

GOOD GOVERNANCE CASE STUDY

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# Patient Experience:

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## ORGANIZATIONS PROFILED:

### **Henry County Hospital, Napoleon, OH**

Kimberly Bordenkircher, R.N., M.B.A., CEO

### **Houston Healthcare, Warner Robins, GA**

Mindy Hartley, D.N.P., R.N., NE-BC, Vice President of Patient Care and CNO, and Cheryl Minor, Supervisor of Service Excellence

### **Meriter Health Services, Madison, WI**

Angie Bloyer, Director of Service Excellence

## Statement of Interest

Understanding the multiple dimensions of patient-centered care includes having information about factors of the care experience that are the primary drivers of patient satisfaction. As a percentage of Medicare reimbursement will be tied to certain HCAHPS measures starting in October 2012, healthcare leadership focus on patient satisfaction and its connection to quality has increased significantly. This effort is at the center of the patient-centered care movement, which is gaining in momentum. This case study profiles the experiences of three member organizations that have decided to focus on patient satisfaction as a key strategic priority. Each organization has changed their culture to address the patient experience and, through this process, seen significant improvement in their HCAHPS survey scores. This case study presents primary motivating factors behind this effort, ideas and processes for improvement, the role of the board, and lessons learned.

### Steps for Creating a Service Excellence Culture

1. Identify your patients' key drivers (using a data reporting tool/facilitator such as NRC Picker).
2. Identify behavioral standards focusing on service excellence and set clear expectations for staff.
3. Train staff and hold them accountable.
4. Conduct patient satisfaction rounds (with both patients and staff).
5. Dedicate administrative staff/leadership to ensure service excellence goals are met.
6. Recognize staff members who go above and beyond through a formal recognition program.
7. Set the tone and message from the top with CEO and board engagement.

## Organizations Profiled

Henry County Hospital is a charitable, not-for-profit community hospital with a critical access designation, offering a wide range of primary, acute, and rehabilitative services to the residents of Henry County and the surrounding areas. Services include a birthing center, cardiac care, ED, laboratory, oncology, and others. Henry County Hospital provides quality healthcare

and wellness services while emphasizing patient-centered care and excellent customer service.

Houston Healthcare is a not-for-profit system serving residents in Warner Robins, Centerville, Perry, and Houston County, Georgia, as the county's largest healthcare provider for 50 years. The system includes Houston Medical Center, a 237-bed facility in Warner Robins; 45-bed Perry Hospital; Houston Heart Institute; The Surgery Center; Houston Health Pavilion; and urgent care centers and outpatient services. As a regional provider, Houston Medical Center provides comprehensive inpatient and outpatient healthcare services annually to more than 160,000 people residing in Houston and surrounding counties.

Meriter Health Services provides high-quality care to residents in Madison, Dane County, and the surrounding communities. With a combined staff of 3,300 employees, Meriter Health Services operates Meriter Hospital, a non-profit, 448-bed community hospital, providing a complete range of medical and surgical services; Meriter Medical Group, a growing primary and specialty care practice group; Meriter Medical Clinics, which includes several primary care clinics; home health services; laboratory services; and Meriter Foundation.

## Why Now? Motivating Factors for a Focus on Service Excellence

Many organizations are focusing on patient satisfaction now for a variety of reasons, including HCAHPS scores being tied to reimbursement, as well as market competition and branding considerations. Meriter Hospital began focusing effort and resources on patient satisfaction in early 2008, when the first HCAHPS survey reports were publicly reported. The organization has been an NRC Picker client since 1997, so there has been a patient satisfaction component for many years. However, "when the first public report occurred in April of 2008, we were rated third in our market out of three hospitals," explained Angie Bloyer, director of service excellence at Meriter. "Then the





issue truly became our burning platform. At the same time, we were having a pretty significant change over in our senior leadership team due to retirement. Our new leaders became much more engaged and considered the patient experience to be a much higher priority.”

