Section 21
CATEGORY I PANEL DISCUSSION TEMPLATE #15

Reinventing Customer Service in Healthcare:
Lessons Learned from the Best

Materials for Distribution:

Improving the patient experience is critical in today’s healthcare marketplace. New, savvier consumers, a shift toward consumer-driven healthcare and demand for more transparency in cost and quality from both consumers and federal agencies are requiring that hospitals pay serious attention to satisfying patients.

The experience a patient has in a particular healthcare setting can determine whether he or she will return for additional or follow-up care. Healthcare leaders should develop comprehensive approaches focused on attracting and retaining patients.

“Patients have many healthcare options,” says Todd Linden, CHE, president and CEO of Grinnell (Iowa) Regional Medical Center (GRMC). “When they have bad experiences, they don’t come back, and they tell all of their friends and neighbors. An environment that provides extraordinary service with high-quality care to create an atmosphere that is patient friendly makes all the difference in the world.”

Improving the patient experience in healthcare organizations can lead to higher-quality care, more satisfied staff, fewer preventable medical mistakes, fewer malpractice lawsuits and an improved financial bottom line. It also can lead to a significant competitive growth strategy. Word of mouth about how a hospital maintains its relationships with patients can either bolster visits or send potential patients to another hospital down the street or across state lines.

“Improving patient satisfaction is key to future survival,” says Irwin Press, Ph.D., cofounder of Press Ganey Associates and Health Administration Press author of Patient Satisfaction: Understanding and Managing the Experience of Care. “Hospitals need to address improving the patient experience not as a short-term fix but as a long-term strategic goal that leads to continued growth that makes hospitals more competitive.”

**Manage the Total Patient Experience**

The manner and environment in which care is delivered—how well a doctor explains treatment, how a nurse administers medication, the level of noise—all contribute to a patient’s care experience, according to Press.

The patient views everything that happens at a hospital as part of his or her care, unlike healthcare professionals, who tend to make distinctions between clinical care and service. Hospital staff may believe that a patient can rate how good the cafeteria food is, for example, but not technical aspects of care. Patients might not be well-versed in the technicalities of a complex surgery, but they can determine how well the procedure is explained to them by clinicians. Much of the time, when hospitals craft strategies to improve patient satisfaction, they are only focused on improving service amenities, neglecting how patients may perceive the more technical aspects of care.

“When people talk about improving the patient experience, they usually focus on new marketing strategies,” says
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Kathryn Wilhoit, FACHE, vice president and chief nurse executive at Mountain States Health Alliance (MSHA), Johnson City, Tennessee. “What we should be focusing on is how to change our culture to one that emphasizes patient-centered care.”

This is not to say that improving amenities like food, lighting or customer service is insignificant—these are important and contribute to a patient’s experience of care and ultimately satisfaction. However, numerous studies have indicated that patient satisfaction can have an impact on clinical outcomes. Less stressed patients who trust and engage with their caregiver have fewer complications, are more compliant with prescribed treatments and are less likely to experience a preventable medical error. As Press says, there is a strong link between the patient’s experience of care and the quality of care delivered.

When leaders at MSHA decided to enhance their patients’ experiences, they concluded that improvements in customer service alone would not work, Wilhoit says. To promote a patient-centered culture, MSHA’s team developed a patient-centered care philosophy and the following 10 guiding principles as part of their strategic plan:

1. Care is based on continuous healing relationships.
2. Care is customized and reflects patient needs, values and choices.
3. Families and friends of the patient are considered an essential part of the care team.
4. Knowledge and information are freely shared between and among patients, care partners, physicians and other caregivers.
5. Patient safety is a visible priority.
6. The patient is the source of control for his or her care.
7. All team members are considered caregivers.
8. Care is provided in a healing environment of comfort, peace and support.
9. Transparency is the rule in the care of the patient.
10. All caregivers cooperate with one another through a common focus on the best interests and personal goals of the patient. (Borrowed from Margaret Gerteis et al. Through the Patient’s Eyes)

Following these guidelines carefully and conducting a quarterly executive team meeting to revisit the strategic plan, as well as establishing a patient-centered care steering committee, have made real improvements at MSHA. The hospital’s vision for a healing environment, philosophy and methodology; focus on integrated medicine; and education and training for all staff reinforces MSHA’s patient-centered culture.

