

# Enhancing the Patient Experience

# CONNECTIONS

March 2011

Special Issue

## Pursuing Excellence

by Mark A. Sullivan  
Executive Vice President & Chief Operating Officer

“Our ultimate goal is to provide the very best care and service to our patients and their families. That translates into having our patients rate every aspect of their care a 9 or 10 when they receive a survey. Anything else is considered average, and we are not content with being average.”

**Joe McDonald**  
President & CEO, Catholic Health

We usually don't think of a hospital stay, a home care visit, or nursing home care as an “experience,” but that's exactly what it is when you look at all the things that go into making our patients and residents (and their families) have a favorable impression of the care and service they receive from Catholic Health.

From the first contact a person has with our system, everything contributes to the patient experience. This can be as simple as a smile and warm greeting, or a properly answered phone, to complex issues like pain management.

We have a responsibility to create “WOW moments” that set Catholic Health apart. Watch what happens when you deliver that WOW experience, especially when people don't expect it.

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## The Lesson of the Good Samaritan

by Bart Rodrigues  
Senior Vice President, Mission Integration

In the parable of the “Good Samaritan,” a man is lying robbed and beaten on the side of the road as people pass by, some even crossing the road to avoid contact with the man. When a Samaritan traveler comes upon the man, he is moved with compassion. He approaches the man, cleans and bandages his wounds, and takes him to a nearby inn to care for him.



This simple story illustrates our Mission in a very profound way. It also gives us a reflection in church teach-

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## Measuring the Patient/Resident Experience

by John Kane  
Vice President, Quality and Patient Safety

When we talk about the “patient experience,” what we are really asking is how satisfied are people with the care they or a loved one received in Catholic Health? If you ask someone about his or her experience, it doesn't take long to figure out if it was great, not so great, or somewhere in between.

A good clinical outcome doesn't always mean a

satisfied customer. People expect safe, high quality care, but they want something more. They want their needs met quickly by compassionate and respectful associates. That's the difference between a great experience and a poor one.

How do we know if we are meeting these expectations? The Centers for Medicare and Medic-

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### HCAHPS Patient Satisfaction Results

Comparing US AVG, NYS AVG and National Best Practice (Top 10%)

January - December 2009 vs. 2010

	U.S. AVG	N.Y.S. AVG	Top 10%	SOC*	SJC*	MHOB	KMH	CHS	RESULTS
Overall Hospital Rating (patients who gave a hospital rating of 9 or 10)	67%	59%	81%	65%	52%	43%	63%	56%	2009
				65%	60%	47%	69%	60%	2010
Would patients recommend the hospital to their family and friends?	69%	63%	86%	72%	59%	44%	69%	61%	2009
				72%	61%	49%	74%	64%	2010
How often did nurses communicate well with patients?	76%	71%	83%	74%	62%	63%	71%	68%	2009
				76%	70%	67%	74%	72%	2010
How often did doctors communicate well with patients?	80%	76%	88%	77%	62%	70%	73%	71%	2009
				79%	66%	72%	76%	73%	2010
How often did patient receive help quickly from hospital staff?	64%	56%	77%	58%	37%	43%	49%	47%	2009
				60%	48%	47%	56%	53%	2010
How often was patients pain well controlled?	69%	65%	78%	70%	57%	61%	67%	64%	2009
				68%	61%	59%	72%	65%	2010
How often did staff explain medicines before giving them to patients?	60%	56%	72%	60%	41%	46%	53%	50%	2009
				58%	48%	45%	56%	52%	2010
How often were patients rooms and bathrooms kept clean?	71%	66%	82%	60%	58%	48%	58%	56%	2009
				63%	62%	53%	61%	60%	2010
How often was the area around patients rooms kept quiet at night?	58%	48%	76%	51%	25%	39%	43%	40%	2009
				51%	37%	41%	43%	43%	2010
Were patients given information about their recovery at home?	82%	80%	92%	86%	77%	82%	83%	82%	2009
				85%	84%	81%	86%	84%	2010

\*2009 Results (April - December SJC & SOC) Goal: Top 10% Nationally by 2012

## Measuring the Patient/Resident Experience

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aid Services randomly asks patients to rate their experience and publicly reports the results so healthcare consumers can “comparison shop” among providers.

You can find our hospital results and comparisons at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).



Similar results for our long term care facilities can be found at [www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare) and Home Care at [www.medicare.gov/HomeHealthCompare](http://www.medicare.gov/HomeHealthCompare).

The chart on page one shows our most recent hospital comparisons against state and national benchmarks, but our patients deserve an even higher standard of care. **Our goal is to be in the TOP 10% nationally by the end of 2012!**

Whether you provide direct patient care or support someone who does, providing friendly, respectful care and service in comfortable surroundings is something we all can do.