At Houston Healthcare, leaders recognized that their patients had other choices for where to receive their care. Knowing that HCAHPS scores will be tied to reimbursement was also a motivating factor; like Meriter, they saw that they had room for improvement on the HCAHPS benchmarks that were publicly reported in 2008. Through a collaborative effort, patient care services, service excellence, and human resources combined efforts to improve the patient experience. The team’s improvement efforts, led by Mindy Hartley, D.N.P., R.N., NE-BC, vice president of patient care and CNO, and Cheryl Minor, supervisor of service excellence, combine care and service issues into the overall patient satisfaction effort. Minor comes from a business background, so they took advantage of their varied perspectives. They also incorporate the human resources department so it can be jointly implemented organization-wide. “We’ve gotten away from the silo effect and we recognize that the patient satisfaction experience is enhanced when we are able to get away from silos,” explained Hartley.

Sometimes the main motivator or “eye-opening” experience can come from a patient event. For Henry County, it was the realization that by not focusing on patients’ needs they were doing a huge disservice to the community. “I received a letter from a woman in our community who decided to have a home birth with a midwife,” explained Kim Bordenkircher, Henry County CEO. “During her birth process, she had a complication and needed to come into the hospital. Many individuals she encountered were very judgmental about her choice to

have her baby at home and it was clear to her that the hospital staff felt she had made the wrong decision.” Defining and understanding what it means to be patient-centered became very important at Henry County, and it goes beyond simply being pleasant and providing good customer service. “Those aspects are wonderful things that we want to do, but that has nothing to do with being patient-centered. Patient-centered means the patient is in the driver’s seat making the decisions,” Bordenkircher said.

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**I** don’t think we were ever patient centric in healthcare. We never were there. We always approached patients in a very paternal manner and ‘we know what’s best for them and we’re going to let them know what that is and off you go.’ I’ve been in healthcare a long time and when I was a nurse it was considered inappropriate to let patients know their blood pressure.

—KIM BORDENKIRCHER, R.N., M.B.A.

### Identifying Key Drivers

An essential first step on the patient satisfaction journey is to obtain reliable data in a useable format revealing how patients feel the organization is doing from a service and quality-of-care standpoint. Each organization has a patient satisfaction survey (HCAHPS) facilitator (such as NRC Picker) that provides them with a detailed report each quarter. Importantly, the report reveals specific “key drivers”—a short list of items that matter most to patients. Then, the reporting tool provides a list of suggestions to improve and/or practices to implement to ensure that these key drivers are addressed for each patient. This information is often obtained from current literature as well as experiences from other top-scoring organizations.

“The reporting system helps us very easily identify our key drivers—what’s most important to our patients,” explained Bloyer. “It is easy for not only data people like myself to understand, but easy to push out to our leaders to let them understand quickly and at a glance what’s going on.” Key drivers at Meriter include pain management and call-light response time. Houston Healthcare’s key drivers are also pain management and responsiveness, as well as communication. Simply the fact of knowing what matters most to patients can help the hospital focus more effort where it really matters.

Henry County assesses key drivers for individual departments as well. For example, the key drivers for the ER are understanding and caring from the physician, discharge instructions, and overall level of safety. The staff leverages those three drivers with a patient when they first meet, and thus the patient’s

experience in the ER is markedly improved from what it may have been in the past.

### **Creating an Accountable Culture of Service Excellence**

Each of the three organizations uses techniques and strategies to aid patient satisfaction efforts. Patient satisfaction is now a strategic pillar for each organization, built into the framework of the strategic plan and treated as an organizational priority. Each organization has set clear and specific behavioral expectations about how patients should be treated, communicated those expectations to all staff involved in the effort (which goes much further than department nurses and aides), and informed the staff that they would be held accountable to those standards.

At Henry County, managers follow up with staff regarding the behavior standards through “observation and validation.” Staff members are videotaped to verify that they are using the new behavior standards as well as the key drivers. They then watch their own video and discuss with their manager what they do well and what they could do better. The managers also watch the videos and give constructive feedback. Bordenkircher emphasized, “Beyond simply telling staff what we want them to do, we hold them accountable and make sure they are actually doing those things. And if they’re not doing these activities, then we try to find out why. Was our training and education insufficient? Did they misunderstand?”