MSHA also has many programs that help promote this culture. Establishing the VIP Program, for instance, constituted a major shift in how the organization related to patients’ families. The program allows the patient’s family member, spouse or partner the opportunity to be involved directly in care. They learn how to read the patient’s chart and properly administer any medications. Procedures are explained clearly, and continuity of care for patients is encouraged so that patients know what to do once they leave the hospital. Implementing various programs and truly valuing patient needs on a cultural level has allowed MSHA to increase its market share.

“Patients want a strong, trusting relationship with a healthcare provider who will give them choices, listen to their concerns and are transparent in all they do,” Wilhoit says. “If we can create healing relationships that make patients feel safe and inspire trust in MSHA, they will come back and tell others to come as well.”

Focus on Patient Concerns
Seven years ago, leaders at the University of Colorado Hospital (UCH) looked to other industries to improve the patient experience.

“We are living in the age of Starbucks where a customer can visit a fairly impersonal business but leave with a highly personal and positive experience,” says J. Robert Harris Sr., FACHE, vice president, Ambulatory Care and Emergency Services at UCH. “We in healthcare took the patient’s
First Steps to Making Patient Satisfaction a Priority

Since 1983 Irwin Press, Ph.D., cofounder of Press Ganey Associates, has worked with hospitals across the country to implement satisfaction measures and improvement strategies. Press suggests the following initial steps hospitals should take before beginning improvements:

- Realize the importance of achieving patient satisfaction through the organization’s strategic mission. CEOs have to be closely involved with improvements.
- Do your homework. You have to convince staff and community that patient satisfaction is an important priority. Publicize your campaign both inside and outside the organization.
- Become familiar with surveys that can help you realize your goals. Ensure you have a good grasp of scoring methods used.
- Maximize problem-solving abilities. You must be able to come up with solutions if your organization has poor survey scores.
- Establish patient satisfaction and cross-disciplinary committees to discuss results and implement plans.
- Set achievable goals that recognize and reward with frequency those who help establish a patient-centered culture.

experience, which should be the most personal experience possible, and made it impersonal. Patients can’t get specific care questions answered, don’t know where to go and have long waits. We wanted to learn from businesses like Starbucks how to reinvent ourselves by basing strategies around giving patients that personal experience.”

To assess patient satisfaction, UCH leaders needed to determine what interactions and experiences patients had before, during, after and between visits. “We have to be available to patients when they want us,” says Randy P. Buchnowski, CHE, practice administrator for University Medicine at UCH. “Do you have an auto-attendant or a live person answering the phone? Things like that matter. Our care team assistant can handle patients’ phone inquiries or transfer them to where they need to go, including talking to a nurse or doctor.”

UCH developed a patient satisfaction survey that asks patients to answer three questions following their visit: 1) Were you seen on time? 2) Did we answer all of your questions? 3) Was the staff helpful? If a patient has a poor experience, the survey responses are sent to all senior-level executives and the direct manager calls patient back within 24 hours. If a patient contacts the President and CEO Bruce Schroffel, a personal call back from him is guaranteed.

“When patients e-mail the CEO and get a return e-mail or call, they are surprised that he is actually responding to their concerns,” Harris says. “I read every one of these e-mails because it keeps me informed about all the issues. One issue that patients kept referring to was the long waits in the emergency room. Seven years ago, patients typically waited three to four hours before seeing a doctor. Now, our goal is that no patient shall wait longer than 30 minutes. Our surveys show that we see patients on time 89 percent of the time. Patients say that 98 percent of the time we are helpful. We answer questions satisfactorily 96 percent of the time. We have been amazed at our patients’ feedback. We have
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consistently increased our scores, but that's not good enough. We want to do more."

UCH also launched Xpress Arrival, an online system designed to streamline the arrival process by allowing patients to complete paperwork and assessments, sign and agree to the patient consent form and acknowledge HIPAA notification before visiting UCH. The information flows directly into the patient's electronic record. Patients then print out an "e-ticket" with a bar code that, when scanned at a kiosk at the front entrance, alerts UCH staff of his or her arrival in the building. The impact on patient satisfaction can be summed up by the following survey response: "I used the express check-in. Saw the doctor without waiting. Fastest medical service I have ever had. I am totally pleased with the service and the doctor." The Web-based program has helped to boost outpatient visits from 608,689 last year to 631,332 this year.

