

# Improving Patient Satisfaction



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# Customer Satisfaction:

*There's No Going Back*

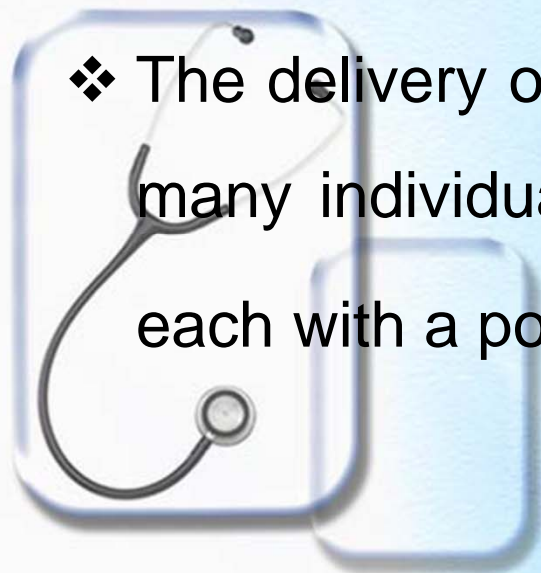


**Putting the Patient First!**

# Perception vs. Reality



- ❖ The *customer's perception* is all that matters for patient satisfaction.
- ❖ **The customer may not always be right, but they are always our customer.**
- ❖ The delivery of each patient's care is under observation by many individuals (patient, family, visitors, other staff etc.), each with a possible different perception of the care given.



# How is Patient Satisfaction Measured

- Patient satisfaction survey to every patient after they are discharged. The survey should asks:
  - Skill of the nurse
  - Attention to special/personal needs
  - Friendliness/courteousness of the staff
  - Nurses attitude toward requests
  - Nurses kept you informed
  - Staff worked together to care for you



# What is HCAHPS?

- **HCAHPS** (Hospital Consumer Assessment of Healthcare Providers & Systems) is a standardized survey developed by CMS for inpatients to evaluate their hospital experience on 10 measures of care
- **IMPACT:**
  - Publicly reported on Hospital Compare to enable informed choice on *how often* adult discharged inpatients received *high quality care and service*
  - Financial payment based on hospital's performance in delivering high quality care

# HCAHPS Survey

OMB Control Number: 0938-0981

**SURVEY INSTRUCTIONS:** You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:  Yes

No → If No, Go to Question 1

Please answer the questions in this survey about your stay at Scott & White Memorial Hospital. Do not include any other hospital stays in your answers.

Please use black or blue ink to fill in the circle completely.  
Example:

## YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
2. During this hospital stay, how often did nurses listen carefully to you?  
 Never  
 Sometimes  
 Usually  
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?  
 Never  
 Sometimes  
 Usually  
 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?  
 Never  
 Sometimes  
 Usually  
 Always  
 I never pressed the call button

## YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
6. During this hospital stay, how often did doctors listen carefully to you?  
 Never  
 Sometimes  
 Usually  
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?  
 Never  
 Sometimes  
 Usually  
 Always

## THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?  
 Never  
 Sometimes  
 Usually  
 Always
9. During this hospital stay, how often was the area around your room quiet at night?  
 Never  
 Sometimes  
 Usually  
 Always

## YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?  
 Yes  
 No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?  
 Never  
 Sometimes  
 Usually  
 Always
12. During this hospital stay, did you need medicine for pain?  
 Yes  
 No → If No, Go to Question 15
13. During this hospital stay, how often was your pain well controlled?  
 Never  
 Sometimes  
 Usually  
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?  
 Never  
 Sometimes  
 Usually  
 Always
15. During this hospital stay, were you given any medicine that you had not taken before?  
 Yes  
 No → If No, Go to Question 18

(continued...)

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?  
 Never  
 Sometimes  
 Usually  
 Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?  
 Never  
 Sometimes  
 Usually  
 Always

## WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?  
 Own home  
 Someone else's home  
 Another health facility → If Another, Go to Question 21
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?  
 Yes  
 No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?  
 Yes  
 No

## OVERALL RATING OF HOSPITAL

- Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.
21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?  
 0 Worst hospital possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best hospital possible

Please take a moment to respond to the following statement. Your insights will help us improve health care quality for everyone.

Comments (describe your good or bad experiences):

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Patient's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(optional)

(optional)

THANK YOU. Please return the completed survey in the postage-paid envelope.

