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Creating an Improvement Culture

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Presentation Available
https://www.cahps.ahrq.gov/News-and-Events/Podcasts.aspx

Carla Zema
Slide 1
Welcome to the Agency for Healthcare Research and Quality's CAHPS User Network podcast series on improving patients' experiences with care. I'm Carla Zema from St. Vincent College and also a consultant with the CAHPS User Network.

With us today is Patrick Jordan, Chief Operating Officer for Newton-Wellesley Hospital in Newton, Massachusetts. This is part of a series of podcasts on quality improvement, or QI. Our first podcast looked at the value of improving patient experience.

Slide 2
With the national implementation of the CAHPS Hospital Survey by CMS, hospitals have a very strong incentive to measure and improve patient experience.

Newton-Wellesley Hospital has made a commitment to improving their patients' experiences with care, and Patrick is here to talk about developing the organizational culture that supports and encourages improvement. Having a positive organizational culture is important not just for patient experience but for all areas of improvement, so thanks so much for joining us today, Patrick.

Patrick Jordan
Slide 3
Well, it's a pleasure to be here, Carla. And I guess I'll move into my first slide. I wanted to give a little history about Newton-Wellesley Hospital. Just some background, Newton-Wellesley Hospital is part of the Partners HealthCare System based in Boston, Massachusetts. It's an integrated delivery network that serves the eastern part of Massachusetts. And we joined Partners in 1999 and it was an interesting time for Newton-Wellesley Hospital. Between 1997 and 2001, Newton-Wellesley Hospital lost a million dollars per month and did so for about 54 months.

After joining the Partners HealthCare System, a new management team of which I was part of was brought in about 2001 to try to see if we could turn the fortunes of the hospital around. We discovered a hospital that had been suffering for several years, had not grown, had no money for capital to training, but interestingly enough, had started focusing on patient satisfaction in about 1998. And despite the efforts of the management team, they were only at about the 39th percentile in the inpatient arena. And in fact employee turnover at Newton-Wellesley Hospital was quite high. So we faced quite a few challenges at Newton-Wellesley Hospital at the time that I got there.

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If we could move to the next slide, here's just a chart that shows sort of the financial situation. Newton-Wellesley had been very profitable for many years and then with the advent of the perspective payer system, and other challenges in the Massachusetts arena, began to lose significant amounts of money.

Slide 5

So if we move to the next slide, our management team declared a financial state of emergency. We began to work with Partners, the integrated delivery network, to figure out the best ways that we could grow. And in fact, we decided that we would focus on building brand within our community by co-branding with our Partners' affiliates, which included the Massachusetts General Hospital in adult and pediatric medicine and working with Brigham and Women's Hospital in women's health services. We began to spend more money to grow our image and we began a very deliberate look at quality and focusing on the patient experience at Newton-Wellesley Hospital.

Slide 6

So if we move to the next slide, we learned from several of the experts in patient satisfaction who we could talk to about building the patient experience. We were very fortunate to be around the Marriott Corporation and they were very gracious at teaching us their operating models. We also studied the Registry of Motor Vehicles in Massachusetts. Whenever I say that we studied the Registry of Motor Vehicles for patient experience, people laugh at me, but in Massachusetts, they had a revolution at improving the service at the Registry of Motor Vehicles and in fact, we learned many things from them. For example as part of their reengineering, most people don't have to go to the registry anymore, but if you do, let's say you need a picture at the registry, you can go on their Web site and determine what the current lengths are at any of their services locations.

This was incredibly inspirational to us and in fact, today you can check the wait time of our emergency department on both our Web site and we just developed an iPhone application for that service. So we learned a lot from folks outside of health care. We also learned from a lot of folks inside of health care, the Healthcare Advisory Board suggested to us that we talk to the Baptist Hospital of Pensacola, Florida. We began to study them to include connecting with at the time their CEO Quint Studer and since then, we've sent about 2,000 employees to study the Baptist and Studer models of delivering great patient experience care.

Slide 7

So if we move to the next slide, you can see this is our balance scorecard. We've had one of these since fiscal year 3. We look at "CareFirst Service," how do we treat our patients and visitors, "People," how do we recruit great people, how do we retain great people, and frankly, how do we find employees that don't share our values and help them either improve or move on out of our organization.

Slide 8

As any health care organization, we have lots of goals around quality and safety and we also put our finance goals right out there. Many folks in not-for-profit health care assume that you don't need to make a margin. We all know that's not true because if we want to invest in new programs and buildings and programs for our community, we have to have a profit margin in order to do that. And then finally, we had a growth strategy so that's something that we keep in the eyes of our employees at all times. Now these goals are cascaded down the organization so every director has their goals, every manager and supervisor, down to frontline staff and we show the results of these goals every month.