Meriter’s strategy began with engaging and developing leaders and then holding them accountable for patient satisfaction. They also redefined and redeployed service behavior expectations, and created an education and training program for managers around patient satisfaction measures for any staff who “touches” the patient—beyond nursing to pharmacy, food and nutrition, housekeeping, lab, physical therapy, and front desk staff. “Our biggest effort was holding staff accountable for service at a very similar level that we hold them accountable to quality and safety,” Bloyer said. “Our managers needed clarity and some language they could refer to when a staff member wasn’t performing at the appropriate level. We also learned that we needed to spend more time with our managers on *how* to hold staff accountable. We can’t just assume that our managers have the skills and comfort level to have those difficult conversations.”

Houston Healthcare created service excellence teams that each focused on four excellence objectives: hourly rounding, communication training, targeting departments with the largest need for improvement, and conducting discharge calls. They engaged staff in brainstorming sessions on how to improve, and set behavioral standards along with training and clearly defined expectations. Training is extensive and carefully planned; it focuses on the importance of a team approach—everyone affects the patient in some way or another. All

employees are required to go through customer service training. “We also had focused training with our patient care technicians last year because they are huge in helping that patient experience,” Minor explained. “This year we have partnered with Middle Georgia Technical College from which we now hire our patient care technicians, and they are familiar with our behavioral standards and they have incorporated that within the education program.”

Enhancing communication between patients and staff has been a key to enhancing understanding as well as patients’ comfort level. This effort includes engaging *all* staff and treating them as part of the patient care team, including housekeeping, for example. “Our housekeeping staff is trained on how they are supposed to present themselves to patients,” explained Bloyer. “Hi, I’m Angie. I’m your housekeeper today. I’m here to clean your room. It’s probably going to take me about 10 minutes. Is now an okay time?” This communication allows the housekeeping staff to engage with the patient rather than feeling like they are a disruption. “The same goes for things like pain management,” Bloyer continued. “If you say, ‘I want to do everything I can to help you manage your pain,’ the patient’s experience is very different than just handing them a pill.”

And finally, each organization let their staff know how important it was to live up to the new service excellence culture. They were all being held accountable to the goals and expectations, and those who did not change their behaviors or comply with expectations were asked to seek employment elsewhere. “In some cases we do have to utilize the stick approach if an individual does not acquire the necessary skillset,” Hartley explained. “We have a coaching tool and are very specific about what behaviors we need to see. There are some individuals who have since gone elsewhere if they don’t clearly understand or are not able to live out those particular behavioral standards.”

### **Rounding: For Patients and Staff**

A recurring cultural theme for each organization has been conducting leadership rounds specifically focusing on patient satisfaction. Nurses and physicians at every hospital must do regular rounds to check on patients’ health status, I.V.s, and medication. But this “cultural rounding” is outside the normal medical rounds—it is focused on key drivers and concerns of both patients and staff. By observing staff with patients as well as talking with staff about how things are going in a deliberate, intentional way, leaders in these organizations gain information about how and what to change, and rounding in this manner sends



the message to patients and staff that the leaders care about what is happening in the organization.

Meriter has responded to their key drivers by instituting hourly rounding, going beyond simply checking on the patient to ask how they are doing generally. “Now we go through a set of very specific questions about their pain, their positioning, their bathroom assistance needs, their environmental assessment, everything that would trigger them to use their call light,” Bloyer said. “We’re trying to address this on an hourly basis and it’s very much a team approach between our nurses and our aides.”

Meriter’s nursing managers and directors now have requirements for how many hours a week they have to spend rounding on both patients and staff. “We have a very structured tracking and recording mechanism. We started being pretty deliberate around the topics that we were covering during staff rounds that were specific to our HCAHPS data, especially our key drivers,” Bloyer said. And the data show that rounding makes a real difference; satisfaction scores have been significantly higher for those patients who received a leadership round during their stay. “As you can imagine,” Bloyer described, “that also helps us uncover any issues while the patient is still in the hospital and allows us to address those immediately, rather than letting the patient go home unhappy or uncertain about their medication.”

Every leader at Henry County builds time into their schedules for observation through “rounding,” not only with patients but also (and equally importantly) with staff. Bordenkircher visits each department regularly and observes staff interacting with patients or overhears conversations in the waiting rooms. Then she can give feedback to the appropriate managers about the observations. Every manager does rounds with their own staff, and they are required to keep a rounding log. The logs demonstrate who was observed and what managers have learned through rounding and observations. Managers are looking specifically to see staff addressing key drivers, conducting discharge or pre-visit phone calls, and other behaviors that are specific to patient satisfaction.