## ABOUT YOU

22. Would you recommend this hospital to your friends and family?  
 Definitely no  
 Probably no  
 Probably yes  
 Definitely yes
23. In general, how would you rate your overall health?  
 Excellent  
 Very good  
 Good  
 Fair  
 Poor
24. What is the highest grade or level of school that you have completed?  
 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree
25. Are you of Spanish, Hispanic or Latino origin or descent?  
 No, not Spanish/Hispanic/Latino  
 Yes, Puerto Rican  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latino
26. What is your race? Please choose one or more.  
 White  
 Black or African American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native
27. What language do you mainly speak at home?  
 English  
 Spanish  
 Chinese  
 Russian  
 Vietnamese  
 Some other language (please print): \_\_\_\_\_

## The HCAHPS Survey

- the patient's experience of communication with doctors and nurses
- responsiveness of hospital staff
- pain management
- communication about medicines
- cleanliness and quietness of the hospital
- discharge information
- transition to post-hospital care and overall rating of the hospital.



# Top 5 Practices for Patient Satisfaction





# Top 5 for Patient Satisfaction

- AIDET-Key Words
- Post Discharge Phone Calls
- Nurse Hourly Rounding
- Leader Rounding
- Strategic Goal Alignment & Accountability

# AIDET

## Acknowledge-Introduce-Duration-Explanation-Thank

- **The five fundamentals of communication**
- **An evidence-based practice for communicating with patients, families and staff**
- **Fundamental for providing excellent customer service**
  - **Framework for using “Key Words at Key Times”**  
*(i.e., we want to always answer your call light timely...)*
  - **Supports “Managing Up” that takes the “I” in AIDET to the next level**  
*(i.e., “Hello, Mrs. Smith. I see this afternoon you will be going down to the radiology department. Radiology has state of the art technology and an excellent staff.)*



# A - ACKNOWLEDGE

In person, with your body:

- Smile!
- Make eye contact
- Acknowledge everyone with the patient
- Use open body language



*“Good morning Mr. Warner...”*

# I - INTRODUCE



## *Introduce Yourself*

- Give your name
- State your department and Job Title
- Certification, Licensure, Years of experience, Number of procedures done, Special training, Special skills, Special personality traits that make your care or service unique
- Manage up any co-workers, department or physicians

## *Advantages of Managing Up*

- Patient feels better about their next caregiver
- Patient is more at ease and less anxious
- Patient builds trust in our organization

# WHAT IS MANAGING UP?



## OTHER DEPARTMENTS

Reinforces coordination of care and teamwork

Positions other departments well

Decreases patient anxiety and concern

Reduces complaints



## CO-WORKERS

The patient feels better about their next caregiver

The patient feels more at ease with the handoff

Coworker has a head start in winning confidence

Reduces complaints



## SELF

Reduces patient anxiety

Improves compliance

Improves clinical outcomes

Reduces complaints

*The most important part of Managing Up is refraining from “managing down.”*

# D - DURATION

## DURATION

### *Duration is best communicated in specific time increments*

- Inform the patient how long the appointment, test or procedure will take
- Communicate how long the patient/customer will have to wait during each of the phases of your interaction
- Explain when they should expect a call back with results or follow up actions

### *What if I am not sure how long it will take?*

- If you cannot commit to a specific time, you should commit to a specific *time-interval* in which you will update the patient or customer on progress

# E - EXPLANATION

Explain WHY  
are we doing  
this?

Explain  
WHAT will  
happen and  
what should  
they expect

ASK, “What  
questions do  
you have?”



*Remember, there is a difference between asking “Do you have any questions?” and “What questions do you have?”*

# T – THANK YOU



## *Show Appreciation*

- Thank patients/customers for waiting
- Thank patients for trusting us with their care

## *Provide a Positive Closing*

- ASK, “Is there anything else I can do for you today?”



*Remember to make it your own...  
with each patient, every time!*



# AIDET

**A**cknowledge (increases sense of safety)

**I**ntroduction (decreases anxiety)

**D**uration (increases compliance)

**E**xplanation (increases quality of care)

**T**hank You (increases patient loyalty)

# Post Discharge Phone Calls

- **Discharge Phone Calls are a viable means to earn patient loyalty, improve quality of care, clinical outcomes and develop a reputation of excellence in the community when consistently completed**

- ***"Discharge phone calls are a key tactic in the saving lives arsenal."***

Words Matter by Lynne Cunningham, *MHS*, Spring 2009.

