

[FMT]Preface to the Second Edition

This second edition offers some significant new material. A new chapter on cultural competence deals with the ways in which hospitals can manage both diverse patients and staff. Another new chapter offers 50 easy ideas for improving patients' hospital experience. There are new chapter segments on patient safety, physician satisfaction, complaint management, and scripting. The basic message, however, will never change: A concern for patient satisfaction is good for all constituencies.

A few words on how to use the book: The first two chapters are devoted to justifying why serious attention must be paid to patient satisfaction. These chapters should be mandatory reading by all. Staff will be far more committed to your satisfaction programs when they can fully appreciate that both their mission and their jobs are significantly dependent on patient perceptions and evaluations of care. Chapters 3 and 4 dig beneath the surface for insight to the roots of patient satisfaction. Nurses, physicians, technologists, and other front line staff will benefit from understanding that satisfaction is the product of interaction between two cultures—patient and hospital. What patients want from care is far more than smiles and introductions. It is a complex business. Chapter 10, contributed by consultant Mary Malone, offers 50 proven examples of satisfaction-enhancing ideas from hospitals across the country. Chapter 11 offers similar insight to complex nature of the emergency department visit. The rest of the chapters will be of particular relevance to those who direct and implement your patient satisfaction programs. These chapters reflect two basic concepts: (1) You cannot manage well what you do not measure well; and (2) Measurement alone is not management. We look at how

to analyze your patient survey data to get maximum insight to the sources of satisfaction and dissatisfaction. We then look at ideas and techniques for improving the patient's experience of care.

Since the first edition of the book appeared several years ago, national discussions of patient satisfaction have heated up. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires hospitals to monitor satisfaction. The Centers for Medicare & Medicaid Services (CMS) has finally developed its HCAHPS survey with the expectation that hospitals will use it for public reporting of patient satisfaction levels.

“Pay for performance” is an evolving concept. External entities may look at hospital quality in calculating reimbursements. Internally, growing numbers of hospitals are using patient satisfaction scores in decisions regarding staff compensation and bonuses. Some hospitals are holding outside vendors, such as food service or housekeeping contractors, responsible for maintaining high satisfaction scores and are tying a portion of the contract price to survey results. Nationally and publicly, concern for satisfaction is socially and politically correct.

Of all the reasons for paying attention to patient satisfaction, only one transcends correctness, accountability, or accreditation standards—quality of care. Patient satisfaction is important because it is a component of care as well as an outcome of care. When patients are satisfied, both the immediate care and subsequent clinical outcomes are enhanced. At the same time, when the quality of care is high, satisfaction will be measurably high. This “double whammy” should be sufficient to make improving and monitoring patient satisfaction a core concern of every healthcare institution and provider.

This is not yet the case, but it is getting better. Many still take patient satisfaction for granted as a simplistic concept that only requires common sense to understand and track. When those who believe this make little progress in improving satisfaction, their lack of success is often attributed to the soft, idiosyncratic, and unpredictable nature of patient satisfaction. Other healthcare professionals who do take patient satisfaction seriously may become frustrated by the lack of clear improvement and frequently blame the survey.

This book is directed to all who wish to improve the patient's experience and evaluation of care and who are willing to put some sweat equity into the effort. Patient satisfaction is not simple. If it were, then all hospitals would have high scores. If merely smiling, introducing yourself, and personally taking patients and guests to their destinations were all that mattered, then satisfaction would be universally high. But the patient's experience and evaluation of care involve far more than these obvious surface tactics.

That is what this book is about—the often-missed factors that underlie patient satisfaction and its management.

The patient is with you for a relatively short time—hours or days. There is no time to educate the patient to understand or appreciate what you are doing; therefore, total responsibility for satisfying the patient lies with you. The key to patient satisfaction lies in: (1) understanding the patient, (2) understanding yourself and your hospital's culture, and (3) effectively utilizing your survey data.

Most chapters end with a list of specific suggestions entitled “Action for Satisfaction.” Many chapters include examples of survey results and analyses that show the usefulness of good satisfaction data. Most hospitals have access to similar data,

whether internally or externally generated. These data were drawn from Press Ganey Associates surveys and reports, but most patient satisfaction survey firms provide similar analyses; if you do your own programming and data crunching, you can generate similar reports.

Healthcare has changed a lot since 1983, when I first started lecturing on patient satisfaction. The three biggest changes from my perspective are the (1) rise of the concern for quality, (2) empowerment of the patient as consumer, and (3) providers' concern for the bottom line and market share. Patient satisfaction has a major effect on all three. I hope this volume adequately supports your need to deal effectively with these issues.

While a number of specific case studies from specific hospitals about techniques or strategies can be used to improve patient satisfaction, I have tried not to overdo my representation of case studies. The problem with a specific case study is that the issue and action depicted may not be relevant for all readers. Thus, I present these as examples only, to stimulate creative discussion rather than to offer a definitive solution.

This is a very personal book and my biases are likely very apparent. I am an unflinching advocate for patient satisfaction and a firm believer that it is inextricably linked with the true quality of care. The distinction between technical and interpersonal care, or between care and service, should be laid to rest once and for all. Every one of the patient's experiences in the hospital (i.e., those with people, machines, or events) are filtered through the patient's knowledge, personality, prejudices, preconceptions, and culture. These filters determine the patient's ultimate evaluation of the experiences, and this evaluation in turn affects the patient's response to care. Mind and body are not

wholly independent entities. What the patient experiences, feels, believes, thinks, fears, and hopes about care cannot be separated from the actual outcome of care. Thus, concern for patient satisfaction must ultimately become a routine part of medical management—a day-to-day concern no less important than infection control and surgical protocols. I suspect that this passion of mine will be very apparent throughout the book!