



# Patient Experience Making a Difference

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## Today's Focus

1. Maximizing the Food Impact
2. What's Clean Got to Do with It?
3. Transitioning to Care Transitions
4. Empowering Patients to Speak Up
5. Four Rules to Remember



## Patient Experience vs. Satisfaction

- Patient experience is related to patient satisfaction, but experience is more of a **nebulous concept**.
- Patient experience is about the **interaction between caregivers and the hospital as a whole with patients and their families**.
- Patient experience involves the environment, interactions with staff, perception, and feelings.



## Maximizing the Food Impact

Patients separate the experience with hospital food into two general categories:

1. Characteristics of the food itself  
(seasoning, preparation, temperature, etc.)
2. Issues Related to Ordering and Delivery  
(menu selection, ease of ordering, timeliness of delivery, and order accuracy)



## Maximizing the Food Impact

- Most critical of the ordering and delivery issues
- Most do not expect it to taste good
- Ordering and delivering aspects of food service strongly influence overall perception of food quality



## Maximizing the Food Impact

1. Food service should be a pleasurable experience during hospitalizations
2. Teamwork makes a difference
3. Meal ordering and service is important to patients
4. "Room service" options are popular, but may not be best for all patients
5. Special diets require special attention



## What's Clean Got to Do with It?

Patients expect a minimum 'clean' of shiny floors, clean bathrooms, and clutter-free commons areas

Patients have a heightened concern and awareness of HAIs

Patients believe a sanitary environment is important to their healing and recovery



## What's Clean Got to Do with It?

Patients describe their assessment of cleanliness as an important barometer of the quality of care overall

"If they can't keep the hospital clean, what other things that I can't see might also be neglected?"



## What's Clean Got to Do with It?

Patients' perception of hospital cleanliness is highly correlated to:

- Risk of hospital acquired infections
- HCAHPS indicator of patient loyalty
- HCAHPS indicator of teamwork



## What's Clean Got to Do with It?

Hospital leadership and department managers should:

- Recognize and value EVS workers as stakeholders in delivery of safe, effective, quality care
- Consistently identify and employ evidence-based guidance in EVS to optimize the cleanliness (actual and perceived) of hospital rooms and common areas
- Reinforce accountability for service excellence among EVS staff
- Foster a culture of teamwork, communication, and collaboration between EVS staff and the rest of the caregiving team



## Transitioning to Care Transitions

- Upon admission, give patient/family small notebooks or notecards for their questions
- Utilize the whiteboard for dismissal preparation
- Discharge folders to keep all information organized
- Begin education/information exchange for dismissal needs from admission
- "Ticket to Discharge"



## What Ratings Don't Tell Us

"Keep in mind these data are reflective of patients' perception of their care; whether or not we, as medical providers, agree, that perception is legitimate.."

Kenneth Poole, Jr., MD, MBA



## Empowering Patients to Speak Up

- About 1/3 of patients do not feel comfortable speaking up
- Encouraging patients to talk about problems can improve patient experience and safety
- You have to be prepared to 'do something' and not just ignore the comment
- Patients are more likely to express concerns if a friend/family member was in the room vs. being alone
- Patients who were not comfortable raising concerns gave lower ratings for nurse communication, physician communication, and the hospital overall



## Low Hanging Fruit

Two frequently utilized points of contact are your website and the person taking incoming phone calls

- Go to your website to attempt simple tasks
  - Try to schedule an appointment
  - Attempt to pay a bill
  - Find what type of insurance you accept
- Call in to the hospital
  - Ask the person who answers the phone a question about Medicare or Medicaid billing
  - Did the person they transferred you to give you the correct answer
  - Did a recording tell you to call back during 'regular business hours'



## Low Hanging Fruit

- Were you satisfied with the experience?
- Did you gain the information needed?
- If not, how could your patients be reacting?
- How could you change it to make it more positive?
- Could the PFAC assist you with this?



## How's Your Employee Satisfaction?

Happy Staff = Happy Patients





## Four Rules Worth Remembering

1. Experience and satisfaction are related, but they are not the same.
2. Every patient has an experience, but the experience does not always result in a satisfied patient.
3. Patient satisfaction cannot be improved without knowing a patient's expectations.
4. Purchasing data and paying for coaching do not change rules 1-3.



**“Sympathy’s easy. You have sympathy for starving children swatting at flies on the late-night commercials. Sympathy is easy because it comes from a position of power. Empathy is getting down on your knees and looking someone else in the eye and realizing you could be them, and that all that separates you is luck.”**

**Dennis Lehane**



## Upcoming Webinars

- 2019 SHIP Informational Webinars
  - June 20, September 20, and December 20
- Quality Corner Calls
  - May 15 – How a Kansas CAH Built their ABS
  - July 17 – Palliative Care Ideas for Rural Hospitals
  - August 14 – TBD
- Efficient Revenue Cycle Project
  - May 22 – Informational Webinar



## Upcoming In-Person Education

- Turning Data into Improvement
  - May 29 – Garden City
  - June 19 – Emporia
  - August 15 – Belleville
- CART Abstraction Training
  - July 23 – Wichita
- Quality 101
  - August 1 & 2 – Topeka



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