- **Discharge telephone calls provide invaluable opportunities to prevent adverse events, improve quality of care, and increase patient satisfaction**

"Building the Value of Discharge Phone Calls and Leader Rounding", *Journal of Nursing Administration*, March 2009.



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# Post Discharge Phone Calls

- **Evidence suggests that a post-discharge telephone call to patients may help reduce medication errors and hospital readmission**

Do post-discharge telephone calls to patients reduce the rate of complications?  
by Kelley Moulds, MD, and Kenneth Epstein, MD, MBA, *The Hospitalist*, August 2008.

- **Discharge phone calls close the loop on continuity of care for the patient and family**

*American Journal of Nursing*, 2008

- ***"You have a 90 percent chance of keeping a patient if you call within 48 hours of discharge and do something — like apologize — to make the patient's experience better. If you wait longer than a week, you have a 10 percent chance you'll lose 10 other patients through word of mouth".***

Jap Kaplan, MD, Studer Group's Medical Director

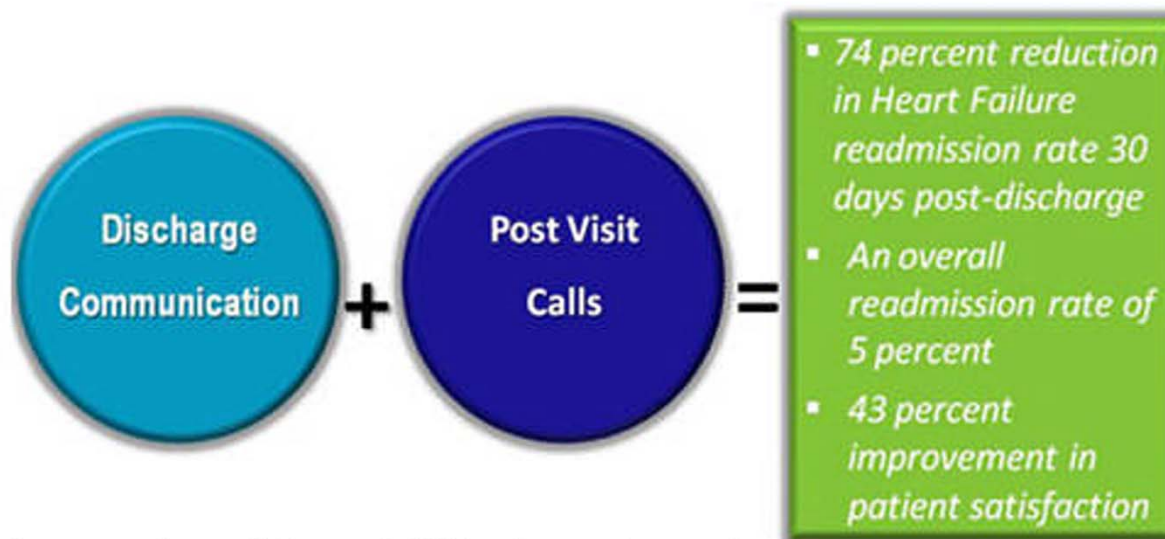


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# Post Discharge Phone Calls

- **In a study evaluating resource use in CHF patients, follow-up telephone calls significantly decreased the average number of hospital days over six months time and readmission rate at six months in the call group, as well as increased patient satisfaction**

Riegel B, Carlson B, Kopp Z, LePetri B, Glaser D, Unger A. Effect of a standardized nurse case-management telephone intervention on resource use in patients with chronic heart failure. *Arch Intern Med.* 2002 Mar 25;162(6):705-712.



Source: Getwell Network White Paper: Improving Heart Failure Outcomes through Interactive Patient Care: June 2009



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# Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- *Nurse Hourly Rounding*



# Nurse Hourly Rounding

- **Rationale:**
  - Actively engages patients and families
  - Builds Trust
  - Reduces Anxiety
  - Call light reduction
  - Decreases nurse stress
  - Decreases patient uncertainty

Gardner, Glenn E., Woollett, Kaylene, Daly, Naomi, & Richardson, Bronwyn (2009). Measuring the effect of patient comfort rounds on practice environment and patient satisfaction: a pilot study. *International Journal of Nursing Practice*, 15(4), 287-293.