"Each of these initiatives significantly enhances the patient experience while allowing us to provide services that are better, faster and cheaper," Buchnowski says. "And these efficiencies contribute to the bottom line by reducing costs. However, they also allow growth without a lot of added expense. Whether your goal is to reduce costs or to grow by using existing resources, you need to keep focused on the patient experience while you work to eliminate, automate or streamline your processes."

HCAHPS: Patient Perspectives on Care

In late 2006 the Department of Health and Human Services has planned the first full national implementation of the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey. Public reporting of the initial HCAHPS results is slated for late 2007. Developed by the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality, HCAHPS provides a standardized instrument for measuring patients' perspectives on hospital care. The HCAHPS standardized questions also may be combined with a customized set of hospital-specific items and is meant to support improvements in internal customer services and quality-related activities.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspective on care that allows objective and meaningful comparisons between hospitals. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in healthcare by increasing the transparency of the quality of hospital care.

The HCAHPS survey is composed of 27 items. There are 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital, pain control, communication about medicines and discharge information); four items to screen patients to appropriate items; three items to adjust for the mix of patients across hospitals; and two items to support congressionally mandated reports.

More information about CMS hospital quality initiatives, including HCAHPS, can be found at http://new.cms.hhs.gov/HospitalQualityIniti.

Source Centers for Medicare & Medicaid Services (CMS)
Create Patient-Centered Environments

Patients want a local hospital that can meet all of their care needs and give them a great care experience. This is the philosophy of GRMC President and CEO Todd Linden.

However, healthcare leaders in rural communities cannot assume that because there are fewer healthcare options locally, patients will automatically choose their organization. Specialty hospitals, for example, have good reputations through media word of mouth and state-of-the-art services that can help to treat patients when their own local hospitals cannot.

"Hospitals are competing against other hospitals many miles away," Press says. "Magazines are printing lists of the 100 best hospitals and the 100 best doctors, and potential patients see these lists. If they have good experiences with their local hospital, patients are less likely to vote with their feet and stay at home."

One response of GRMC has been to establish the Compassion in Action program, which fosters a patient-centered environment. In the past five years, patient satisfaction has increased, employee retention and satisfaction have improved and GRMC has been able to raise $13 million from the community. Linden gives the Compassion in Action program much of the credit.

"Residents will travel to larger centers if they perceive services are not competitive," Linden says. "Our Compassion in Action program has helped us to retain the market share from our own community; we are in the top 10 percent of hospitals in Iowa for retaining local patients. Would people rather travel or get care right at home from doctors and nurses they trust?"

Linden established this program using a values-based approach after witnessing poor interaction between his staff and patients' families. To align personal and organizational values and change the culture, GRMC staff was taught to improve the patient experience through training programs held twice a year—with the goal of unlocking the potential each person has to make a caring difference in the lives of others, Linden says.

"When folks come to the hospital they are not feeling their best," Linden says. "Unlike in the hospitality industry, we have to know they don't want to be here. We have to learn how to not take that personally."

Another strategy has been to expand services. In recent years GRMC has added more physician specialists and opened an integrated medicine center with staff that includes two acupuncturists, a chiropractor, three massage therapists and a hypnotherapist. "Healing best comes when both art and science come together," Linden adds.

With patients' input, GRMC facilities have been remodeled to make patients feel less stressed and more comfortable, which leads to better clinical outcomes. Components of the redesign included adding a healing garden, individualized waiting areas and art throughout the hospital. An aviary was built to reduce anxiety in the emergency department. The chapel was turned into a secular meditative space that features symbols from the world's major religions, in addition to using water, sunlight and art as focal points.

No matter what methods a hospital chooses to advance patient satisfaction, there must be a commitment to improving the quality of care and making more than just cosmetic enhancements. And now more than ever, including the patient experience in strategic plans is key to securing future growth for hospitals.

"Healthcare is in the biggest transformation of my career," Harris says. "We are not focused on technology or managed care, but around the consumer, who is more empowered because of information available on the Internet. We have to start asking different questions and thinking competitively. Our goal is to enhance the quality of care, experience and the bottom line."

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