

“The number one priority of 2005!” Those are the words heard by staff of Ogallala Community Hospital at the beginning of the new year. Service Excellence was put at the pinnacle of the list for quality improvement. Not finance, not technology, but serving our patients and staff with excellence was made the number one goal. After a year of patient satisfaction scores being reported and satisfactory success, Ogallala Community Hospital realized we could do more, should do more to improve the patient experience and to deliver consistently extraordinary care to patients. While we thought 2004 had been **good**, we wanted 2005 and future years to be **great**. We want to offer the most positive experience possible for our patients 100% of the time. To accomplish this, we adapted the Banner Service Excellence Plan and began to implement prioritized actions in February of 2005.

In December of 2004, a proposal was put forth outlining a plan for Service Excellence at all Banner Health facilities. After approval and immediate recommendation for implementation, we took the available tools in the Service Excellence Plan and went to work immediately.

The Service Excellence Plan is comprised of prioritized actions in the areas of financial, patient/customers, people and hardwiring success. (*see attached Strategy Map*) Our theory is by implementing each of these actions success will be gained in terms of patient satisfaction in each area. Senior Leadership is ultimately responsible for the implementation, but the daily activities to implement this plan involve every single member of our staff. For 2005 our prioritized actions are Leader Rounding to Employees, Nurse Leader Rounding to Patients, Weekly Patient Satisfaction Reporting, Quarterly Leadership Development, Service Standards, Key Words at Key Times and Hardwiring Accountability.

## **METHODS**

Ogallala Community Hospital is dedicated to delivering medical excellence and monitoring the level of patient satisfaction is an essential part of delivering extraordinary care. Banner Health employs the Press Ganey Company to send surveys to both our inpatient and outpatients to gain insight into patients' thoughts and feeling towards the care received. The surveys are sent to the patients' homes and mailed back to Press Ganey when completed. From there Press Ganey returns patient data to us through electronic reports that can be accessed daily so we can keep an up to date measure on patient satisfaction. While the year end score was quite good, the quarterly trend was not. The quarterly scores declined steadily throughout the year from 97, 94, 88 to 83<sup>rd</sup> percentile, respectively. This decline was symptomatic of our failure to 'hardwire' our Service Excellence and best practices to guarantee exceptional service at every encounter. We want to be the "Best of the Best" which translates into being at the 99<sup>th</sup> percentile (top 1%) consistently by 2006.

To achieve the goal of being the "Best of the Best, our first step was establishing a Service Excellence team. The Service Excellence team was formed to help establish standards of performance, to mentor and model said standards of performance and to initiate new rewards and recognition for employees. We also felt it necessary to learn more about high performing hospitals. As a result our Senior Leadership team traveled to Pensacola, Florida, to learn from a consistently high performing hospital who also received Press Ganey scores. Baptist Health System offered an insight into how to deliver the best health care possible and the Senior Leadership decided to take this information and meld it with our own culture and implement the following actions:

Service Standards. Our system standards were in the process of being revised but we felt in order to climb to the 99<sup>th</sup> percentile we should take the initiative and expand the basics to specific actions our employees could understand and use. As mentioned above, our Service Excellence Team was created. It was felt that representatives from all areas of the facility were needed to meet the needs of all staff. As a result, each department manager recommended one of their team members who they felt would be up to the challenge. The team members were invited to join by our CEO and as they accepted the invitation, the team was created. These team members' first task was to revise the Standards of Performance. The Standards were approved and presented by our CEO at All Staff Meetings in April. After initial presentation, managers presented these Standards to their employees in staff meetings and all employees were asked to sign the standards as their commitment to Service Excellence and accountability for their actions.

In effort to make the standards part of the daily culture of OCH rather than just another policy to sign, the Service Excellence team chose to highlight one standard per month. Each team member presents the Standard of the Month at their departmental staff meeting to discuss the behavioral actions and we also email and post this Standard on the Intranet web site for another resource during the month. The team plans campaigns and activities to keep this information in front of the employee throughout the month. These activities are meant to help ingrain the standards into our daily way of doing business. For example, a new standard required all employees to answer call lights if needed. Non medical staff were apprehensive about answering the lights. The SE team responded by offering a basic training course that taught employees how to answer a call light and the appropriate actions to help a patient.

While the Service Excellence team was initially formed to work on standards as that task has been completed new projects began to surface. Team members identified the need for a new

way to recognize coworkers both within and between departments. The team is currently working on a new on-the-spot recognition method and activities to accompany the rollout of this new program.

Nurse Leader Rounding to Patients. Another action taken in 2005 was the introduction of Nurse Leader Rounding. This action ensured every newly admitted patient is visited by a nursing leader within the first 24 hours of admission and as frequently as needed depending on the needs of the patient and family. The scheduled personal contact allows for problems and complaints to be solved quickly at the bedside.