# Nurse Hourly Rounding

- **Hourly rounding has a tremendous impact on patient perception and quality of care**
  - Hourly rounding effectively decreases call lights by 37.8%
  - Decreases falls by 50%
  - Decreases hospital-acquired decubiti by 14%
  - Improves patient perception by 12 mean points

*American Journal of Nursing, September 9, 2006*



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# Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- ✓ Nurse Hourly Rounding
- *Leader Rounding*





# Leader Rounding

- **Leader rounding for outcomes is the first key to success**
- **The point of rounding for outcomes is**
  - *“to fix systems, remove barriers, model behavior, and find staff who deserve to be rewarded and recognized.”*
  - *“You are also engaged in the very important process of building an emotional bank account with staff.”*

Quint Studer, Studer Group

- ***“When managers constantly model behavior and respond to staff concerns, they do not need to talk their employees into this change in behavior, they will walk their employees into it.”***

Sutter Medical Center Human Resources Director (2004 Sacramento Workplace Excellence Leader)



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# Leader Rounding

- **Benefits of Leader Rounding on Patients**

- Increase patients satisfaction by an average 59 percentile
- Decrease patient complaints by 66%
- Reduce Emergency Department LWOT from 4.5% to 2%

**Baptist Leadership Institute**

- **Benefits of Leader Rounding on Staff**

- Improved Employee Satisfaction from 10th to 75th percentile
- Reduce Voluntary/Non Voluntary Turnover from 11.2% to 6.1%
- Improve Retention from 82.5% to 87.2%
- Decrease Vacancy Rate from 7% to 2%

**Baptist Leadership Institute**



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# Top 5 for Patient Satisfaction

- ✓ AIDET-Key Words
- ✓ Post Discharge Phone Calls
- ✓ Nurse Hourly Rounding
- ✓ Leader Rounding
- *Strategic Alignment and Accountability*



# Strategic Goal Alignment and Accountability

- A “Must Have” for operational excellence
- Clearly connects the goals of the organization
- Reduces unnecessary work and duplication of efforts because clear expectations are set
- Keeps leaders focused on what is really important

Hardwiring Leader Evaluations, Studer Group

- **Health systems that fail to align their metrics with their core values are less likely to achieve outstanding results**

Yonek, J., Hines S., and Joshi, M., *A Guide to Achieving High Performance in Multi-Hospital Health Systems*, HRET, Chicago, Ill., March 2010.

- **Relentless accountability**

Rush, Sandy, RN, FACHE, CHW, San Francisco, CA.  
“A System-Wide Approach to Moving Organizational Excellence through Accountability and the Nursing Bundle.”



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# How Do Patients Judge Quality?

- **Did the physician listen?**
- **Did the physician express concern?**
- **Did the physician answer my questions?**
- **Did the physician care for me as a person, and not just a patient?**
- **By physicians verbal and non-verbal behavior**

Source: 2010 Press Ganey Associates, Inc.



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# Interpersonal Skills

“Patients place **more importance** on doctors’ **interpersonal skills** than their medical judgment or experience, and doctors failing in these areas are the overwhelming factor that drives **patients to switch**”

Wall Street Journal, September 2004



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# HCAHPS Doctor Communication Domain

