

“Service Excellence” banks of executive support

Pilot Aims for a Fresh Take on Patient, Employee Satisfaction

The news that improving patient satisfaction scores is a priority at University of Colorado Hospital is probably no news to most employees. But *how* the hospital has decided to take its latest crack at it is noteworthy.

With a new “Service Excellence” pilot program that targets not only patients, but also aims to provide support to staff, the hospital is seeking to raise satisfaction scores in three inpatient units – 6 East Medical Subspecialties, 9 East General Surgery and 9 West Pulmonary – and the Emergency Department.

With the lessons learned in the pilot program, UCH expects to roll the program out more widely in the fall.



Sanders is one of four executives regularly rounding the pilot areas.

The targets include ensuring patients consistently get high-quality care, boosting patient and employee satisfaction, and improving teamwork and communication within and across units. The hospital’s mission statement and its critical success factors, of course, emphasize all of these. And year-end bonuses for employees have long been tied to patient satisfaction and employee engagement measures.

But, as President and CEO Bruce Schroffel noted in his recent “State of the Hospital” presentations to staff, “patient satisfaction scores are not our strongest points. We need to improve.”

The Service Excellence program has plenty that *is* new, including a systematic, organization-wide approach to meeting these goals, an emphasis on employee accountability, training in a consistent method of communicating with both patients and staff, and – perhaps most importantly – the high-profile backing and direct involvement of executive leadership.

The short-term goals are to improve the hospital’s Press Ganey and HCAHPS (Health Consumer Assessment of Healthcare Providers and Systems) scores – the hospital’s primary measures of patient satisfaction. They’ve been up and down for years, without any readily identifiable cause.

But in broader terms, the program is less about launching an initiative than about effecting a change in the hospital’s culture, said Vice President of Patient Services and Chief Nursing Officer Carolyn Sanders, RN, PhD.

“We need to see more consistency in what we do,” she explained. “In the past we’ve had flavor-of-the-month patient satisfaction programs. Now we need to be more consistent, stick it out and make sure everyone in the organization hears the same message.”

Leaders on the spot. The renewed emphasis on service is evident in a number of ways. For example, five senior leaders, including Sanders, are members of the “Service Excellence Steering Committee” (SESC), a 16-member group that meets biweekly to monitor the progress of the pilot. Chief Operating Officer John Harney chairs the group (*see box*).

But the five aren’t simply showing up for meetings or giving lip service to the project. They all are or will be rounding the pilot units and the ED, talking to staff, observing their interactions with

patients, asking about their relations with other departments and identifying the resources they need to deliver the best service possible.

"We're trying to increase our visibility to staff and help to fix issues as they come up," Sanders said. She rounds weekly with Vice President of Clinical and Support Services Derek Rushing; Harney and Chief Information Officer Steve Hess form another team. Vice President of Ambulatory Services Suzanne Sullivan will also participate, although her primary focus for now is the ongoing launch of the Epic system in the outpatient clinics.

"It's important that staff see we have some skin in the game," Sanders said. "That speaks volumes to them about our willingness to help improve service."

While the leaders round to support staff, the charge nurses' and nurse managers' focus is on listening to patients. They seek to ensure they and other staff meet patients' needs consistently and in a timely fashion.

Systematic approach. Rather than vague impressions and anecdotal measures of success, the pilot program requires that everyone who rounds produces electronic documentation of what they find.

The steering committee then reviews the results, looks for trends, and works with directors and managers to identify objectively barriers to good service and figure out how to overcome them. Conversely, it will pinpoint what works so it might be used on other units.

"We'll be looking for patterns," Sanders said, adding that some issues can be mitigated quickly, while others may be larger system problems. "For example, 6 East tends to receive a heterogeneous patient population," she said. "That increases the complexity of care for staff, who have to be Jacks – or Jills – of all trades. They also tend to see patients with secondary psychiatric diagnoses. That's not their level of expertise."

"Documenting the interviews' results already has lead to possible solutions, Sanders added. Some staff on 6 East, she said, suggested that patients with psychiatric diagnoses be spread more evenly among units. "That could create more opportunity for nurses with expertise in that area to see these patients," Sanders pointed out."

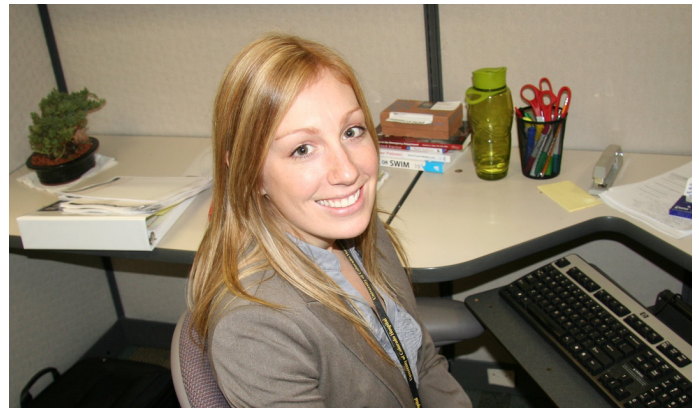
The electronic record will also help executives when they move from one unit to another to round, she added. "We'll be able to check on what was said about issues on the unit earlier and ask,

'Have you seen improvement?'"

Aided by AIDET. All staff will also have a consistent method for communicating with patients. Ambulatory staff has already received training in AIDET (an acronym that stands for Acknowledge, Introduce, Duration, Explanation, and Thank You) offers staff a consistent way to approach patient encounters.

Created by performance improvement expert Quint Studer, AIDET emphasizes fundamentals of good communication, including directly addressing patients, being courteous to them, explaining what they can expect from their care, and telling them how long it will take.

