but-important operational changes. For example, one nurse realized that she could be so task-oriented at a patient's bedside that she was overlooking their need for privacy and more importantly to protect their dignity, particularly when they couldn't preserve these themselves; she now makes a point with every patient to cover them and pull curtains any time they might feel uncomfortably exposed but hesitant, or unable, to say anything. Another employee, a receptionist, decided to improve the culture of her pod by defusing the grumpiness of two nurses who were setting the mood for everyone. On the first day she addressed them with a bright "good morning!" but they both walked past without a response. Instead of feeling deflated, she said "That's okay, we'll do this again tomorrow." The next day, she was again met with silence but once again said "that's okay. We'll do this again tomorrow." On third day, she got a grumbly "good morning" in return. By the end of the week, one of the nurses was teaching her how to say good morning in Tagalog.

It's probably impossible to tease out the impact of the one-thing initiative alone on patient experience as we have multiple patient experience efforts underway. But since the program launched we have seen a six-percentile improvement in patient experience scores system-wide and in one unit saw a 20-percentile improvement in assessments of clerks' helpfulness. One of our pilot sites had a 13-percentile improvement in its overall HCAHPS scores in just 6 months after staff training sessions. Also hard to measure, but surely important, is the impact the program has on employees themselves. Their high engagement — remember the 4,000 one-thing entries in the first year — shows how the initiative resonates. And it's [well known](#) that the more engaged health care employees are, the more satisfied their patients.

Running the One-Thing Different program is the part of my role that has given me the most joy. Not only does it encourage and empower staff across the spectrum, it gives them a true sense of pride about even the small things they do to improve patients' lives.