Patients are often reluctant to ask for help or voice concerns/complaints. The nurse rounding component relieves this anxiety as the patients are asked specific questions about their comfort and stay. This procedure alerts the nursing staff and other departments to issues they might not have addressed and alleviates future recurring problems. Rounding also lends the opportunity for staff to be positively recognized for their good work. Compliments are passed onto staff and thank you notes written to the employees from our nurse leader for a job well done. This leads to a win-win situation for patients and staff.

Weekly Patient Satisfaction Report Tracking. A third action implemented this year involved making our patient satisfaction results available to all staff. Previously these numbers were distributed to senior leaders and management but rarely were passed onto our frontline employees. Now on Tuesdays of each week the month-to-date patient satisfaction results are pulled from the Web and posted via email and bulletin boards for all staff to see. By keeping this information current, employees can see the progress we make towards the goal of consistent excellent patient care and how their actions can affect our scores. The monthly reports also

include areas in which we scored 'good' and 'very good' so employees can see how far we have to go to deliver the "WOW" factor to our patients in these areas.

Each week comments from the patient surveys and discharge phone calls are emailed and posted on the web site to all staff in a report called Stars and Opportunities. Any staff member recognized by name by a patient is put into our Star category. The comment is published and the employee is recognized by a thank you note from Senior Management along with acknowledgement from peers. "Opportunities to Learn" are also recognized so that all employees can see the areas in which we are receiving feedback for change and all employees can have a proactive voice in changes to be made. The Stars and Opportunities report allows for our employees to take pride in the work they have done along with seeing the progress other departments are making.

Service Recovery. The philosophy of Service Recovery is "whoever identifies or receives the complaint owns the complaint and acts as a guide through the recovery process." All concerns and complaints are resolved at the bedside if at all possible using the "Four A" process: Anticipate the patient need, Acknowledge the complaint, Apologize for the error or issue, and Amend with solving the problem or a small gift (if necessary). All employees are trained during orientation and empowered to aid in resolving customer complaints and concerns. Each staff member does not need to know the answer. They must; however, acknowledge to the patient that they understand the issue, tell the patient what they are going to do about it, and most importantly: follow through. By empowering staff to handle this important task they are more committed to delivering excellent service to our patients.

Key Words at Key Times. Our fourth action is the beginning of introducing "Key Words at Key Times". The best organizations in customer satisfaction have developed key words at key

times (scripting) to give a unified, consistent voice. These words and phrases have been found to enhance patient and employee loyalty, puts words to behaviors, enables communication and sets the expectation of what is to happen. For example, using the phrase “Is there anything else I can do for you? I have the time.” lends a consistency and an expectation to our patients. As mentioned above, patients see our staff as constantly busy. Stating “I have the time” relieves the patient of the feeling of infringing on the staff member. It alleviates the staff member from the worry of not doing enough for the patient. Other key words we have introduced to our staff during New Employee Orientation and staff meetings are “For your safety and security....” and “For your privacy....”. We will continue to work on this piece until all departments have specific key words to help them in their processes.

## **RESULTS**

As a result of our efforts in the 4<sup>th</sup> quarter of 2004 and the 1<sup>st</sup> quarter of 2005 we saw a dramatic increase in our 2<sup>nd</sup> quarter 2005 patient satisfaction mean score of 90.3 placed us in the 97<sup>th</sup> percentile in the “small hospital database” (*approximately 300 facilities*) and in the 99<sup>th</sup> percentile in the “all hospital database” (*approximately 1,172 facilities*).

The second achievement is the visible change in our employees as their awareness of customer service increases. As stated earlier, we aren’t just trying to change behaviors but change the entire culture of our organization and is apparent in the daily willingness of our employees to take on these challenges. From frontline employees to Senior Management a change can be felt with the implementation of these ideas as employees are willing to change processes to improve patient care.

## LESSONS LEARNED

The change we embarked on has not been easy as it is not only a change of behavior but also a change of culture. We believe we had a positive environment at the outset but think we need to continually monitor our customer service to ensure all our patients receive a more positive experience when inside our facility.

The sustainability of these actions is highly likely for our facility due in large part to the concept of “hardwiring excellence”. These actions are not a launching point, but merely a recognition that all we do for our patients should start from our values and we are **all** accountable for delivering the positive experience. By ‘hardwiring excellence’ we are eliminating the chance that this is a “program of the month” or a short lived project, but instead a culture that will sustain itself no matter what new projects are on the horizon. We do realize we have not reached the end of our journey—the Service Excellence bar continues to rise and we must meet the challenge.

Portability of this project is high as well. The basic concepts encompass all staff in our facility. All staff members (clinical or non clinical) are responsible to contributing to the positive patient experience and these activities reach into every department. We have implemented seven of the eight prioritized actions for 2005 and we continue to work on accountability.

Barriers we have encountered include time factor and education. Changing a culture requires changing the way we think and behave which in turn requires education of managers and staff. Coordinating leadership training and getting information to frontline staff has at times been a challenge as it takes time for all leaders and employees to understand the concepts. Modeling the expected behaviors consistently is also a challenge we will continue to face until all the actions are ‘hardwired’.