## Doctor Communication Domain

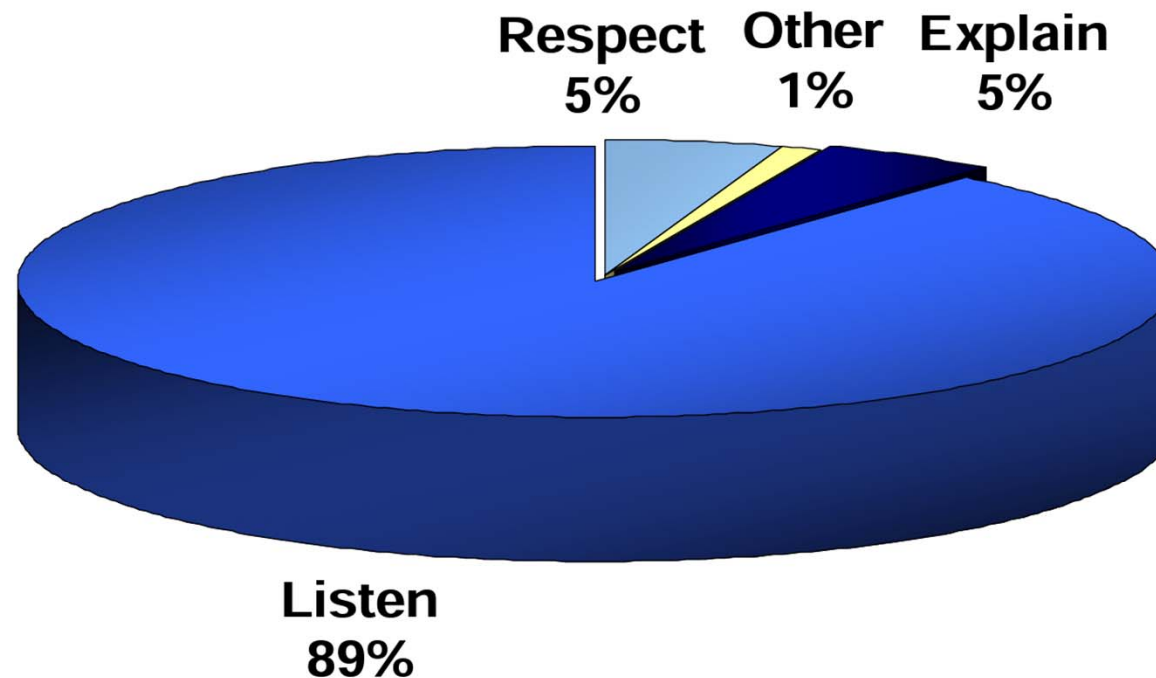
- 1 of 8 Domains on HCAHPS Survey
- Comprised of 3 Survey Questions:
  - During this hospital stay, how often did doctors treat you with *courtesy and respect*?
  - During this hospital stay, how often did doctors *listen carefully to you*?
  - During this hospital stay, how often did doctors *explain things* in a way you could understand?



# Greatest Impact on Doctor Communication

## Doctor Communication Domain

Improvement in Doctors' Listening Skills will most strongly impact the Doctor Communication Score



Source: 2011 Press Ganey Associates, Inc.



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# Importance of Communication

*“Physician communication or the lack of it, is probably one of the most important factors for patient noncompliance.*

Mayo Clinic found:

- **72%** of patients were unable to list medications that they take
- **58%** of patients were unable to recite their own diagnosis”

Mayo Clinic Proceedings 2005



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# Explanation

***“Simple choices in words, information depth, speech patterns, body position, and facial expression can greatly affect the quality of one-on-one communication between the patient and physician.”***

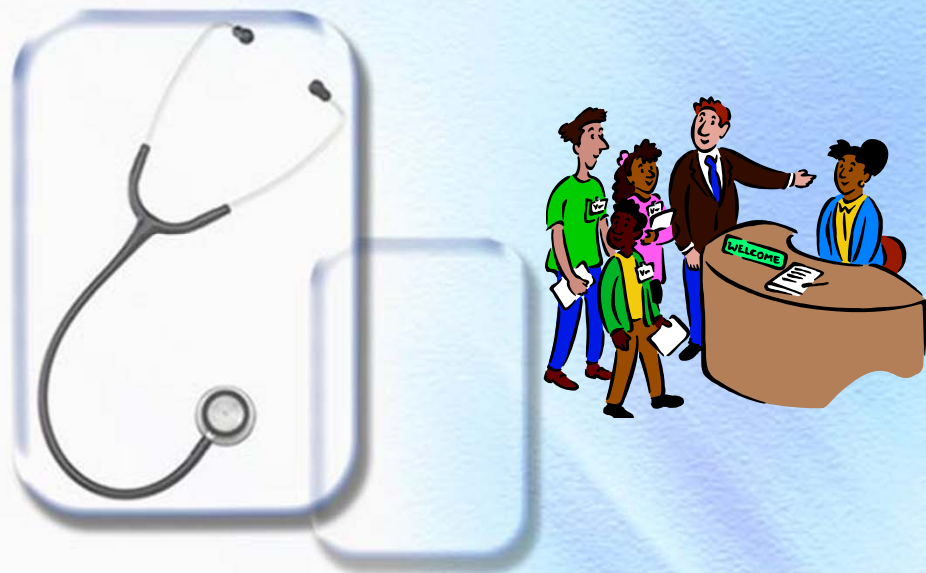
Travaline, J.M. MD, Ruchinskas, R., PsyD., D’Alonzo Jr, G. JAOA: 1, 2005; Vol. 105, No 1:13-18.



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# Closing Thought....

**“I have learned that people will forget what you said; people will forget what you did; but people will never forget how you made them feel.”**



*Maya Angelou*

**THANKS FOR  
YOUR  
ATTENTION**