We send them to our trustees, we send them to the senior managers or partners and we mail them to the homes of our employees because at Newton-Wellesley Hospital, we have an understanding that you can't say you didn't know how we were doing.

Slide 9

So if we go to the next slide, you'll see our inpatient satisfaction and I'm going to go through these pretty quickly. Here, our goal for fiscal year '11 is to be at the 95th percentile of patient satisfaction so the top 5% of hospitals, and you can see this report goes back to January '07 and we, for the most part, been at the 90th percentile, we're not quite at the 95th percentile.

But I think the most important thing to remember here is that if you went way back in time to when we started, we would have been below the 50th percentile. So in the bottom half of hospitals in this country and today you can see in the inpatient arena, we're doing quite well.

Slide 10

So if we move to the next slide here is our ED patient satisfaction. So obviously we have about 60,000 patients coming through our emergency department. We want them to have as good an experience as they can. If you went back in time in this chart, there were times when we were the lowest rated emergency department in the country.

And today you can see that we're operating above and right at the 95th percentile, so these are incredible scores. A lot of this has been driven around not only through our tactics around how to treat our guests but also through throughput initiatives. So we have some of the lowest throughput times in Massachusetts.

Slide 11

Our next slide is our ambulatory surgery, similar story, operating a little up and down there, but still at about the 90th percentile. And one of the interesting things about patient experience that we found from other hospitals -- because many hospitals are only measuring the inpatient arena.

Well we know at Newton-Wellesley and many other hospitals that 70% of our business or more is coming from the outpatient arena and many hospitals are not measuring those things, and what we found is that our patients evaluate, judge, and recommend our hospital based on the total of all their encounters with us. So it's very important for us that we have a consistent service across all of our service lines and so that's why we focus so much on this.

Slide 12

This next slide is one I don't like to show, this is our outpatient satisfaction. And you can see that from a percentile basis, we're not doing as well as we'd like to. But we show it all the time because we're transparent and we know where we need to improve. Now I will tell you that in the outpatient arena, it's extraordinarily competitive. So if you look at the bar on the far right, it shows that we have a mean score of 92.7. So we're almost getting all fours and fives when patients rate us on our patient experience, but because this is such a challenging area in the marketplace, there are many folks that are beating us and so we are at the 40th percentile, but it's something that we're going to keep focus on and we keep driving change to.

Slide 13

Now if we go to the next slide, I just want to touch on a few of the service tactics. I won't go into all of them because of the time, but for example, we have a greeter program. All supervisors in the organization volunteer to be at the entrances and exits of Newton-Wellesley Hospital. We wear a big yellow button that says "ask me". And when we welcome people to Newton-Wellesley Hospital, we thank them for choosing Newton-Wellesley Hospital, but most importantly, we escort them to where they're going and we do that so that we can model that behavior for all of our employees. And I hear it all the time that folks have walked into the hospital they've looked up momentarily and had one, two, or three employees descend upon them to offer them assistance in where they were going.

Another one that we use is scripting in key areas and some people call this key words and key times. And this is where we are using words and training our staff to use these words consistently to do different things. It might be to demonstrate empathy or compassion or friendliness or helpfulness, they might be words that educate or inform employees, excuse me visitors, as to what we're doing. And we've driven these key words and key times throughout the organization.

The last one that I'll share with you on this slide is discharge phone calls and we tried to call all patients within 24 to 48 hours of their visit to our hospital. We're calling to check on the quality, but we're also checking to see the level of service that they receive from all of our employees and this has been a very important tactic that we've used in driving this culture.

Slide 14

Now if you go to the next slide, I'm going to move into some of the other tactics. This is called the support card and every week, the clinical leaders of our organization rank the support services. So areas like food services, materials management, environmental services. And they rank these areas on a scale of 1 to 5 just like our patients rank them and our theory is that if we want our clinical leaders to give great service, then they need to get great service. And so this is something that comes out every week, it's transparent and delivered widely through the organization and in fact, these support leaders have a significant amount of their annual evaluation scores based on how they do on the support card.

Slide 15

If you go to the next slide, that's just a sample of one of our service recovery coupons. The data shows that organizations that are this size and this complex are going to make mistakes.

But when mistakes are made, if the organization demonstrates that they're sorry, they make it up to the patient or visitor, and do some type of service recovery, that they can actually turn that negative transaction into

loyalty. And so this is something we probably issue about 4,000 service recovery coupons every year, and folks, patients can use this in dining facilities, in parking, and also including our gift shop.

Slide 16

If you go to the next slide, that's just a sample of some of the comments that we see on our Service Operations Committee. Every Thursday at one o' clock, all the key leaders in the organization, the CEO, the COO, the Chief Nurse Executive, the Chairs of Service, the Nurse Directors, the Nurse Managers, and all the support services leaders meet. And a week before, we're given every negative patient satisfaction comment and we call those patients, apologize, do service recovery, and for those areas where we think there's a process improvement opportunity, it goes on a list for our Operations Management Services Group to review.