When the senior team at Henry County conducts their staff rounds, they ask a series of five questions: 1) What is going well? 2) Who deserves special recognition? 3) What processes need improved? 4) Do you have the tools and equipment that you need to do your job? 5) What do you know that you think I [your manager] need to know? The management team makes changes using suggestions from the rounding logs and also uses them to identify “thank-you note opportunities” (discussed in more detail on the next page). “It’s a reciprocal relationship in that we



harvest those ideas from staff and then we also hold ourselves accountable to the staff—and the staff holds us accountable—to follow up and inform them of our progress in these areas,” Bordenkircher said.

Purposeful hourly rounding became the focus at Houston Healthcare as well. “We knew that rounding worked at other hospitals,” Minor said. “We knew it was an evidence-based practice and we had implemented it here in some areas but not consistently throughout the facility.” The key was to be consistent, conduct rounding in the same way in every department, and follow up to make sure it was happening according to the standards. They even tied hourly rounding into their staff recognition program.

### Embedding New Actions into Existing Work Routines

Initially, the Henry County staff was resistant to making the behavioral changes, thinking it would take too much time to implement and add to their already full workdays. But they were already talking to patients. So the leadership sought to find a way to ensure that when nurses talk to patients to give discharge or medication instructions, they use key words at key times that research demonstrates makes a difference in patient understanding, perception, and satisfaction.

“If your words can help decrease a patient’s anxiety in the emergency room, for instance, they’re going to listen better and they will be more compliant. Their length of stay is shorter when their anxiety is lower,” Bordenkircher said. “Through these initiatives, rather than adding to the time it takes to do their jobs, we’re just making sure staff is talking to patients in a way that’s effective. And our ability to execute effectively the *first* time improves care so that saves time.”

At Meriter, staff training has emphasized that these efforts don’t take much more time, and beyond that it is some of the most important work the staff will ever do. “It impacts the patient’s experience,” Bloyer said. “It impacts readmissions—it has just so many impacts that we make sure to take the time to do it.” The hourly rounding requirement at Meriter looks, on paper, like a substantial time addition to the job. “But if you’re doing it the right way, it should give you *more* control over your time because you’re not chasing down call lights,” Bloyer explained.

There’s a definite connection between patient satisfaction and employee satisfaction, according to Bordenkircher, and with the right leadership and employee engagement, patients notice the difference. “Our job as leaders is to take good care



of staff so they can provide excellent care to patients. I don't think the goal is to make staff satisfied; I think it's to engage staff. People want to come to work when they feel it is worthwhile, they work with passionate people, and they're able to make a difference."

Increased employee satisfaction has also been noted at Houston Healthcare and Meriter.

"We've heard from our high-performing employees who have been waiting for us to do something like this. Maybe those staff members were not performing at the most efficient or productive levels," explained Bloyer. "Setting expectations around service excellence has really raised the bar. Also, when we can spend more time with our high performers, it really becomes a more rewarding environment for our employees."

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**I**t is no longer okay to be just technically or clinically excellent. You also need the service component and it needs to be an integrated piece of your daily routine.

—ANGIE BLOYER

### Recognition Is Important

As a part of the organizational culture, Henry County has a formal recognition program of sending thank-you notes. All managers are required to have a grid on which they indicate who received thank-you notes and for what reason. "The effect those thank-you cards has on staff morale is unbelievable," Bordenkircher said. "I had a staff member who pulled her thank-you note out of her pocket with tears in her eyes and said to me, 'I've worked here for 10 years. This is the first time I ever received a thank-you note. I hang it on my refrigerator. My kids were blown away when they read that I saved somebody's life and was being acknowledged for it. It helped my kids realize that although I have to leave them to go to work, the work I am doing is really important.'"

Houston Healthcare provides a yearly cash bonus program for employees that is tied to patient satisfaction and other organizational goals, called "Reap the Reward." The goals are related to the key drivers. "We chose responsiveness because we felt like that would help to drive the nurses and the patient aides to do the hourly rounding," Hartley said. "And last year we met the responsiveness key driver goal."