**Catholic Health**

**Our Mission** Why we exist  
We are called to reveal the healing love of Jesus to those in need.

**Our 2020 Vision** What we are striving to do  
Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

**Our Values** What we believe in  
Reverence, Compassion, Justice, Excellence

## Achieving Excellence in Customer Service

by Kevin McCue  
Educator, Staff Development

We’ve all experienced good (and bad) customer service. Many times, it determines if we will remain a customer or go somewhere else. At Catholic Health, excellent customer service is the backbone of patient/resident satisfaction.

Experiences and perceptions are powerful mediums for any business, including Catholic Health. When you factor in “word of mouth” advertising and the instant reach of social networking sites like Facebook and Twitter, hundreds, if not thousands, of friends can quickly hear about our great, or not so great, patient experiences.

Often times, it’s the simple things that can have the greatest impact on patient satisfaction, like always introducing yourself in a friendly tone and explaining what you are doing. Using the patient’s name is also a great way to personalize care.

“Rounding” on patients is another way to proactively anticipate their needs. During rounding, white boards can be refreshed and “hand-off” communication can take place. And before leaving the room, always ask, “is there anything else I can do for you before I leave?”

### HEAT Service Recovery Method

- Hear them Out
- Empathize
- Apologize
- Take Responsibility for Action

This simple question reduces call lights, increases patient satisfaction scores, and improves patient safety outcomes.

Despite our best efforts, breakdowns in customer service do happen. “Service Recovery” gives us an opportunity to turn a negative patient experience into a positive one. At Catholic Health, we recommend the **HEAT Service Recovery Method** (see left).

Catholic Health will be offering a mandatory training program on “Enhancing the Patient Experience” for all associates. For more information, contact **Kevin McCue** in Staff Development at [kmccue@chsbuffalo.org](mailto:kmccue@chsbuffalo.org) or at 706-2544.



Tell us what you think... Do you have an idea, suggestion or comment that can help Catholic Health improve the patient experience. Log on to our website at [www.chsbuffalo.org/PatientExperience](http://www.chsbuffalo.org/PatientExperience). We’re listening and we’d like to hear what you have to say.

## Pursuing Excellence

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A good patient experience usually results in high customer satisfaction – a critical yardstick we (and many other organizations) use to monitor, measure and track our performance. Creating a great patient experience is nothing new to Catholic Health. What is new is the system-wide approach we are taking to better educate our associates and physicians, and to measure our progress.

Catholic Health managers met in February for a daylong meeting focused on “*Pursuing Excellence – Enhancing the Patient Experience.*” They are taking the tools and information from this meeting back to their organizations to share with associates and to continue their ministry-specific improvement efforts.

In the end, how we make our people *feel* when they are in our care is often the difference between creating loyal “customers” and those who will not return, sharing their negative experience with anyone who will listen.

### What can you do?

No matter where you work in Catholic Health, you either serve the patient or support someone who does. It’s our collective responsibility to provide outstanding care and service to everyone we come into contact with.

In the coming weeks, you will hear more about the work being done in your own facilities to enhance the patient experience and what you can do to help. Updates on our progress will also be featured in future issues of Connections.

**Start today by creating a “wow moment” for a fellow associate or patient... and watch what happens next!**

### What do our patients want?

- To be listened to when they have a complaint
- To be shown sensitivity by caring staff
- To be kept informed and included in decisions
- To be treated with respect and dignity
- To be taken care of in a timely manner

### What do we want?

*To provide exceptional quality, safety and service to exceed our patients’ expectations.*

## The Patient Experience Around the System

Our ministries have been working for months developing and implementing ideas to increase patient/resident satisfaction. Collectively, these efforts are part of a system-wide focus to propel Catholic Health into one of the top performing health systems in the country.

To know where we stand, we must measure our success to see if we are achieving the desired results. Each ministry has created Patient Experience

teams and “dashboards” to measure and track our progress. So far, these dashboards indicate we are moving in the right direction.

Associates are the best source for great ideas and many are involved in Patient Experience workgroups. Look at the list below to see some of the efforts underway. If you would like to be involved, or have an idea to improve care, please talk with your supervisor or department manager.

### Continuing Care

- Studer Group training to engage associates to improve the patient experience
- Using key words at key times and AIDET (Acknowledge; Introduce; Duration; Explain; and Thank You) in patient/resident rounding
- Harvesting performance improvement ideas from associates
- Developing ACE committees within Rehab Services and Long Term Care



### Home Care

- All staff attending customer service training
- Use of scripting (“Is there anything else I can do for you” and “Have all your question been answered?”) to ensure Home Care staff are asking key questions
- Conducting phone surveys to monitor patient satisfaction

### Kenmore Mercy Hospital

- Weekday patient rounding by administrative team
- Customer service education for associates
- Providing relaxing music and pictures on the free TV channel
- Hourly patient rounding by nursing staff