The hospital has 16 lead trainers to guide staff in the pilot areas through the AIDET system. The instruction, which should wrap up in May, is tailored specifically to the hospital environment, said Service Excellence Administrator Jackie Griffin, a member of the SESC team.



Griffin is a hospital first: an employee whose sole focus is improving service.

"AIDET is a consistent way to communicate internally and externally," she said, "and it's widely used as a best practice throughout the health care industry. We are modifying some of the original materials – with permission from Studer – to best suit unit/department environments. For example, we've reshaped AIDET to fit the ED environment. The scripting tools are a little shorter and more concrete."

Nurse managers will conduct bi-monthly evaluations of every staff member to ensure they are following the AIDET model. It's part of an organizational effort to make employees accountable for the service they provide, Griffin said. "We will be redefining job descriptions so they include specific customer service standards and AIDET principles."

Sultan of satisfaction. Griffin herself is a symbol of the steadily increasing emphasis on service at UCH. Her position is the first at the hospital devoted solely to improving patient and employee satisfaction and addressing customer-service issues. Hired last year, Griffin, came to the hospital from the Ritz-Carlton chain and is a self-described “coordinator and facilitator” for the SESC.

“Leadership is the driving force behind the program; however, commitment and dedication from staff will ultimately determine the overall success of the program,” she said. She concentrates on raising the program’s visibility by presenting it to groups around the hospital and providing support to ensure projects within the Service Excellence program stick to the plan.

“We also want to increase our service to one another,” she said. “Patient satisfaction is a key driver, but we also want to improve employee satisfaction, teamwork and service processes from work unit to work unit.”

Of course, there has been no shortage of efforts to improve patient satisfaction and increase employee engagement at UCH. But most previous efforts have not had the stamp of approval from leadership.

“There have been a lot of independent customer-service initiatives,” Griffin said. “We want to establish a more unified structure to our customer service practices, and we now have this message trickling down from the executive team.”

New territory. The new approach could take some getting used to, acknowledged 6 East Nurse Manager Kaycee Shiskowsky, RN. Executive rounding, which will occur weekly, just started, she said. But the first appearance by Sanders and Rushing on Shiskowsky’s unit generated a bit of anxious buzz.



Shiskowsky uses AIDET tokens – redeemable for small rewards, like coffee – to recognize staff who give patients and their colleagues great service.

“Staff wondered, ‘Did we do something wrong?’ But [Sanders and Rushing] were there to show they care about employees’ experience and to become aware of issues and make things better,” she said.

“They want to know if [staff] have enough resources to care for patients and to work with other departments, whether they’re getting breaks for lunch, and so on. That’s a huge staff satisfier, to get to know the executives and have the executives get to know them.”

The ultimate goal, Shiskowsky said, is to use the feedback her staff gives in a constructive way. She’s already had one quick success on that score, she added. After staff told the rounding executives they needed additional translator phones and vital signs machines, Shiskowsky pulled some phones from storage and ordered two additional machines.

“It was very proactive,” she said. “The process may give us a chance to address things that the staff won’t necessarily say to me.”

Get to the patients. As a nurse manager, Shiskowsky herself will round on every patient at least once during the admission, checking to make sure the unit is meeting their needs. She’ll document what she finds and figure out how to use the information to make improvements in patient care and extend recognition to staff who give great service to patients.

Managers will also meet regularly with day charge nurses, who are responsible for checking in regularly with patients to address key areas of concern like pain management, whether they understand their plan of care, and how well they think providers are communicating and responding to their needs.

It may all sound like basic stuff, but health care delivery isn’t like most industries, Shiskowsky said.

“Customer service is number one in any other business,” she remarked. “We want to keep our patients safe and well, but sometimes how we keep them well and communicate with them falls to the wayside.”

AIDET offers a method for communicating consistently, Shiskowsky believes. “Some nurses, for example, may be more in tune with the patient [emotionally], while others are more task-oriented,” she said. “But AIDET itself is task-oriented. You have to tell the patient, ‘I’ll be back in an hour.’ Then it’s back on you as a nurse to do what you said you were going to do.”

Meanwhile, Griffin said improving Press Ganey scores – the hospital’s primary measure of patient satisfaction – will not be the only measure of the pilot’s success.

“We’ll also be looking at secondary gains,” she said, such as getting units the resources they need, and bolstering employees’ sense that they are recognized for the work they do – a key measure of employee satisfaction.

“With directors and above coming through the units,” Griffin concluded, “we want employees to know that they have a say in everyday services and they have a voice.”

The Service Excellence Steering Committee

- » John Harney, Chief Operating Officer
- » Carolyn Sanders, Chief Nursing Officer;
VP Patient Services
- » Suzanne Sullivan, VP, Ambulatory Services
- » Steve Hess, VP and Chief Information Officer
- » Derek Rushing, VP, Clinical and Support Services
- » Deb DeVine, Director, Patient Services
- » Bruce Evans, MD, Senior Medical Director,
Emergency Department
- » Marge Frueh, Director, Transplant Center
- » Jackie Griffin, Service Excellence Administrator
- » Angie Hill, Nurse Manager, 9E and 9W
- » Benjamin Honigman, MD, Division Head,
Emergency Medicine
- » Rob Leeret, Director, Emergency Department
- » Zach Robison, Administrative Fellow
- » Kaycee Shiskowsky, Nurse Manager, 6E
- » Bill Sonn, Director, Marketing, Communications,
Public Relations, Physician Relations
- » Sue Wehrspann, Manager, Human Resources
Learning and Development