At Meriter, recognition comes from the board. Leaders of departments that do extremely well and regularly surpass patient experience goals are invited to a board meeting for recognition.

The board also sends letters to staff thanking and congratulating them when the organization receives patient experience awards or other recognitions.

### The Role of the Board

Board engagement in patient satisfaction is important, and because HCAHPS scores will be tied to reimbursement soon, many hospital and health system boards are paying more attention. Bloyer includes patient satisfaction scores in quarterly reports for the Meriter board of directors. Each quarter, the board receives a new report showing trends over time as well as HCAHPS comparisons to local competitors and the state and national averages. "We have a quality subcommittee of our board that looks specifically at patient satisfaction in addition to quality and safety," Bloyer said.

At Houston Healthcare, Hartley attends all of the board meetings (both the system board and the hospital board). She regularly updates both boards on the organization's patient satisfaction scores as well as the different initiatives they are working on. "We have a couple of champions on those boards with whom I communicate regularly and they've even made recommendations related to patient satisfaction. We share information with the board including literature reviews regarding some of the best practices that are working. Our board is



heavily engaged as well as the executive leadership team. We believe it starts at the top and cascades throughout our organization,” Hartley said.

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**I** think patient satisfaction and quality go hand in hand. Service is part of the definition of quality. What patients truly understand and judge us on is how we communicate with them, how we engage them. They assume we’re going to provide them with good, clinical quality. What truly makes a difference is the experience.

—ANGIE BLOYER

### **Moving Scores in the Right Direction: Where to Go from Here?**

Most aspects of patient satisfaction are measured directly by questions addressed in the HCAHPS surveys and the data reported by NRC Picker (some of which involve questions not included on the HCAHPS surveys). So each organization is able to see direct results from changes and efforts that have been implemented—the interventions make a direct difference and guesswork isn’t required. Meriter, which had been last of three hospitals in its area on HCAHPS scores in 2008, moved to first in the market on both recommendation (whether the patient would recommend the hospital to family and friends) and its overall rating by December 2010. “We had double-digit increases in almost every composite score except for pain management, which we’re still working on,” Bloyer said. “But the bar continues to go up and we definitely need to keep up the effort.”

In May 2012, Meriter rolled out an organization-wide discharge call process—all inpatient, ER, and ambulatory surgery patients now receive discharge phone calls. Another issue they are now connecting to service excellence is physician engagement. “We are in the process of developing our own medical group,” explained Bloyer. “Over the past two years, we’ve hired over 100 physicians and opened eight clinics. On my end, I’m trying to support them on not only filling the spots, but then developing the right culture and the right patient experience,

so we are providing a consistent patient experience wherever you go in the [Meriter] system.”

At Houston Healthcare, the responsiveness score in 2010 was at 56 percent; by the end of 2011, the score had risen to 64 percent and it is now 69 percent. Their overall satisfaction score was 63 percent in 2010 and it has since risen to 73 percent. “Beyond continuing to improve these key drivers, one of our next focus areas will be bedside reporting at change of shift,” Hartley said. “We want the patient aides and nurses to be able to ‘manage up’ with one another and also check on specific things with our patients” to ensure that when a shift change occurs, the important patient information is communicated from one shift to another. “Another initiative we will continue to work on is implementing Lean processes in our emergency department to improve patient throughput. We know our ED scores are correlated with our inpatient scores.”



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**T**he patients *expect* when they come in the hospital that the quality pieces are going to happen. But often the way they measure it is by the way we make them feel. We are a patient-centered care environment, focused on quality and patient satisfaction.

—MINDY HARTLEY, D.N.P., R.N., NE-BC

The work continues at Henry County as well. “Four years ago, our HCAHPS scores were in the 60<sup>th</sup> and 70<sup>th</sup> percentile [now they are in the 90<sup>th</sup> percentile]. So, we have seen a dramatic, sustained improvement, but it didn’t happen by accident,” Bordenkircher said. “But even though we now have fabulous patient-perception-of-care scores, we are still just starting on that journey of patient-centeredness and we must continue to ramp up our ability to implement patient-centered care.”