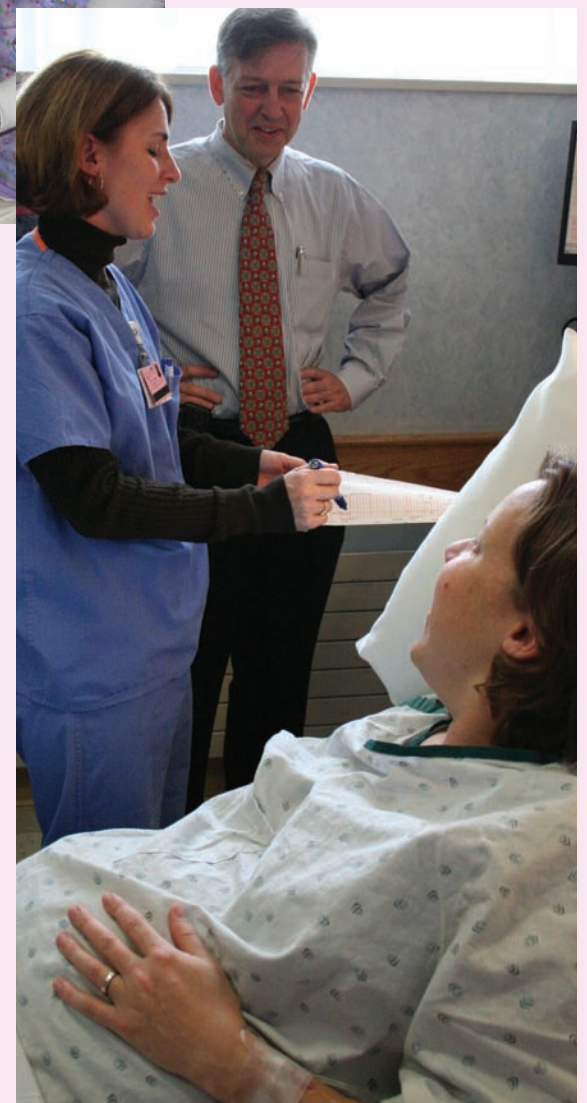
### Mercy Hospital of Buffalo

- Rounding on patients every hour with the three “Ps” – pain, positioning, patient needs
- Using AIDET in all patient communication
  - Updating whiteboards every shift change
  - Implementing patient call backs
  - Staff working to improve the “First Impression”
  - Emergency Department Rapid Cycle Improvement for intake and throughput



### Sisters of Charity Hospital – Main St. and St. Joseph Campus

- Patient Experience training sessions at both campuses
- Patient rounding
- Focused efforts on cleanliness, food quality, and reducing noise at night
- Emergency Department workgroup looking at opportunities for improvement
- Patient call backs by patient rep and nursing supervisor



Enhancing the Patient Experience

## CONNECTIONS



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## Pursuing Excellence – Enhancing the Patient Experience

### Expectations

- Interact Respectfully and Compassionately
- Demonstrate a Positive Attitude
- Demonstrate Accountability for Your Actions
- Follow the Rules
- Communicate Clearly and Directly and Perform Effective Hand-offs
- Have a Questioning Attitude
- Work Together with Your Team
- Pay Attention to Detail

## The Lesson of the Good Samaritan

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ing to help us answer the call to “enhance the patient/resident experience.” We are invited to experience our work as a “calling,” participate in mindful interactions with our patients and one another, and respond with compassion as we provide person-centered care. Using the story of the Good Samaritan as our guide...are we the people who cross the road or do we go out of our way to help those in need?

It's easy to “cross the road” and not even know it. A delay in answering a call light, a frustrated tone of voice with a caller, or the rationalization that “it's just not my job,” are some of the ways we fail to live up to our Mission.

Like the story of the Good Samaritan, we must begin by looking through the eyes of our patients and residents. They (and their families) can be scared, in pain, suffering or confused. How we respond can have a tremendous impact on the patient experience. Are we going to put our patients at ease...calm their fears...answer their questions?

As we begin this journey, we can look to our Mission – *We are called to reveal the healing love of Jesus to those in need* – and the parable of the Good Samaritan to guide us.



## Measuring Our Own Performance

Job descriptions are basically a “how to” manual summarizing a set of tasks or responsibilities against which our performance is measured. They include things like basic competencies, education requirements, and standards of behavior.

Because of our Mission, our job descriptions are not only written on paper, they're written in our hearts and minds through words such as compassion, empathy, and reverence. Unfortunately, when it comes to performance evaluations, these things can't always be measured.

**Providing an exceptional and safe patient experience** can only be achieved when there are clear expectations. That's why a new set of eight critical “**expectations**” will be added to the performance appraisals of every Catholic Health associate. *Clip and save the list above.*

Like other job responsibilities, we will be held accountable for meet-

ing these expectations. Your manager will review these expectations and their guiding behaviors during your next performance review. But don't wait, begin today to lead by example and set the tone within your department and facility.