Slide 17

I want to talk briefly about people; you can't have a great patient experience without great people. We've been able to drop our turnover rates from 20% in fiscal year '01 to about 7% the past couple of years. This is amazing because this reduction translates to real dollars that go on the bottom line and we do that by making sure that we have great people.

Slide 18

Some of the tactics that we use on the next slide include thank you cards. Our senior leaders wrote, I think, 4,000 thank you notes last year to frontline staff. We also have done extensive surveying of employees and we've been at the 95th percentile for our frontline employees and at the 96th percentile for our physicians. And finally at the bottom of that slide, our leadership institutes. We take all our leaders offsite every quarter for two days and this has been incredibly important at rolling out this culture and deploying training and technologies that allow us to get these kinds of results.

Slide 19

If you look at the next slide very briefly, we are big into accountability. We rank all of our leaders with what we call management relative performance rankings, where we rank them on their current performance, their future potential, as well as their shared culture and we rank them and make decisions on promotions and who stays in the organization based on this.

Slide 20

If you look at the next slide, we do something very similar with every frontline employee. Every year we rank every employee as a high, a medium, or a low. Those high are those top 4, 5% of the people. The medium are most of us, but what we're really trying to focus in on are those low performers who may not meet our standards in consistently delivering great service quality. And we try to move them up or move them out of the organization.

Slide 21

The next slide is a sample of our Leader Evaluation Manager. All of our leaders are on this; all of their goals are weighted. For example, most leaders in the organization have 30% of their weight of their annual evaluation based on patient experience and this has been very important to driving the priority of goals that we want to go in the organization.

Slide 22
The next slide is our leader report card. It comes out every month and it's basically a summary of what's happening with the leader evaluation.

Slide 23
Just some lessons that we've learned in all of this, this takes leadership from the top, it's really about leader will because it's very easy to stop this kind of a culture change. One of the things that we've learned is that at first you have to direct, this is not an option, it's not a choice, and then you'll inspire once you get the train moving in the right direction. It takes a lot of focus. And it's easy to stop this stuff so focus and having eyes on this from all levels of the organization is important.

And it's perseverance, it's not brain surgery. One of the things I say to folks is when they ask me "what's the first thing I could do about improving the patient's experience?" I always say hire people that smile and fire people that don't. It's about accountability and start with people. First of all, make sure you know who your top performers are, reward and recognize them, and figure out who those low performers are.

Slide 24
If we move to the next slide, you can see the financial results. We are one of the most profitable community hospitals in the State of Massachusetts. We've taken six points of market share as a result of the programming that we've done in improving the patient experience and it's been just incredibly important for what we do.

Slide 25
If you look at the next slide, I'll just touch base on a couple of these. I mentioned the six points of market share. We've been a top 100 hospital five of the past eight years. And we're consistently listed in best places to work outcomes by disinterested parties so that's important.

Slide 26
I guess the last slide that I'll show is to really look at the image impact. If you look on the right-hand side there, you'll see that in 2002, 11.5% of the folks in our primary service area reported that Newton-Wellesley Hospital had the best overall reputation. Well, between 2002 and 2007, we doubled that to 22.8%.

Now that in itself might not seem that impressive. But what is impressive about it is that we were only a tenth of a point behind the Massachusetts General Hospital, probably the most widely well-known hospital in the world. We were a tenth a point off of that and I think that is the true metric that shows that the work that we've done along with six points of market share that the patient experience does matter, and people vote with their feet and they go to hospitals and they go to other businesses where people take very, very good care of them. So that's the end of my presentation. I want to thank you for the time and I'd be happy to answer any questions that you might have.

Carla Zema
It is amazing to see how patient experience is infused through so many aspects of your hospital. Thank you for sharing that with us today, Patrick.

Patrick Jordan
It's my pleasure Carla.

Carla Zema

Slide 27

The next podcast in our series will continue to look at aspects that are important to any QI initiative, such as those that Patrick mentioned in his presentation like leadership and human resource focus. These will be followed by some specific strategies to address topic areas measured from the patient's perspective.

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You can download all the podcasts in this series at the CAHPS User Network Web site at www.cahps.ahrq.gov. That's www.c-a-h-p-s.a-h-r-q.gov [www.cahps.ahrq.gov].

For more information on other aspects or areas for improvement, check out the CAHPS Improvement Guide on the Web site. This guide has a lot of useful information from planning a QI initiative through execution all the way to specific strategies that you can use. You can also access other QI resources such as case studies detailing the use of CAHPS survey results for QI. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

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